

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

Form 630 12/01

iling Period: January FORM MUST BE TYPED IN		G			
l Corporate ID No	2. Name of Corpor			- •	
43797		nufacturers, Inc.			
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400 Franklin Str . <i>Business Phone No</i>	reet		Bristol	RI	02809
401-254-2960		5. State of Incorporation RI	חס מי		6 SIC Code
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cretary Name		,	Treasurer Name		,
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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
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Filing Period: January 1 - March 1 Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) 1. Corporate ID No. 2. Name of Corporation ACCU-TEK, INC. 3. Street Address Principal Business Office 400 Frankl <u>0980</u> 5. State of Incorporation RHODE ISLAND 1099 Brief Description of the Character of Business Conducted in Rhode Island MANUFACTURING 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Street Address Street Address State a m Street Address Street Address City State Zip City State 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Street Addres State 2.ip Ζip Street Address State State Z.ip 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/Series Par Value 1,000 NO PAR VALUE None 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-apy accompanying schedules and statements, and that all statements contained herein are true, and correct. File Date Signature of Office Check No FOR SECRETARY OF STATE USE ONLY Title of Officer



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



A3797 ACCU-TEK, INC. 3. Steet Address Principal Business Office 4. Business Principal Business Office 4. Business Principal Business Office 5. Size of Incorporation RHODE ISLAND 7. Bird Post-principal of the Character of Business Conducted in Rhode Island 7. Bird Post-principal of the Character of Business Conducted in Rhode Island 7. Bird Post-principal of the Character of Business Conducted in Rhode Island 7. Bird Post-principal of the Character of Business Conducted in Rhode Island 7. Bird Post-principal of the Character of Business Conducted in Rhode Island 7. Bird Post-principal of the Character of Business Conducted in Rhode Island 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT? FILL IN SPACES BEFORE USING ATTACHMENTS 7. Size Address 7. Size	(FORM MUST BE TYPED OR PRI	NTED IN BLACK) 2. Name of Corporati	ōπ.			
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This report must be signed in lnk by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

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File Date:	2-28.03
Check No.: _	
By:	ARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm	that I have examined
this report, including any accompanying sche	edules and statements, and
that all statements contained herein are true	and correct.
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Signature of Officer	Date
Louis Victoria	
Print or Type Name of Officer	
President	
Title of Officer	· · · · · · · · · · · · · · · · · · ·

Form 630 12/02



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

Filing Period: January	v I-March 1 🕟	Filing Fee: \$50.00			PLEAS INSTRU
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1. Corporate ID No.	2. Name of Corporati	on —			
43797	ACCU-TEK, I	NC.			
3. Street Address Principal Business	Office	•	City_	State	Zip
4. Business Phone No.	•	5. State of Incorporation	Bristol	RI	02809 6. SIC Code
7. Brief Description of the Characte	r of Business Conducted in	RHODE ISLAND Rhode Island			1099
8. NAMES AND ADDRES Preșident Name	SES OF THE OFFIC	CERS CX* BOX FOR ATTACH	MENT) FILL IN SPACES B	SEFORE USING ATTACH	MENTS
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Bristol	lin St-	Zip	HOD Fra.	nklin St.	Zip
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This report must be signe	ed in ink by eithe	r the President, Vice Pr	a esident, Secretary, Assist	ant Secretary, Treasure	r, Receiver or Tri



File Date:	1-8-02	
Check No.:	7629	
By:	Or .	
FOR SECRETARY C	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

	med nerem are true an	a correct.
Louis Vacto	ouno	1-6-02
Signature of Officer	1.	Date

