

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222,3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1	- March 1 . Fili	ng Fee: \$50.00			
(FORM MUST BE TYPED IN	BLACK)				
1. Corporate ID No.	2. Name of Corporati				
82794	New England I	Precision Valve Se	ervices, Inc.		
3. Street Address Principal Busi			City	State	Zip
533 WEST DEMELLO	DRIVE		TIVERTON	RI	02878-02772
4. Business Phone No.		5. State of Incorporat	tion		6. SIC Code
4016247779		RHODE ISLAN	D		2881
7. Brief Description of the Char TO INSTALL, REMOVE,	octer of Business Conduc REPAIR, INSPEC	ted in Rhode Island T, REPORT UPON,	BUY SELLAPPLIANCES,	PIXTURES, EQUIPM	 ENT .
			TTACHMENT) FILL INS		
· · - · · - · · -	ora or time of the	Cita ("Y BOX LOK)	Vice President Name	EVCFZ RELOKE DZIZCY	TTACHMENTS
David G. English			•		
Street Address			Street Address	····	
533 West Demello	Dr.		•		
City	State	Zip	City	State	Zip
Tiverton	RI	02878			\"."F
Secretary Name	• • • • • • • • • • • •	*******	Treasurer Name	• • • • • • • • • • • • •	<i></i>
	<u>. </u>		David G. Engli	sh	
Street Address			* Street Address		
			.same		
City	State	Zip	City	State	Zip
			•		'
9. NAMES AND ADDRES	SES OF THE DIREC	TORS ("X" BOX FOR	RATTACHMENT) FILL IN	SPACES BEFORE USING	ATTACHMENTS
· -			Director Name		A TACHINI CONTRACTOR
David G. English			•		
Street Address			-Sireel Address		
same			•		
City	State	Zip	·City	State	Zip
			• *		[2,4
Director Name	••••••		Director Name		
			•		
Street Address			· Street Address		
<u> </u>			•		
City	State	Zip	.City	State	Zip
		<u> </u>	•_		
10. SHARES AUTHORIZE	D ("X" BOX FOR ATT	ACHMENT) 🗌	II. SHARES ISSUED (*)	X" BOX FOR ATTACHMEN	ח ח
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000 NO PAR VALUE			1	common	
				Common	no par
19					
This report must be signed	d in ink by either th	ie President, Vice I	President, Secretary, Assi.	stant Secretary, Treasu	rer, Receiver or Trustee
				·	
B) (D)(A are)) (Bare	JOH AIR				
	7	•	Under penalty of per	rjury, I declare and affirm t	hat I have examined
100704 DDG 144404		٦ .	this report, including	any accompanying sched	
82794 DBC 01/19/04 0	3:55:38 PM*		and that all statemen	Is obnitained herein are to	e and correct.
File Date FLE	<u> </u>].	Whink	They list	4-27-15
4 D D A A	2005 19CV		Signature of Officer	Je may 1	ale O
Check No. APR 29	<u> 2005 195 9</u>		David G. Er		····
. .	(N =		Print or Type Name of	Officer/	
<i>в<u>у:</u></i> В у	100			Ducery	
FOR SECRETARY OF STATE I	USE ONLY		President		
		J	Title of Officer		Form 630 12/01



Check No.

FOR SECRETARY OF STATE USE ONLY

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401 222,3040

ORM MUST BE TYPED IN		Filing Fee: \$50.00			
CAM MUST BE ITTED IN		•		_	
. Corporate ID No. 82794	2. Name of Corp. New Englar		aniinan Ina	-	
Street Address Principal Bus		nd Precision Valve Se		ζ.	-
533 WEST DEMELLO			<i>Ciņ</i> : TIVERTON	State R I	Zip
Business Phone No		5. State of Incorpora		K.I.	02878 - 02772
4016247779		RHODE ISLAI			6. SIC Cude 2881
Brief Description of the Cha	racter of Business Co. , REPAIR, INSI	nducted in Rhode Island	, BUY SELLAPPLIANCES	, FIXTURES, EOUIPM	
B. NAMES AND ADDRE			ATTACHMENT) FILL IN S Vice President Name		
avid G. English					
reet Address		•	Street Address		
33 West Demello	Dr.				
iry	State	Zip	City	State	Zip
`iverton cretary Name	RI	02878	_		
.reiary isame			Treasurer Name	a b	
reel Address			David G. Engli	211	
reer Mauress			Street Address		
ity	State	Zip	same	C	-
,	State	Σιp	City	State	Zip
rector Nume	SSES OF THE DIR	ECTORS ("X" BOX FO	RATTACHMENT) [] FILL IN Director Name	SPACES BEFORE USING	ATTACHMENTS
avid G. English			•	•	
reel Address			Sireei Address		
ame					
ty:	State	Zip	City	State	Zip
recior Nume			Director Name		
vet Address		•	Street Address	••	
ים	State	· 7:-	Cin.	•	9 .
,	Sidire	Zip	City	State	Zip
. SHARES AUTHORIZ ITHORIZED SHARES	ED ("X" BOX FOR	ATTACHMENT)	11. Shares Issued (* ISSUED Shares	X" BOX FOR ATTACHMEN	ח ח
mber of Shares	Class/Series	Por Value	Number of Shares	Class/Series	Par Value
000 NO PAR VALUE			1	common	no par
is report must be sign	ed in ink by eithe	er the President, Vice	President, Secretary, Ass.	istant Secretary, Treast	-
	9 4		Under penalty of pe	erjury, I declare and affirm	that I have examined
8 2 7	• •				
8 Z 7			this report, includin	g any accompanying sched	fules and statements.
8 2 7 82794 DBC 01/19/04	03:55:38 PM*	,	this report, including and that all spateme	g any accompanying sched	fules and statements, ie and correct.
82794 DBC 01/19/04	03:55:38 PM*	,	this report, including and that all spatement	g any accompanying sched	dules and statements, ie and correct.

