



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

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 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No 88194		2. Name of Corporation Kay Cor Contractors, Inc.			
3. Street Address Principal Business Office P.O. Box 7368			City Cumberland	State RI	Zip 02864
4. Business Phone No (401) 725-4578		5. State of Incorporation Rhode Island			6. SIC Code 885
7. Brief Description of the Character of Business Conducted in Rhode Island Construction contractor-excavation and site work					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Herculano Salustio, Jr.			Vice President Name Herculano Salustio, Jr.		
Street Address 19 E. Earle Street			Street Address 19 E. Earle Street		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
Secretary Name Herculano Salustio, Jr.			Treasurer Name Herculano Salustio, Jr.		
Street Address 19 E. Earle Street			Street Address 19 E. Earle Street		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Herculano Salustio, Jr.			Director Name		
Street Address 19 E. Earle Street			Street Address		
City Cumberland	State RI	Zip 02864	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000 NO PAR VALUE			100	Common	No Par Value

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



8 8 1 9 4

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.

Signature of Officer Herculano Salustio, Jr. Date 3/15/05
Print or Type Name of Officer
HERCULANO SALUSTIO, JR.
Title of Officer
PRESIDENT

File Date	FILED
Check No.	MAR 14 2005
By	<u>[Signature]</u>
FOR SECRETARY OF STATE USE ONLY	



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

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 2004

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 88194		2. Name of Corporation Kay Cor Contractors, Inc.		
3. Street Address Principal Business Office P.O. Box 7368		City Cumberland	State RI	Zip 02864
4. Business Phone No. (401) 725-4578		5. State of Incorporation Rhode Island		6. SIC Code 885
7. Brief Description of the Character of Business Conducted in Rhode Island Construction contractor-excavation and site work				
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Herculano Salustio, Jr.		Vice President Name Herculano Salustio, Jr.		
Street Address 19 E. Earle Street		Street Address 19 E. Earle Street		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI
Secretary Name Herculano Salustio, Jr.		Treasurer Name Herculano Salustio, Jr.		
Street Address 19 E. Earle Street		Street Address 19 E. Earle Street		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name Herculano Salustio, Jr.		Director Name		
Street Address 19 E. Earle Street		Street Address		
City Cumberland	State RI	Zip 02864	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
AUTHORIZED SHARES		ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series
8,000 NO PAR VALUE			100	Common
				No Par Value

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



8 8 1 9 4

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.

Signature of Officer: Herculano Salustio, Jr. Date: 8/27/04
Print or Type Name of Officer: Herculano Salustio, Jr.
Title of Officer: President

File Date: **FILED**
Check No.: SEP 01 2004
By: By M43916
FOR SECRETARY OF STATE USE ONLY



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 02903-133
401-222-304



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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. **88194** 2. Name of Corporation **Kay Cor Contractors, Inc.**
3. Street Address Principal Business Office **P.O. Box 7368** City **Cumberland** State **RI** Zip **02864**
4. Business Phone No. **(401) 725-4578** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **885**

7. Brief Description of the Character of Business Conducted in Rhode Island
Construction contractor-excavation and site work

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Herculano Salustio, Jr.			Vice President Name Herculano Salustio, Jr.		
Street Address 19 E. Earle Street			Street Address 19 E. Earle Street		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
Secretary Name Herculano Salustio, Jr.			Treasurer Name Herculano Salustio, Jr.		
Street Address 19 E. Earle Street			Street Address 19 E. Earle Street		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name Herculano Salustio, Jr.			Director Name		
Street Address 19 E. Earle Street			Street Address		
City Cumberland	State RI	Zip 02864	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
8,000 NO PAR VALUE		

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares	Class/Series	Par Value
100	Common	No Par Value

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



* 8 8 1 9 4 *

File Date. 2/12/03

Check No. 40822

By: [Signature]

FOR SECRETARY OF 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 herein are true and correct.

Signature of Officer [Signature] Date 2/12/03

Print or Type Name of Officer Herculano Salustio, Jr.

Title of Officer President



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 02903-1333
401-222-3004

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

2. Name of Corporation

88194

Kay Cor Contractors, Inc.

3. Street Address (Principal Business Office)

City

State

Zip

P. O. Box 7368

Cumberland

RI

02864

4. Business Phone No.

5. State of Incorporation

6. SIC Code

(401) 725-4578

RHODE ISLAND

885

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

Construction contractor-excavation and site work

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Vice President Name

Herculano Salustio, Jr.

