

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 Divisi 100 North Main Sire Providence, RI 02903-13,

Form 630 Rev. 12/03

2005

401.222.30

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR _

Filing Period: January 1 - March 1 Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BIACK) 1. Corporate ID No. 2. Name of Corporation 84297 Richard's Oil Company Inc. 3 Street Address Principal Business Office South 02816 5. State of Incorporation 6. SIC Code 401-822-1543 RHODE ISLAND 5090 7. Brief Description of the Character of Business Conducted in Rhist OIL SALES, DELIVERY AND REPAIR SERVICES. 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name Street Address State Z(p Street Address Street Address City ZIp City 7.(D 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name Street Address Street Address City Zip City State Zip Director Name Director Name Street Address Street Address City Zip State City State 7.10 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Sirtes Par Value 4,000 NO PAR VALUE 100 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 correst File Date



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

Corporations Divisi 100 North Main Str. Providence, RI 02903-13

Matth	ew A. Brown, Secreta	ry of State			401.222.3
PROFIT COR Filing Period: Januar (FORM MUST BE TYPED)	ry 1 - March 1 •	ANNUAL REPO Filling Fee: \$50.00	ORT FOR THE YE	EAR	004
1. Corporate ID No.	2. Name of Curp	oration			
84297	Richard's	Oil Company Inc.			
3 Street Address Principal E. 275 South	Business Office Main Street		Coventry	State R I	Zip 02816
4. Business Phone No.		5. State of Incorpore		<u> </u>	6. SIC Code
401-822 - 15		RHODE ISLA	AND		5090
7. Brief Description of the Cl OIL SALES, DEL	harucier of Business Conduc IVERY AND REPAIR SE	ted in Rhode Island		· · · · · · · · · · · · · · · · · · ·	AWSU
8. NAMES AND ADDE	RESSES OF THE OFFI	CERS: ("X" BOX FOR	ATTACHMENT) FILL	IN SPACES BEFORE USI	NG ATTACHMENTS
President Name			Vice President Name		-
Kichere Por	/selli				
Street Address	11	<u> </u>	Street Address		
275 South	Main Street	<u>t</u>	:		
Richard Pol Street Address 275 South Cay Coventry	State T	Z1p	City	State	Zip
Coventry		02816			
Secretary Name I			Treasurer Name		
Street Address	 	<u></u>		<u> </u>	
Sireer Madress			Street Address		
City	State	Zíp	Сиу	State	Ζίρ
9. NAMES AND ADDE	I RESSES OF THE DIRE	 CTORS: <i>("X" BOX FOI</i>	: R <i>attachment</i>)	I L IN SPACES BEFORE U	I SING ATTACHMENTS
Director Name		,	Director Name		
Street Address			Street Address		
	•				
City	State	Zip	City	State	Zip
•••••					
Director Name			Director Name		••••••••
Street Address		·	Street Address	 -	
City	State	Zıp	City	State	Zíp
10. SHARES AUTHOR AUTHORIZED SHARES	 SIZED <i>("X" BOX FOR</i>	 ATTACHMENT)	11. SHARES ISSUED	 	CHMENT)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
4,000 NO PAR VALU	<u> </u>		100	Course	No are walke

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

	- + 8 4 2 Q 7 ±
File Date Check No	1-2-04
'	R SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that	
including any accompanying schedules and staten contained herein are true and correct.	nents, and that all statemer
Bulul Pal 1/18	1-5-04
Signature of Officer	Date
Richard Polselli	
Print or Type Name of Officer	
President	
Title of Officer	



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

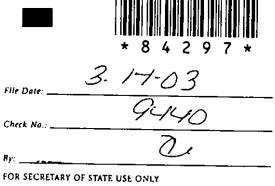
Edward S. Inman, III, Secretary of Sta Corporations Division 100 North Main Street, Providence, RI 02903-13: 401-222-304