David G. English
Print or Type Name of Officer

Form 630 12/01

President

Title of Officer



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003 Filing Period: January 1-March 1 • Filing Fee: \$50.00

STOP PLEASI READ INSTRUCTION

FORM MUST BE TYPED OR PRIN	TED IN BLACK)				
1. Corporate ID No.	2. Name of Corporation	on 🐤			
82794	New England	Precision Valve Service	s. Inc.		
3. Street Address Principal Busines	o Office		City /	State	Zip
533 WES, 1. Business Phone No.) D/Z. S. State of Incorporation	twerton	RI	02878
401-624		RHODE ISLAND			6. SIC Code 2881
VALVE RECOM	Mitimalna	+ DEPAIR			
B. NAMES AND ADDRES	SES OF THE OFFIC	ERS ("X" BOX FOR ATTACK	IMENT) FILL IN SPACES B	EFORE USING ATTA	CUMENTO
resident Name			Vice President Name	DI ORE USING ATTA	CHMEN13
DAVID G.	ENGLISH				
treet Address	h = 4m		Street Address		
533 WEST	DEMELLO !	DR.	_		
tiverton	State RT	Zip 02878	City	State	ZIp
ecretary Name	/\ <u>L</u>	00070	Treasurer Name		
				ME	
treet Address			Street Address	///-	
lity	State	Zip	City	State	Zip
. NAMES AND ADDRES Virector Name	SES OF THE DIREC	CTORS ("X" BOX FOR ATTA		BEFORE USING ATT	ACHMENTS
SAI	n E		Director Name		
treet Address	7, 6		Street Address		
			Sifere Madress		
lty	State	Zip	Ciry	State	Zip
•			•	<u>-</u>	2.17
irector Name			Director Name		
reet Address			Street Address		
ity	State	***			
.,	Sinte	Zip	City	State	Zip
O. SHARES AUTHORIZE	D ("X" BOX FOR ATTAC	HMFNT)	11 CHADEC ICCUED (av	. DOW COD	
JTHORIZED SHARES			11. SHARES ISSUED (*X	BOX FOR ATTACHMENT	יי
umber of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000 NO PAR VALUE					
-,			1		NO PAR
					. , , , ,

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

* 8 2 7 9 4 *	<i>:</i>
File Date: <u>2/3/03</u>	
Check No.:	
s. Sin	_
OR SECRETARY OF STATE LISE ONLY	

Under penalty of perjury, I declare and affirm that I have examined	
this report, including any accompanying schedules and statements, a	nd
that all statements sontained herein are true and correct.	
Daus & David 1-31-03	>
Signature of Officer Date	_
DAVID G. ENGLISH	
Print or Type Name of Officer	_
PRESIDENT	
Title of Officer	_



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

.0. 212-304	•
STOP	ì
PLEASE READ INSTRUCTIONS	IJ

Filing Period: January 1-March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 82794 New England Precision Valve Services, Inc. 3. Street Address Principal Business Office Zip W. DEMELLO DRIVE 533 TIVERTON 02878-2772 6. SIC Code 401-624-7779 **RHODE ISLAND** 2881 7. Bitef Description of the Character of Business Conducted in Rhode Island VALVE RECONDITIONING & REPAIRS 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name ENGLISH DAVID Street Address Street Address W. DEMELLO DRIVE City State Zip SAME Street Address Street Address City City Zip 9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Street Address City Zip State Director Name Director Name Street Address Street Address State Zip 10. SHARES AUTHORIZED (*x* BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ESSUEED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series 8,000 NO PAR VALUE No Par