Louis \	Victorino
Print or Type Name of Offic	cer

Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

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

(FORM MUST BE TYPED IN		ring ree: \$50.00	,		INSURE CE
1. Corporate ID No. 43797	2. Name of Corpo ACCU-TEK	ration			
3. Street Address Principal Bu	isiness Office		Cay 1	State State	Zip
4. Business Phone No.		5. State of Incorporat	Oristol.	RI	6. 21C COM
(401) 253-1 7. Orlef Description of the Cha	1240 aracter of Business Conducted	RHODE ISL In Rhode Island	AND		1099
. NAMES AND ADD	Compan PRESSES OF THE OF	 FICERS (*x* box for at	TACHMENT) FILL IN SPACE	S BEFORE USING ATTA	CHMENTS
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Oristol Secretary Name	PHI	09802	Treasuter Name		
Street Address			Scient Address		
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	signed in ink by eit		, ce President, Secretary, As	sistant Secretary, Treas	urer, Receiver or Tru

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File Date:	1/3
Check No.:	7372
Ву:	2c
FOR SECRETARY C	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 tatements contained herein are true and correct.

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ignature of Office	-ei / • -	Date	

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ignature of Officer	/	Date	
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1-ouis	Victorinu	
rint or Type Name	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 2000 Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLAC	CK)	-				TAMETHO
1. Corporate ID No.	2. Name of Corporation	1		45		
43797 3. Street Address Principal Business (ACCU-TEK, 1	NC.			State	Zip
4. Business Phone No.	clin St	5. State of Incorporation	Bris	tol	"" RI	<i>0980</i> d
7. Brief Description of the Character	AUO of Business Conducted in R	711055 TO(ANS				6. SIC Code \\
M-4.						
8. NAMES AND ADDRESS President Name			(MENT) FILL IN S Vice President Name	SPACES BEF	ORE USING ATTAC	HMENTS
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400 Frank	clin St			Sam	و	
Bristol	"""R T	21p 02888	Clty SO W	> 0	State	Zip
Secretary Name		00/00 1	Treasurer Name		same	20 mg
Street Address	_ 59m		Street Address	Sam	ع	
City	- SGME		9	on P	2	
· Came		Zip	City	•	State	Zip
9. NAMES AND ADDRESS Director Name	ES OF THE DIRECT	TORS ("X" BOX FOR ATTA	S 9 M CHMENT) FILL II Director Name	N SPACES BE	SON VALUE EFORE USING ATTA	CHMENTS
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This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date:	* 4 3 7 9 7 * <u>8-18-00</u>	
Check No.:	1317	
Ву:	AMF	
FOR SECRETA	RY OF STATE USE ONLY	

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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.

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Signature of Officer	-	Date	_
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Signature of Officer		Date	-3.2
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Print or Type Name of Officer

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

STOP PILVALREND INSTRUCTIONS

(FORM MUST BE TYPED IN BL					
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8. NAMES AND ADDRES	SES OF THE OF	IGERS (*x* box for attach	MENT) FILL IN SPACES	BEFORE USING ATTACH	IMENTS SY AV
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	RI	4809	Bristol	RT	03829
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This report must be sign.	ed in ink by eit		esident, Secretary, Assis	tant Secretary, Treasur	er, Receiver or Trustee

* 4 3 7 9 7 *	Under penalty of perjury, I declare and affirm that I have examined
Theck No.: 7148	this report, including any accompanying schedules and statements, as that all patements contained herein are true and correct. Schedule of Officer Date
OR SECRETARY OF STATE USE ONLY	Print of Officer The 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: Janua	iry 1-March 1 •	Filing Fee: \$50.00			INSTRUC
(FORM MUST BE TYPED IN E					
1. Corporate ID No. 43797	2. Name of Corporati		• • •		
3. Street Address Principal Busin			City	State	Zip
400 Fran	Klin St.		Bristol	RT	20260
4. Bysiness Phone No.		5. State of Incorporation	9113101	• •	6. SIC Code
(40) 253 - 17. Bilef Description of the Chara	octer of Business Conducted in				1099
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8. NAMES AND ADDR	esses of the office	CERS (*x* box for attach	MENT)		
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Street Address	victorino		Louis V	ictorino	
400 Fran	Vlin <+.		, Street Maniess		
City _	State	Zip	400 Fra	nklin Sti	Zip
Bristol	State RI	02809	Bristal	RJ.	·
Secretary Name		00001	Treasurer Name		09802
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Number of Shares	Class/Sertes	Par Value	Number of Shares	Class/Sertes	Par Value
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			None		
		•			
This report must be ele	aned in ink by sith	or the Bresident Vice D	rocidont Consessor Acci	stant Constant Trees	

ort must be **signed in lnk** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