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003



n .			ce President, Secretary, Assi	<i>\(\tau_i \)</i>	,
4,000 NO PAR VALUE			100	Comeran	Nb par valore
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
10. SHARES AUTHORIZE	D ("X" BOX FOR ATT.	ACHMENT)	11. SHARES ISSUED ("X" BOX FOR ATTACHMEN	<i>n</i> '
City	State	Zip	City	State	Zip
Street Address			Street Address		
Director Name	i.		Director Name		• •
City	State -	Zip	: City	State	Zip
Street Address			Street Address		
9. NAMES AND ADDRE Director Name	SSES OF THE DIR	ECTORS ("X" BOX FOR	ATTACHMENT) FILL IN SPAC	ES BEFORE USING ATT	TACHMENTS
Coventry	State	02816	City	State	Zip
275 South	Main St		Street Address		•
Richard Pol	selli		Treasurer Name	• • • • • • • • • • • • • • • • • • • •	eet (group of group group of
Coventry	State	12816	City	State	Zip
275 South,	Main St		Street Address		
Rithard Pot			Vice President Name		
8. NAMES AND ADDRE		FICERS ("X" BOX FOR A	= -	S BEFORE USING ATTA	CHMENTS
2. Brief Description of the Charac	ter of Business Conducted	in Rhode Island	AND		5090
4. Business Phone No. 401-822-13	543	5. State of Incorpora RHODE ISL	ation /	•	6. SIC Code
275 South 1			Coventry	State RI	21p 028/6
84297 3. Street Address Principal Busine	Richard's (Oil Company Inc.			
1. Corporate ID No.	2. Name of Corpo	ration			

Title of Officer



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	e true and correct.
Bertalfalll	3-/-03
Signature of Officer Richard L. Polsalli	Date
Print or Type Name of Officer	·

Form 630 12102



Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3046

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR Filing Period: January 1-March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 84297 Richard's Oil Company Inc. 3. Street Address Principal Business Office Coventry 02816 275 South Main Street 4. Business Phone No. 5. State of Incorporation 6. SIC Code 5090 **RHODE ISLAND** 401-822-1543 7. Brief Description of the Character of Business Conducted in Rhode Island Heating Oil Distributor

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Richard Po/selli Street Address State Zip Street Address Zip State 9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name Street Address Street Address City State ZIp Director Name Street Address Street Address City State 10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Series Number of Shares 4,000 NO PAR VALUE

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



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 trife and correct. Richard Polselli

Title of Officer

Form 630 12/01



Corporations Divis 100 North Main Street, Providence, RI 02903-1.

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

STOP PLEASE REAL INSTRUCTION	
02816 C Code 190	
·	

(FORM MUST BE TYPED	IN BLACK)				
1. Corporate ID No.	2. Name of Corpora	illon			
84297	Richard's	Oil Company 1	Inc.		
3. Street Address Principal B	lusiness Office		City	State	Zip
275	South Mai	~ 5t.	Coventry	RT	02816
4. Business Phone No.		5. State of Incorpora	tion	~~-	6. SIC Code
401 - 822 7. Brief Description of the C	1543 haracter of Business Conducted (RHODE ISL			5090
Heating	Oil Distrib.	ator			
President Name	presses of the offi Blselli	ICERS ("X" BOX FOR AT	TACHMENT) FILL IN SPACES Vice President Name	BEFORE USING ATT	ACHMENTS
Street Address		_	Street Address		
275 So	with Main	St.			
Coventry	uth Main state	zip 02816	. City	State	Zip
Secretary Name Richard	e Polselli	•	Treasurer Name	•	•
Street Address 275 So	uth Main	St.	Street Address		
Coventry	State	02816	City	. State	ZIp
9. NAMES AND ADI	DRESSES OF THE DIRE	ECTORS (*X* BOX FOR	ATTACHMENT) FILL IN SPAC	ES BEFORE USING AT	TACHMENTS
Director Nume			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name	•		Director Name		•
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHO	RIZED ("X" BOX FOR ATTA	ACHMENT)	11. SHARES ISSUED	"X" BOX FOR ATTACHME	NT)

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

ISSUED SHARES

100

Number of Shares



4,000 SHS NO PAR VALUE

Class/Series

Par Value

AUTHORIZED SHARES

Number of Shares

File Date:	FILED	
Check No.:	JAN 2 2 2001	
Ву:	By 0.7921	
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 hereig are true and correct.