Herculano Salustio, Jr.

Street Address

Street Address

19 E. Earle Street

19 E. Earle Street

City

State

Zip

City

State

Zip

Cumberland

RI

02864

Cumberland

RI

02864

Secretary Name

Treasurer Name

Herculano Salustio, Jr.

Herculano Salustio, Jr.

Street Address

Street Address

19 E. Earle Street

19 E. Earle Street

City

State

Zip

City

State

Zip

Cumberland

RI

02864

Cumberland

RI

02864

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

Director Name

Herculano Salustio, Jr.

Street Address

Street Address

19 E. Earle Street

City

State

Zip

City

State

Zip

Cumberland

RI

02864

Director Name

Director Name

Street Address

Street Address

City

State

Zip

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

8,000 NO PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares

Class/Series

Par Value

100

common

no par value

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



* 8 8 1 9 4 *

File Date: 3-7-02

Check No: 40495

By: [Signature]

FOR SECRETARY OF 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 herein are true and correct.

Signature of Officer: [Signature] Date: 3/5/02

Print or Type Name of Officer

Title of Officer



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

Corporations Division
100 North Main Street, Providence, RI 02903-1
401-222-3

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

88194

2. Name of Corporation

Kay Cor Contractors, Inc.

3. Street Address Principal Business Office

P.O. Box 7368

4. Business Phone No.

401-725-4578

City

Cumberland

State

RI

Zip

02864

5. State of Incorporation
RHODE ISLAND

6. SIC Code
885

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

Construction contractor-excavation and site work

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

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Herculano Salustio, Jr.

Vice President Name

Herculano Salustio, Jr.

Street Address

19 E. Earle Street

Street Address

19 E. Earle Street

City

Cumberland

State

RI

Zip

02864

City

Cumberland

State

RI

Zip

02864

Secretary Name

Herculano Salustio, Jr.

Treasurer Name

Herculano Salustio, Jr.

Street Address

19 E. Earle Street

Street Address

19 E. Earle Street

City

Cumberland

State

RI

Zip

02864

City

Cumberland

State

RI

Zip

02864

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

FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

Herculano Salustio, Jr.

Director Name

Street Address

19 E. Earle Street

Street Address

City

Cumberland

State

RI

Zip

02864

City

State

Zip

Director Name

Street Address

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

8,000 NO PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares

Class/Series

Par Value

100

Common

No Par Value

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



* 8 8 1 9 4 *

File Date: 5-9-01

Check No.: 40058

By: [Signature]

FOR SECRETARY OF 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 herein are true and correct.

Signature of Officer

Date

Print or Type Name of Officer

Title of Officer



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

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1
401-222-3

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **88194** 2. Name of Corporation **Key Cor Contractors, Inc.d**

3. Street Address Principal Business Office

City

State

Zip

P.O. Box 7368

Cumberland

RI

02864

4. Business Phone No.

5. State of Incorporation

6. SIC Code

(401)725-4578

RHODE ISLAND

885

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

Construction contractor-excavation and sit work

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name

Vice President Name

Herculano Salustio, Jr.

Herculano Salustio, Jr.

Street Address

Street Address

19 E. Earle Street

19 E. Earle Street

City

State

Zip

City

State

Zip

Cumberland

RI

02864

Cumberland

RI

02864

Secretary Name

Treasurer Name

Herculano Salustio, Jr.

Herculano Salustio, Jr.

Street Address

Street Address

19 E. Earle Street

19 E. Earle Street

City

State

Zip

City

State

Zip

Cumberland

RI

02864

Cumberland

RI

02864

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name

Director Name

Herculano Salustio, Jr.

Street Address

19 E. Earle Street

City

State

Zip

Cumberland

RI

02864

Director Name

Street Address

Street Address

City

State

Zip

City

State

Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

8,000 SHS NO PAR VALUE

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares

Class/Series

Par Value

100

Common

No par value

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



* 8 8 1 9 4 *

File Date: MAR 16 2000

Check No. MAR 16 2000

By: By JMD 6244

FOR SECRETARY OF 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 herein are true and correct.

Signature of Officer

Date

Herculano Salustio, Jr.

Print or Type Name of Officer

Pres

Title of Officer



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

James R. Longevin, Secretary of S.
Corporations Divis
100 North Main Street, Providence, RI 02903-1.
401-222-31

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **1999**

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

88194

2. Name of Corporation

Key Cor Contractors, Inc.