	* 4 3 7 9 7 *
File Date:	6-4-98
Check No.:	10924
Ву:	16m F
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 talements contained herein are true and correct.

Louis	Miloung	
ignature of Officer	7	



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

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. 2. Name of Corporation 3. Street Address Principal Business Office ACCU-TEK, INC. .. 400 Franklin . Business Phone No. 5. State of Incorporation H01)253-140 Brief Description of the Character of Business Conducted in Rhode Island 1099 Machine Shop. 8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) President Name Vice President Non Victorino Louis COU'S Street Address Street Address 400 Bristol Gristo O9893 Secretary Name 2ivo-Victorino Victorino كأنام Street Address Street Address 400 Franklin 400 Bristol *0*980 9. NAMES AND ADDRESSES OF THE DIRECTORS ("x" BOX FOR ATTACHMENT) Director Name vone Street Address City State City State Zip Director Name Director Name Street Address Street Address City State City State Zip 10. SHARES AUTHORIZED AND ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES . ISSUED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value

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

1/10/08

	* 4 3 7 9 7 *			
File Date:	11/97			
Check No.:	6966			
Ву:	Ca	/ WHC		
FOR SECRETAR	Y OF STATE USE ONLY	•		

1,000 SHS NO PAR VAL

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	1-7-97
Signature of Officer	Date
A Sister Allian	

Louis Victorino

Print or Type Name of Officer
President

PROFIT CORPORATION 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

Date

Filing Period: January 1-March 1

Filing Fee: \$50.00

ining i ee. 550.00		PLEASE TYPE OR P	RINT IN BLACK INK.		
CORPORATE ID NO.	2. NAME OF CORPORATION	• • • • • • • • • • • • • • • • • • • •		4	
43797 •	ACCU-	TEK, INC.	Ισπ	1	,
400 Fran	Klia St		Bristol	STATE	ZIP COOE
BUSINESS PHONE NO.	2117 31	5 STATE OF INCORPORATION	10713701		0980
(401) 253 -	1240	RHODE IS	LAND		1099
BRIEF DESCRIPTION OF THE CHARACTER		ISLAVO	<u> </u>		1099
Machine	shop				
		MES AND ADDR	ESSES OF THE OF	FICERS	
RESIDENT NAME	· c + i - o o		VICE PRESIDENT NAVE		
LOUIS VI			Same		
400 Fra	nklin S	t			
Bristol	STATE	02809	an	STATE	ZIP CODE
CRETARY MANE	نهر۱۱	100007	TREASURER NAME		
Same			Same		
REET ADORESS			STREET ADDRESS		······································
TÝ	STATE	ZIP C000E	ατν	STATE	12P 000€
RECTOR NAME	9. NA	MES AND ADDR	ESSES OF THE DI	RECTORS	
None					
REET ADDRESS			STREET ADDRESS		<u> </u>
ту	STATE	ZIP CODE	ary	STATE	ZP 000E
				July	B. 6000
RECTOR NAME			DIRECTOR NAME	·	
REET ADDRESS	· · · · · · · · · · · · · · · · · · ·		STREET ADDRESS		
TY	STATE	ŹP C00€	άπν	STATE	ZIP CODE
	10.5	HARES AUTHORI	ZED AND ISSUED		
	AUTHORIZED SHARES	- A O THO H	7	ISSUED SHARES	
MUMBER OF SHARES	CLASS / SERGES	PAR VALUE	MUMBER OF SHARES	CLASS / SERIES	PAR VALLE
1,000 SHS	NO PAR VAL		None		
	 -			ļ	
· · · · · · · · · · · · · · · · · · ·			1		
-	Thi	e report must be SICI	NED IN INK by either the		
Pre	esident, Vice Presid	ent, Secretary, Assista	ant Secretary, Treasurer,	. Receiver or Truste	е 📰
			Under penalty of	periury. I declare and a	affirm that I have examined the
		•••	report, including a	any accompanying scho ntained herein are true	edules and statements, and ti
2/2	da		- Lui		
File Date: 3/2	1/96 27		Signature of Office		<u> </u>
Check No: 62	27		Lance	Victorias	1
	Ó		Print or Type Nan	ne of Officer	·
ву:	1		Preside	m	3-1-96
For Secretary of	State Use Only		Title of Officer		Date