Bechan	Polselli	1/18/01
Signature of Officer		Dale

Richard	Polselli
N	

Form 630 12/00

No par valu



James R. Langevin, Secretary of Si Corporations Divis 100 North Main Street, Providence, RI 02903-1. 401-222-30



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. 2. Name of Corporation 84297 Richard's Oil Company Inc. 3. Street Address Principal Business Office Coveredry 275 South Main Street 02816 4. Business Phone No. 5. State of Incorporation 6. SIC Code 401-822-1543 RHODE ISLAND 5090 7. Brief Description of the Character of Business Conducted in Rhode Island Heating Oil Distributor 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name Street Address South Main Street State Zio el Potselli Street Address South Main Street City City State Zip 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name Street Address Street Address State 210 City State 210 Director Name Director Name Street Address Street Address City State Zip State ZIp 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED STARES Number of Shares Class/Series Par Value Number of Shares 4,000 SHS NO PAR VALUE No par value 100

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

	* 8 4 2 9 7 *
File Date:	1/4/00
Gheck No.:	71918
Ву:	Cr
FOR SECRETAR	LY 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 hospinare true and correct.

Title of Officer



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

James R. Langevin, Secretary of St. Corporations Divisi 100 North Main Street, Providence, RI 02903-13 401-222-30

this report, including any accompanying schedules and statements, and

				•		
PROFIT CORPORATION	ANINITIAT T	талат	$E \cap D$	THE	MEAD	1000
TROTTI CONTONALION	ANNUALI	KEPUKI	ruk	IHE	YEAR	ーフフフ
Filing Period: January 1-March 1 •	Filing Fee: \$50.0	00				

STOP PLE WE READ INSTRUCTION

(FORM MUST BE TYPED IN B	LACK)				
1. Corporate ID No.	2. Name of Corpor			 	
84297		Oll Company Inc.			
3. Street Address Principal Busine 1 275 Sau	th Main.	Strat	City	State OT	Zip
4. Business Phone No.		5. State of Incorpora		~ ∸	02816 6. SIC Code
822-154	-	RHODE ISL	AND		5090
7. Brief Description of the Charac Oil Sa	er of Husiness Conducted				·
8. NAMES AND ADDRE	SSES OF THE OFF	ICERS ("X" BOX FOR AT	TACHMENT) 🗂 FILL IN SPAC	ES BEFORE USING ATTA	CHMENTS
President Name Richarl Po	21.00.		Vice President Name		
Street Address			Street Address		
275 South	Main Sti	rect	Street Address		
Coventry	State	02816	City	State	Zip
Secretary Name	o e elece . To	*****	Treasurer Name	•••••••••••••••••••••••••••••••••••••••	*** *******************************
<u> </u>					
Street Address			Street Address	· -	· - · · · · · · · · · · · · ·
City	State	Zip	City	T-State	Zip
• • •	ا ماجي		•	•	
9. NAMES AND ADDRE	SSES OF THE DIR	ECTORS ("X" BOX FOR	ATTACHMENT) FILL IN SPA	CES BEFORE USING AT	TACHMENTS
Director Name			Director Name		
Street Address			Street Address		· - · · · · · · · · · · · · · · · · · ·
			:		
City	State	ZIp	: City	State	Zip
Director Name		************	Director Name		
· ·					
Street Address			Street Address	· 	-
City	State	Zip	· City	State	Zip
		,	:	I	Σ.η.
10. SHARES AUTHORIZE AUTHORIZED SHARES	ED (*X* BOX FOR ATT	ACHMENT)	11. SHARES ISSUEL	YE BOX FOR ATTACHMEN	77)
Number of Shares	Class/Series	Par Value	' Number of Shares	Class/Series	Par Value
4,000 SHS NO PAR VALUE		·	,	·	
3,200 000 000			100	Common	No parvalue
			ŀ		/
This report —					
this report must be sign	nea in ink by eith	ner the President, Vi	ce President, Secretary, A	ssistant Secretary, Treas	urer, Receiver or Truste
j 18 3 11	.	881 (88)			
	8 4 2 9 7	##! ## 7 ★	Under penalty of	perjury, I declare and affir	m that I have examined