This report must be signed in Ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date:	1-30-02	
Check No.:	1552	
Ву:	Qu.	
FOR SECRETAR	Y OF STATE LISE ONLY	

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and

Title of Officer €73× 5



Corporations Division 100 North Main Street, Providence, RI 02903-133. 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001 Filing Period: January 1 - March 1 • Filing Fee: \$50.00

GEORM MUST BE TYPED IN BLACK	K)				
1 Corporate 1D No. 82794	NEW ENG	LAND PRECI	SION VALVES TIVERTON	ERVICES IN	IC
3. Street Address Principal Business Of	llice		Cuy	State	Zip
<u>933</u> W.	DEMELLO	DRIVE	TIVERTON	RI	02878-277
4. Business Phone No. (401) 624 -7	779	5 State of Incorporation			6. SIC Code 2881
Brief Description of the Character of	Business Conducted in Rho	de Island	- <u>-</u> -		7.00
VALVE	_RECONDI	TIONING &	REPAIR		
8. NAMES AND ADDRESSE	S OF THE OFFICER	S ("X" BOX FOR ATTACHI	MENT) OFILL IN SPACES BEI	FORE USING ATTACHM	IENTS
President Name			Vice President Name	1000	
DAVID &	ENGLIS #	-		(SAWE)	
533 W. DE	MEZLO D	RIVE	Street Address	C	
City Taylor	State	Zip	Cuy	State	Zip
Secretary Name		197810-2772			
activiting switter			Ircusutet Name		
Street Address	<u> </u>		Street Address		
			, and an		
City	State	Zip	City	State	Zip
		ļ			
9. NAMES AND ADDRESSE	S OF THE DIRECTO	ORS ("X" BOX FOR ATTAC	HMENT) DFILL IN SPACES B	EFORE USING ATTACH	IMENTS
Sirector Name	SAME)		Director Name	(SAME)	
Ircet Address			Street Address		
		rendera e en la companya de la comp La companya de la co	سيهد ددد سم جدس سياه به مدد ي		neria de la comp arta de la comparta del comparta del comparta de la comparta del la comparta de la comparta del la comparta de la comparta
Eury Section 1997	State :	Žip	Cay	State	Zip
Director Name	L		Director Name		<u> </u>
			Duccior Name		
treet Address			Street Address	·	
aty	Stare	Zip	City	State	Zip
O CHAREC ALTRIODIZED					
O. SHARES AUTHORIZED (UTHORIZED SHARES	"X" BOX FOR ATTACHM	ENT)	11. SHARES ISSUED (-x-B	OX FOR ATTACHMENT)	1
lumber of Shares	Class/Series	Par Value	ISSUED STARTS		
		Tar value	Number of Shares	Class/Series	Par Value
8,000 SHS NO 8	AR		j j		NO BAR
			 		-/*V// W- +
his report must be signed	in ink by either th	ne President Vice Pre	esident Secretary Assistan	at Secretary Treasurer	Docaises of Trustee
			III. JELIUIV. /\\\\\	COURTERING TEMPLEMENT	THE CONTROL OF THE COMM

Under penalty of perjury, I declare and affirm that I have examined this report, including any exompanying schedules and statements, and

File Date: _

FOR SECRETARY OF STATE USE ONLY

PRESIDENT



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000 Filing Period: January 1-March 1 • Filing Fee: \$50.00

STOP PH WERE HOX

(FORM MUST BE TYPED I	N BLACK)				TXY RUC II
1 Corporate ID No.	2. Name of Corporati				
82794	New Englar	nd Precision Va	ive Services, Inc	: .	
3. Street Address Principal Bi	isiness Office	.	City	State	Zip
4. Business Phone No. (401) 62(-	7779	S. State of Incorporation RHODE ISLA	TIVERTUR	Vi RP	02878-277 6. SIC Code 2881
VA	LYE RECUIVE	Rhode Island DITIONING	4 REPAIRS		
B. NAMES AND ADE President Name	PRESSES OF THE OFFIC	CERS ("X" BOX FOR ATT)	CHMENT) FILL IN SPACE	ES BEFORE USING ATTA	CHMENTS
DAVID 6	ENGLIST	4			
Street Address	`~		Street Address		
533 W	DEMELLO	DRIVE			
TIVERTOR	ENGLISI DEMELLO State RI	2ip 1928 78 -277	City ~	State	Zip
ecretary Name		0.07	Treasurer Kame	/10	
itreet Address			Street Address	(SAME)	
City	State	Zip	City	State	Zip
). NAMES AND ADD	PRESSES OF THE DIREC	CTORS (eve now son in			
Director Nume	_	STORS: A BOX FOR AL	Director Name	CES BEFORE USING AT	TACHMENTS
(5A)	ME)				
treet Address	, ,		Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
treet Address			Street Address		
lity	State	Zip	City	State	Zip
O. SHARES AUTHOR	RIZED ("X" BOX FOR ATTAC	HMENT)	11. SHARES ISSUED) ("X" BOX FOR ATTACHMEN	T)
UTHORIZED SHARES			ISSUED SHARES		
umber of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
0 000	PAR VALUE		,		No PAR