3. Street Address Principal Business Office

P.O. Box 7368

4. Business Phone No.

(401)725-4578

5. State of Incorporation

RHODE ISLAND

City

Cumberland

State

RI

Zip

02864

6. SIC Code

885

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

SITE

Construction contractor/excavation and site work

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

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Herculano Salustio, Jr.

Street Address

19 E. Earle Street

City

Cumberland

State

RI

Zip

02864

Secretary Name

Herculano Salustio, Jr.

Street Address

19 E. Earle Street

City

Cumberland

State

RI

Zip

02864

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

FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

Herculano Salustio, Jr.

Street Address

19 E. Earle Street

City

Cumberland

State

RI

Zip

02864

Director Name

Director Name

Street Address

City

State

Zip

Director Name

Street Address

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

8,000 SHS NO PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares

Class/Series

Par Value

100

Common

No par value

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



* 8 8 1 9 4 *

File Date: 2-10-99

Check No.: 5780

By: [Signature]

FOR SECRETARY OF 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 herein are true and correct.

X [Signature] 2/10/99

Signature of Officer

Date

HERCULANO SALUSTIO, JR.

Print or Type Name of Officer

PRESIDENT

Title of Officer



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

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-13
401-277-30

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

88194

2. Name of Corporation

Kay Cor Contractors, Inc.

3. Street Address Principal Business Office

P.O. Box 7368

4. Business Phone No

401-725-4578

5. State of Incorporation

RHODE ISLAND

City

Cumberland

State

RI

Zip

02864

6. SIC Code

0885

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

Construction Contractor-Excavation and Site Work

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

President Name

Herculano Salustio, Jr.

Street Address

19 E. Earle Street

City

Cumberland

State

RI

Zip

02864

Vice President Name

Herculano Salustio, Jr.

Street Address

19 E. Earle Street

City

Cumberland

State

RI

Zip

02864

Secretary Name

Herculano Salustio, Jr.

Street Address

19 E. Earle Street

City

Cumberland

State

RI

Zip

02864

Treasurer Name

Herculano Salustio, Jr.

Street Address

19 E. Earle Street

City

Cumberland

State

RI

Zip

02864

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

Director Name

Herculano Salustio, Jr.

Street Address

19 E. Earle Street

City

Cumberland

State

RI

Zip

02864

Director Name

Street Address

City

State

Zip

Director Name

Street Address

City

State

Zip

Director Name

Street Address

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

8,000 SHS NO PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares

Class/Series

Par Value

100

Common

No par value

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

File Date: 4/20/98

Check No: 15221

By: [Signature]

FOR SECRETARY OF 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 herein are true and correct.

[Signature]

Herculano Salustio, Jr.

Print or Type Name of Officer

President

Title of Officer



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

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-133
401-277-304

PROFIT CORPORATION ANNUAL REPORT 1997

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

(FORM MUST BE TYPED IN BLACK)



1. Corporate ID No.

88194

2. Name of Corporation

Kay Cor Contractors, Inc.

3. Street Address Principal Business Office

P.O. Box 7368

4. Business Phone No.

401/725-4578

City

Cumberland

State

RI

Zip

02864

5. State of Incorporation

RHODE ISLAND

6. SIC Code

0885

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

Construction Contractor-Excavation and Site Work

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

President Name

Herculano Salustio, Jr.

Street Address

19 E. Earle Street

City

Cumberland

State

RI

Zip

02864

Vice President Name

Herculano Salustio, Jr.

Street Address

Same

State

Zip

Secretary Name

Herculano Salustio, Jr.

Street Address

Same

City

State

Zip

Treasurer Name

Herculano Salustio, Jr.

Street Address

Same

State

Zip

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

Director Name

Herculano Salustio, Jr.

Street Address

19 E. Earle Street

City

Cumberland,

State

RI

Zip

02864

Director Name

Street Address

City

State

Zip

Director Name

Street Address

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

8,000 SHS NO PAR VALUE

ISSUED SHARES

Number of Shares

Class/Series

Par Value

100

Common

No par value

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



* 8 8 1 9 4 *

File Date: 4/3/97

Check No.: 6116

By: [Signature]

FOR SECRETARY OF 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 herein are true and correct.

Signature of Officer

Herculano Salustio Jr

Title of Officer

President