FOR SECRETARY OF STATE USE ONLY

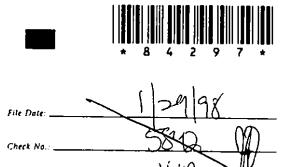


James R. Langevin, Secretary of St Corporations Divis 100 North Main Street, Providence, RI 02903-12

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR Filing Period: January I-Murch 1 . Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK) 1. Corporate ID **84297** 2Richard's Off Company Inc. 3. Street Address Principal Business Office 275 South Main 6. SIC **5090** 822 1543 7. Brief Description of the Character of Business Conducted in Rhode Island Oil paler and service 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) Vice President Name Street Address Zip Street Address Street Address City State Zip City State ZIp 9. NAMES AND ADDRESSES OF THE DIRECTORS (*x* BOX FOR ATTACHMENT) Street Address City State Zip City Zip Director Name Director Name Street Address Street Address City Zio State ZIp 10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Par Value Number of Shares 4,000 SHS NO PAR VALUE

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



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 herely are true and correct.

No Par Value

Title of Officer



James R. Langevin, Secretary of Stat Corporations Divisio 100 North Main Street, Providence, Rt 02903-133 401-277-304

STOP:

PROFIT CORPORATION ANNUAL REPORT 1997

Filing Period: Janu	iary 1-March 1 🔹 .	Filing Fee: \$50.00			- INSTRUCTIONS	
(FORM MUST BE TYPED IN	N BLACK)				COMPLETING THIS TORM	
1. Corporate ID No. 84297	2. Name of Corpora Richard's	oil Company Inc.				
3. Street Address Principal Bus			City	State	Zip	
275 5.1	Main Street		Coventry	RI	02816	
4. Business Phone No.	- 4-	5. State of Incorporation	'n		6. SIC Code	
401- 822 - 1543			RHODE ISLAND		5090	
7. Brief Description of the Cha	racter of Business Conducted 1 stributor	n Rhode Island				
8. NAMES AND ADD	RESSES OF THE OFFI	CERS ("X" BOX FOR ATT	ACHMENT)			
President Name	01		Vice President Name			
Kicharl			N/4			
Street Aildress	Main Street	/	Street Address		•	
~ 27\$ J.	Main Street					
Coventry	State RL	02816	City	State	Zip	
Secretary Name			Tieasurer Name			
Street Address			Street Address	• •	•	
City	State -	Zîp	- City	State	Zip	
9. NAMES AND ADD	RESSES OF THE DIRE	CTORS ("X" BOX FOR A	TTACHMENT)	-		
Director Name			Director Name			
Street Address			Street Address	• •	•	
City	State	Zip	City	State	Zip -	
Director Name			Director Name	. ****************************		
Street Address			Street Address			
City	State	Zip	City	State	Zip	
10. SHARES AUTHOR	IZED AND ISSUED (*.	X" BOX FOR ATTACHMENT)			
AUTHORIZED SHARES			CSPUTED SHARRS			
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value	
4,000 SHS NO PAR VALUE			100	Comman	No Par Value	

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

	* 8 4 2 9 7 *
File Date:	1/30/97
Check No.:	3166
By:FOR SECRETARY O	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 helpin are true and correct.