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

* 8 2 7 9 4 *	
File Date:	
Check No.:	
вr: <u>Се</u>	
FOR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affi	rm that I have examined
this report, including any accompanying so	hedules and statements, and
that all statements containing herein are tru	ie and correct.
Sand & English	1-25-00
Signature of Officer	Date
PAND G. ENGLISH	
Point or Pipe Name of Office	
Title of Officer	- ·



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999 Filing Period: January 1-March 1 • Filing Fee: \$50.00



Corners Whis					
. Gorporate ID No. 82794	2. Name of Corporation New England	^₀ d Precision Valve S	Samulaca Inc		
Street Address Principal Busin	iton England	a Liecipion Alive 2			ŧ
593 W. Rusiness Phone No. (401) 624	DEMELLO	5. State of Incorporation RHODE ISLA	TIVERTO	N RI	7.1p 0 2878 ~ 2 6. SIC Code 2881
Brief Description of the Chara	cter of Business Conducted in	Rhode Island	_		
VA	TLVE RECO	INDITION!	NG 4 REPI	HIRS	
MAMES AND ADDE	ESSES OF THE OFFIC	ERS ("X" BOX FOR ATTA	- (ES BEFORE USING ATT	ACHMENTS -
sident Name			Vice President Name		-
NAVID G.	ENGLISH	-			
533 1.2	DEMELLO	Donat	Street Address		-
,	State	71-	ar.		
TIVERTON	R	02878 - 27.7	City	State	ŽIp
tary Name	/ \	02810-21.1	Theasurer Name		
				& ENGLISH	
rt Address			Street Address /	1 GIVG KID IT	
			· · · · · · · · · · · · · · · · · · ·	PME)	
	State	Zip	City	State	ZIÔ
Address	ABOVE)		: Street Address		<u>-</u> .
			Street Walnuts		ť
	State	Zip	City	State	Zip
tor Name		• ••• • • • • • •	***		,
			Director Name	•	
t Address		•	Street Address		••••
					•
	State	Zip	City	State	Zip
CHARLE ATOMICONS					,
	ED ("X" BOX FOR ATTACH	HMENT)	11. SHARES ISSUED	("X" BOX FOR ATTACHMEN	(T)
ORIZZI) SHARES per of Shares	C1 16		ISSUED SHARES	•	•
	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
,000 SHS NO PAR	VALUE		1		62 - 12.10
			,		NO SIA
Cranort must be at-	and to talk to the	• • • • •			
report must be sign	ned in the by either	the President, Vice	President, Secretary, As	isistant Secretary, Treas	surer, Receiv <mark>er</mark> or Tru
		 			

File Date:	790 58100					
Check No.:	1162					
Ву:	. Ot					
FOR SECRETARY O	F STATE USE ONLY					

Under penalty of perjury, I declare and affirm that I have examined
this report, including any accompanying schedules and statements, and
that all statements contained berein are true and correct.
Day D. Onful 1-36-99
Securiture of Officer Date
DAUD G. ENGLISH
Print or Type Name of Officer
- Resident
Title of Officer



James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998 Filing Period: January 1-March 1 • Filing Fee: \$50.00

STOP PLEAST READ INSTRUCTIONS

I have examined and statements, and

(FORM MUST HE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation New England Precision Valve Services, Inc. 3. Street Address Principal Business Office TIVERTON W. DEMELLO DRIVE S. State of Incorporation (401) 624 - 7779 RHI **RHODE ISLAND** 2881 VALVE RECONDITIONING & REPAIRS

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) Vice President Name DAVID G. ENGLISH Street Address Street Address W. DEMELLO R) State ZIp Street Address City State City Zip 9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) Director Name Director Name Street Address Street Address City State Zip State Zip Director Name Director Name Street Address Street Address City State City State Zip 10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES **ISSUED SHARES** Number of Shares Class/Series Par Volue Number of Shares Class/Series Par Value 8,000 SHS NO PAR VALUE NO PAR

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

* 8 2 7 9 4 *	Under penalty of perjury, I declare and affirm that
File Date:	this report, including any accompanying schedules that all statements contrained herein are true and c
Check No.:	Signature of Officer Da
100	DAVIDG ENGLIST

FOR SECRETARY OF STATE USE ONLY



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-277-3040

PROFIT CORPORATION ANNUAL REPORT 1997 Filling Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

2. Name of Corporation

82794

New England Precision Valve Services, Inc.