State of Rhode Island and Providence Plantations Office of The Secretary of State 100 North Main Street Providence. Rhode Island 02903-1335 401-277-3040

DUREER A. VICTORING

AI 02809

7 PETSO ROAD P.O. 80% 145 BRISTOL

ANNUAL REPORT

Please Type or Print File Annually – Jan. 1 - March 1 Filing Fee \$50.00

Make Checks Payable to: Secretary of State

Ch# 5822 mme

ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.

Name of Corporation: Business entity organized under the laws of the State of: For foreign entity, address and telephone number of principal of	I	[] Professional Se	ration (See RIGL Chapter 7-1.1) rvice Corporation (See RIGL Ch.	
Phone: () Address and telephone of the principal office of business entity Island (Provide street address - Not P.O. Box):	in Rhode		shop - mfg-	in Rhode Island:
400 Franklin St. Bristol RI 02809 Phone: (401) 253-1240				
PRESIDENT	NAMES OF THE	OFFICERS ARE:		
VICE PRESIDENT OUIS VICTORING	STREET ADDRESS	Klin St.	Bristol, RI	ZIP CODE
	15		<i>I</i> /	\ >
SECRETARY	STREET ADDRESS		CITY/STATE	ZIP CODE
TREASURFR	STREET ADDRESS		CITYSTATE	Alb Code.
17	/		<i>h</i>).
NAME THE !	NAMES OF THE D		···	
None	STREET ADDRESS	,	CTTY/STATE	ZIP CODE
NAME TO TYCE	STREET ADDRESS	_ ·	CHY/STATE	ZIP CODE
NAME.	STREET ADDRESS	-	CHÝ/STATE	. NE CODE
NUMBER OF SHARES AUTHORIZED (Rider may be attached)	1000 N	MBER OF SHARES IS	SUED AND OUTSTANDING (Ride	er may be attached
Number of Shares Class / Series		imber of Shares	Class / Series	
1000		6		
Date	By: Louis	Victoria	<u> </u>	
Form 31 1/95	PRINT OR TYPE N. TITLE OF OFFICER		resident	
DESIGNATED REC			F PROCESS:	
PLEASE NOTE: If the registered office and/or registered age				

Filing Fee \$50 00 Payable to: Secretary of State

PLEASE TYPE or PRINT

File Annually LLC, Sept. 1 - Nov. 1 CORP. Jan. 1 - March 1

State of Rhode Island and Providence Plantations Office of The Secretary of State