Bechy abelli 1/3/97

Signature of Officer Date

Print or Type Name of Officer

Pulsident

Title of Officer

PROFIT CORPORATION ANNUAL REPORT

2-9-96

4 565

For Secretary of State Use Only

File Date:

Check No:

Ву:

1996



State of Rhode Island and Providence Plantation James R. Langevin, Secretary of State Corporations Division 100 North Main Street

Providence, Rhode Island 02903-1335 • (401) 277-30

Filing Period: January 1-March 1

Filing Fee: \$50.00

RETADORESS PRINCIPLE BASHESS GIFTED RETADORESS PRINCIPLE BASHESS GIFTED RECORDERS PRINCIPLE BASHESS GIFTED RECORDERS PRINCIPLE BASHESS GIFTED RECORDERS BASHESS COMPOSETED OF PRINCIPLE BASHES BAS	CORPORATE IO NO.	2. NAME OF CORPORATION	PLEASE TYPE OF	R PRINT IN BLACK INK.		
THIS SOURCE MADE SHARE DOORS WE ARREST NOTE OF THE OFFICERS WE READ TO ADD HESSES OF THE OFFICERS WE RESOLUTION TO BE OLD STORE SHAPE AND ADD HESSES OF THE OFFICERS WE RESOLUTION TO BE OLD SHAPE AND ADD HESSES OF THE OFFICERS WE RESOLUTION TO BE OLD SHAPE AND ADD HESSES OF THE OFFICERS WE RESOLUTION TO BE OLD SHAPE AND ADD HESSES OF THE OFFICERS WE RESOLUTION TO THE OLD SHAPE AND ADD HESSES OF THE OFFICERS WE RESOLUTION TO SHAPE AND ADD HESSES OF THE OFFICERS WE RESOLUTION TO SHAPE AND ADD HESSES OF THE OFFICERS WE RESOLUTION TO SHAPE AND ADD HESSES OF THE DIRECTORS SHAPE OF THE DIRECTORS SHAPE DOORS SHAPE OF THE DIRECTORS SHAPE DO THE DIRECTORS SHAPE DO THE DIRECTORS WE RESOLUTION TO SHAPE AND ADD HESSES OF THE DIRECTORS SHAPE OF THE DIRECTORS SHAPE DO THE DIRECTORS SHAPE DO THE DIRECTORS SHAPE DO THE DIRECTORS NAME AND ADD HESSES OF THE DIRECTORS SHAPE DO THE DIRECTORS SHAPE DO THE DIRECTORS NAME AND ADD HESSES OF THE DIRECTORS SHAPE DO THE DIRECTORS NAME AND ADD HESSES OF THE DIRECTORS SHAPE DO THE DIRECTORS NAME THE SECOND THE DIRECTORS NAME THE SECOND THE DIRECTORS NAME THE SECOND THE DIRECTORS NAME THE DIRECTORS THE DI	84297	1	d's Oil Compan	v Inc.		
MES PROPERTY OF THE OFFICER'S STATE OF MODERNING SAND RHODE ISLAND RHO	STREET ADORESS PRINCIPAL BUSINESS OF	FROE			STATE	ZIP COOE
RECORD SALE SALE SALE SALE SALE SALE SALE SALE		Main Street		· Coventry	' RI	02816
FRISHMENT OF SOURCE OF SOURCE OF THE OFFICERS WAS PROSPORTING IN A MES AND A DORESSES OF THE OFFICERS WAS PROSPORTINGE LOOPESS SINET ACROSS ACROSS SINET ACROSS SINET ACROSS SINET ACROSS SINET ACROSS ACROSS SINET ACROSS SINET ACROSS SINET ACROSS SINET ACROSS ACROSS SINET ACROSS		¥3		SLAND	·	-
DATINAME ADDRESS STATE MAIN Street COUNTRY STATE STAT	•		PLAND			1 0000
ENTINUE B. NAMES AND ADDRESSES OF THE OFFICERS WERESOND NAME ADDRESS STRET AD	Heating oil.	soles + Seine	ie.			
WE PRESOND MAKE NICHARD L POLSELL STREET AGERSS 275 South Main Street OVER 128/16 OVER 128/		8. NA N	MES AND ADD	RESSES OF THE O	FFICERS	
ADDRESS STREET ADDRESS STREE	Richard L		-			** * * * * .