5. State of Incorporation

3. Street Address Principal Business Office

533 W. DEMELLO DR 4. Business Phone No.

TIVERTON

02878-2772

6. SIC Code 2881

401 RHODE ISLAND 7. Brief Description of the Character of Business Conducted in Rhode Island

VALVE REPAIRS

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name

G. ENGLISH

DAVID Street Address ゚゙゚゚ゔゔ

W. DEMELLO

State

Street Address

Vice President Name

TIVERTON

City

Zip

Secretary Name

Treasurer Name

DAVID ENGLISH

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)

Director Name

Street Address

City

Director Name

Street Address

Street Address

City

State

City

State

Zip

Director Name

Street Address

Street Address

City

State

Cltv

State

Zip

10. SHARES AUTHORIZED AND ISSUED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

ISSUED SHARES

Number of Shares

Class/Series

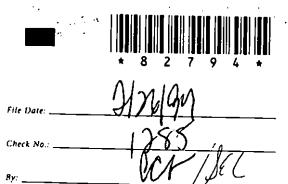
Par Value

8,000 SHS NO PAR VALUE

FOR SECRETARY OF STATE USE ONLY

NO PAR

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

FRUEII CURPURATION **ANNUAL REPORT**

1996



State of Rhode Island and Providence Plantations James R. Langevin, Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335 • (401) 277-3040

Filing Period: January 1-March 1 Filing Fee: \$50.00

PI FASE	TYPE	nΩ	DRINT	IN DI	ACK INK

1. CORPÓRATE IO NO	2. NAME OF CORPORATION	PLEASE TYPE OR F	PRINT IN BLACK INK.	·	
82794 3. Štreet addrėss principal Business o	New Eng	pland Precision	Valve Services, Inc		·
533 WEST	DEMEILO D	R.	TIVERTON	RI	02878
401-624-7	779	5. STATE OF INCORPORATION RHODE IS	SLAND		2881
7. BRIEF DESCRIPTION OF THE CHARACTER OF					01001
FIELD SET			CONTROLLERS &	-	
PRESIDENT HAVE DAVID ET	NGLISH	ES AND ADDR	ESSES OF THE OFF	I C. E. R. S.	
533 WEST	DEMEIL	OR.	STREET ADORESS		
TIVERTON	STATE	02878	ar	STATE	ZIP COOE
SECRETARY NAME			TREASURER NAME	#1-0- 1-0	-
STREET ADDRESS			STREET ADORESS		
CITY	STATE	ZIP CODE	OTY	STATE	ŽiP 000€
DIRECTOR NAME	9 . N A M	ES AND ADDRI	ESSES OF THE DIRE	CTORS	
. DAVID EN	GUISH		ORECTOR HAME		
SAME A	S ABOUE		STREET ADDRESS		
·	STATE	ZP COD€	ату	STATE	DP CΩD€
DONNA E	NGLISH		DIRECTOR NAME		
STREET ADDRESS	S ABOUE	-	STREET ADORESS		
diy	STATE	ZIP CODE	air	STATE	ZP COOE
		RES AUTHORI	ZED AND ISSUED		e description regi ne description in the second
AUTHORIZED SMARES MUMBER OF SMARES CLASS / SERVES PAR VALUE		PAR VALLE	RESERVICE TO RESERVIN	ISSUED SHARES CLASS/SERES	PARVALUE
8,000 SHS N	O PAR VALUE				.104
···	 				
· • · • • • • • • • • • • • • • • • • •			:		
	This re	port must be SIGN	NED IN INK-by either the		
Presi	dent, Vice President	, Secretary, Assista	ant Secretary, Treasurer, Re	ceiver or Trustee	
			report, including any	rjury, I declare and aff accompanying sched ned herein are true ar	firm that I have examined this dules and statements, and that and confect.
File Oate: 1229	6 2/28/96		Signature of Officer	Englis	A
Check No: 1/6	4		DAVIO	ENGLIS	
ву:	0	*****	Print or Type Name of		1-00 01
For Secretary of St	ate Use Only	DETACH SO-SO-	Title of Officer	DENT	Date Date