100 North Main Street Providence, Rhode Island 02903-1335 401-277-3040

Corporate ID: 4	. · · Annual Report fo	or the year:	·
	ACCU-TEK,		
Name of Brisiness Entity		···	
Business entity organized under the laws of the State of R.I.	Business Enti	ty is (check tine).	
Federal Tuxpayer Identification Number		usiness Corporation (See RIGL Chap	
For foreign entity, address and telephone number of principal office		rofessional Service Corporation (See insted Liability Company (See RIGI	•
N/A		d mailing address of contact person i	
		ons may be directed	
·	Loui:	s Vict <u>orina</u>	
	l	-Tek, Inc	
Phone (1)	<u>P</u> O Be	ox 145 <u> </u>	
Address and telephone of the principal office of business entity in l	Rhode Bris	tol, Rf 02309	
Island (Provide street address Not P.O. Box)		it of the character of basiness conduc	ated in Rhode Island
Accu-Tek, Inc.	<u> </u>	<u>icturing job shop</u>	
50 Magnolia St.	<u> </u>		
Bristol, RI 02809		ization July 18,1987	·
Powne (-401) 253-1240		lication to do business in Rhode Islan	nd (if foreign entity)
*	<u>N/A</u>		
THE NA	AMES OF THE OFFICERS /	ARE:	Zeconi
Louis Victorino 50 Magnol			
	STREAM APPRESS	6 ps/435	Я cop.
Same as above Constant Constant Constant	STRY ADDRESS	GOSIMI.	ze cooc
Same as above	<u></u>		
Same as above	STR 17 AD IR. SV	DINAIAH,	ZIII CADI,
THE NA	MES OF THE DIRECTORS	ARE:	
NAV	V RELEADUREN	clivy ar,	ZTUOLE
NAMI.	SGMUT ADDRESS	GfY SIA" -	AI (CD)
	STRUCT A TORIESS	. ·	
• • •	STRUCT A CORESS	CHANGA	тюэ⊩с
NUMBER OF SHARES AUTHORIZED (II Applicable)	NUMBER OF SE	ARES ISSUED AND OUTSTAND	MNC: (If A walls, delta)
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series No par value	SERIES	By 524	11 7/2
	-annua	,	•
PAR VALUE OR	PAR VALUE OR		
WITHOUT PAR			
	1	,	
Date	By Jour Valle	nu O	
	Louis Victor	ino	
		UNING	· ·
	President muscommissions		
Form 31 - 194			

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE. If the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form LLC 3 must be fixed.

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID 9945757	Annual Report for the year 1933
Eirst: The name of the corporation is	THE WARCH+ TEK, WANC
SECOND: It is incorporated under the laws of	f Rhode Island
THIRD: Character of business, briefly stated, i	is Manufacturing
FOURTH: If foreign corporation, address of its	ts principal office
	50 Magnolia St.
	Bristol, RI 02809
SIXTH: Names and addresses of its directors a	Address (including number, street, zip code)
D'	
W. 1 . 2 . 2 . 2	The state of the s
Michael Bradbury Secretary	
Louis Victorino Treasurer	r """"""""""""""""""""""""""""""""""""
SEVENTH: Number of Shares authorized: No of Shares Class	Par Value or statement that shares are without Series par value
Re	lec'd & Filed APR 7.1802
EIGHTH: Number of Shares issued:	Par Value
No. of Shares Class	or statement that shares are without par value
Dated March 1, 19 93	Accu-Tek, Inc. (Name of Corporation)
(Percent word of the control of the	By Mickail Brothurg
(Report must be signed by an officer)	Title V.P. SEC.