ADDRESS STATE DP CODE 9. NAMES AND ADDRESSES OF THE DIRECTORS DRIVINGE OF THE DIRECTORS STATE DP CODE 1.0. SHARES AUTHORIZED SHARES NUMBER OF SHARES OLSS / SERES PAR WALLE 4,000 SHS NO PAR VALUE This report must be SIGNED IN INK by either the	275 South	Wais Str	t	, STREET ADDRESS		
ADDRESS STREET ADDRESS STREE	1 +	STATE O-	ZIP COOE	ary	STATE	ZP C00€
STATE DP COOK STATE DP COOK GTT STATE DP COOK GTT STATE DP COOK GTT STATE DE COOK STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STATE DP COOK GTY STATE DP COOK ADDRESS STATE DP COOK GTY STATE DP COOK TO S H A R E S A U T H O R I Z E D A H D I S S U E D AUTHORNIZED SHARES NIMISER OF SHARES OLASS / SORTS PAR VALUE 4,000 SHS NO PAR VALUE This report must be SIGNED IN INK by either the		KI	02816	!		
STATE DP COOR OTT STATE D RECTORS OR NAME SAND ADDRESSES OF THE DIRECTORS PROPECTOR NAME ADDRESS STATE DP COOR OTTY STATE DP COOR STATE DP COOR 10 SHARES AUTHORIZE DAND ISSUED STATE DP COOR AUTHORIZED SHARES NUMBER OF SHARES QUEST SERVES PAR WALLE 4,000 SHS NO PAR VALUE // OC Common No par Value This report must be SIGNED IN INK by either the	ETARY NAME			* TREASURER NAME		
9. NAMES AND ADDRESSES OF THE DIRECTORS DIRECTOR NAME ADDRESS STREET ADDRESS STATE DIP COOK 1 D S HARES A UT H D R 1 Z E D A H D I S S U E D AUTHORIZED SHARES NUMBER OF SHARES RUMBER OF SHARES AUTHORIZED SHARES RUMBER OF SHARES AUTHORIZED SHARES PAR WALLE 100 Common No pan Value This report must be SIGNED IN INK by either the	£T ADDRESS			, STREET ADDRESS		—
B. NAMES AND ADDRESSES OF THE DIRECTORS DESCRIPTION NAME ADDRESS STREET ADD						
ADDRESS STATE DP COOR DRECTOR NAME ADDRESS STATE DP COOR DRECTOR NAME ADDRESS STATE DP COOR AUTHORIZED SHARES NUMBER OF SHARES CLASS / SERTES PAR VALUE A, OOO SHS NO PAR VALUE This report must be SIGNED IN INK by either the		STATÉ	ZIP CODE	an	STATE	ZJP COOE
DRECTOR NAME ADDRESS STATE DP COOR DRECTOR NAME ADDRESS STATE DP COOR STATE DP COOR STATE DP COOR TO S H A R E S A U T H O R I Z E D A H D I S S U E D AUTHORIZED SHARES NUMBER OF SHARES CLASS / SERTS PAR VALUE A, 0.000 SHS NO PAR VALUE This report must be SIGNED IN INK by either the		1				
ADDRESS STATE DECLOR NAME DESCRIPTION NAME ADDRESS STATE DECODE TO SHARES AUTHORIZE DIAND ISSUED AUTHORIZED SHARES NUMBER OF SHARES CLASS / SERES AUTHORIZED SHARES AUTHORIZ	CTOR NAME	9. NAN	IES AND ADDI		IRECTORS	
ADDRESS STATE DEP COOR STATE DEP COOR STATE DEP COOR STATE DEP COOR TO SHARES AUTHORIZE DIAND ISSUED AUTHORIZED SHARES HUMBER OF SHARES CLASS / SERTS PAR VALUE AUTHORIZED SHARES AUTHORIZED SHARES AUTHORIZED SHARES AUTHORIZED SHARES AUTHORIZED SHARES AUTHORIZED SHARES DISSUED SHARES ALMSER OF SHARES DASS / SERTS PAR VALUE AUTHORIZED SHARES This report must be SIGNED IN INK by either the				1		
ADDRESS STREET ADDRESS ISSUED SHARES NUMBER OF SHARES OLASS / SERTES PAR VALUE A, 000 SHS NO PAR VALUE /// Comman No par Value This report must be SIGNED IN INK by either the	LET ADORESS			STREET ADDRESS		
ADDRESS STREET ADDRESS ISSUED SHARES NUMBER OF SHARES OLASS / SERTES PAR VALUE A, 000 SHS NO PAR VALUE This report must be SIGNED IN INK by either the		I STATE	7/P COOK	1	Cover	
ADDRESS STATE DP DODE OTY STATE DP CODE 1 D . S H A R E S A U T H D R I Z E D A H D I S S U E D AUTHORIZED SHARES NUMBER OF SHARES QUASS/SERES PAR VALUE 100 Common No par Value This report must be SIGNED IN INK by either the				(un	SIMIE	ZP C00€
STATE DP COOK 1.0. S. H. A. R. E. S. A. U. T. H. O. R. I. Z. E. D. A. H. D. I. S. S. U. E. D. AUTHORIZED SHARES NUMBER OF SHARES OLASS/SERES PAR VALUE 4,000 SHS NO PAR VALUE This report must be SIGNED IN INK by either the	TOR HAVE	<u> </u>		DIRECTOR NAME		
STATE DP COOK 1.0. S. H. A. R. E. S. A. U. T. H. O. R. I. Z. E. D. A. H. D. I. S. S. U. E. D. AUTHORIZED SHARES NUMBER OF SHARES OLASS/SERES PAR VALUE 4,000 SHS NO PAR VALUE This report must be SIGNED IN INK by either the	FT Annaces					
AUTHORIZED SHARES AUTHORIZED SHARES NUMBER OF SHARES OLASS/SERES PAR VALUE A,000 SHS NO PAR VALUE This report must be SIGNED IN INK by either the	e. Poorteo			STREET ADDRESS		
AUTHORIZED SHARES NUMBER OF SHARES QASS/SERES PAR VALUE 4,000 SHS NO PAR VALUE //OO Common No par Value This report must be SIGNED IN INK by either the		STATE	ZP C00€	alv	STATE	ZIP CODE
AUTHORIZED SHARES NUMBER OF SHARES QASS/SERES PAR VALUE 4,000 SHS NO PAR VALUE //O Common No par Value This report must be SIGNED IN INK by either the			-			
HUMBER OF SHARES CLASS/SERES PAR VALUE 4,000 SHS NO PAR VALUE //OO Common No par Value This report must be SIGNED IN INK by either the	- .		ARES AUTHOR	IZED AND ISSUE	0	
4,000 SHS NO PAR VALUE 100 Common No par Value This report must be SIGNED IN INK by either the						
This report must be SIGNED IN INK by either the	4 000 sus w	O DAD WALUE			1	,
This report must be SIGNED IN INK by either the	4,000 SnS NC	J PAR VALUE		100	Common	No par Valen
This report must be SIGNED IN INK by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee				i		/
This report must be SIGNED IN INK by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee				1		1
This report must be SIGNED IN INK by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee						<u></u>
President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee		This	report must be SIC	SNED IN INK by either t	he	
•••••••••••••••••••••••••••••••••••••••	Presi	ident, Vice Preside	nt, Secretary, Assis	stant Secretary, Treasure	r, Receiver or Truste	e 📠
Linday popular at against the same and attended to the			-			
Under penalty of perjury, I declare and affirm that I have examin report, including any accompanying schedules and statements, a all statements contained herein are two and correct				report, includin	g any accompanying sche	edules and statements, a

Date