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID	0043797	7	Annual Report for the	he year	19914
First:	The name of the corp	poration is	ACCU-TEK, INC.		
				.	a A Augustin A.A
SECOND	: It is incorporated t	under the laws of.	Rhode Island		
THIRD:	Character of busines	ss, briefly stated, is	Machine Shop		·····
Fourth	: If foreign corporat	ion, address of its	principal office	······································	
Г ІРТН:	Business address in R	Rhode Island	00 Magnolia St. Bris	tol,	RI 02809
	•••••	F	20 BOX 145 Bristol	R.I	02809
SIXTH:	Names and addresses	s of its directors ar	nd officers: Address (including	number, st	(Attach rider if necessary)
	•••••••••••••••••	Director			
	•••••	Director		· · · · · · · · · · · · · · · · · · ·	
	••••••	Director		•••••••••	
**********	Victorino	President	50 Magnolia St.	Bri	stol, RI 02809
****************	l Bradbury	Vice Presi	dent 50 Magnolia St.	Bri	stol, RI 02809
	Victorino	Secretary	50 Magnolia St.		
Doreen	Victorino	Treasurer	50 Magnolia St.	Bri	stol, RI 02809
Seventh	: Number of Shares	authorized:			Par Value or statement that
No. of Sha	ares	Class	Series		shares are without par value
1000)		PA!D	no	par value
Еіснтн:	Number of Shares i	issued:	JAN 03 199		Par Value
No. of Sha	tres	Class	SEC'Y OF STA	ATE	or statement that shares are without par value
Dated	1-2-	199.1	(Name of Corporation)		
			By Noneen U	رکیدر	1
(Re Form 31 - 1/85	eport must be signed by ar	n officer)	Title Secretary	······	

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0043797	Annual Rep	ort for the year 1990
FIRST: The name of the corpora	tion is ACCU-TEK INC	······
SECOND: It is incorporated under	er the laws of RHODE ISLAND	
THIRD: Character of business, b	riefly stated, is MACHINE SHOP	······
FOURTH: If foreign corporation,	address of its principal office	
FIFTH: Business address in Rhoo	e Island 67 GOODING AVE.	BRISTOL, RI 02809
SIXTH: Names and addresses of		(Attach rider if necessary)
	Director	
	Director	
	Director	
LOUIS VICTORINO	President 4 HEZEKTAH	DR. WARREN, RI 02885
MICHAEL BRADBURY		S CIR. TIVERTON, RI 02878
DOREEN VICTORINO	Secretary 4 HEZEKLAH	DR. WARREN, RI 02885
DOREEN VICTORING	_	DR. WARREN, RI 02885
SEVENTH: Number of Shares aut		Par Value
No. of Shares Clas	s Series	or statement that shares are without par value
1000	PASO	·
1000	MAR G BOOK	no par value
EIGHTH: Number of Shares issue	gs0, 0s 61/+	Par Value or statement that
No of Shares Clas	Series	r shares are without par value
Dated 1-18 19	90 ACCU-TEK, INC	
	By Dones 17	utice
(Report must be signed by an offic	rer) Title SUCRETARY	

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0043	797	Annual Report for the	ne year 1989
FIRST: The name	of the corporation is ACCU-	TEK, INC.	
SECOND: It is inco	orporated under the laws of	RHODE ISLAND	
THIRD: Character	of business, briefly stated, is	MACHINE SHOP	
FOURTH: If foreig	n corporation, address of its prin	ncipal office	
FIFTH: Business ac	ddress in Rhode Island67	GOODING AVE BRIS	IOL, RI 02809
SIXTH: Names and	d addresses of its directors and o		(Attach rider if necessary)
	Director		
	Director		
	Director		
LOUIS VICTO	RINOPresident	4HEZEKIAHDR.	WARREN, RI 02885
MICHAEL BRA	DBURY Vice President	52CAPTAINSCIE	RT.LVERTON.,R.1.0.2.8.7.8
DOREEN VICT	ORINOSecretary	4.HEZEKIAHDR.	WARREN, RI 02885.
DOREEN.V.I.C.T	ORINOTreasurer	4 HEZEKLAH DR.	WARREN, RI 02885.
SEVENTH: Number	r of Shares authorized:		Par Value or statement that
No. of Shares	Class	Series	shares are without par value
1000		PA!D	no par value
Еіднтн: Number	of Shares issued:	MAR 9 1790	Par Value
No of Shares	Class	Series FT	or statement that shares are without par value
Dated		ne of Corporation)	
(Report must be	signed by an officer) Title	e SECRETARY	***************************************

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 270 WESTMINSTER MALL PROVIDENCE, RHODE ISLAND 02903

rporate ID. 43797	Annual Report for the	ne year
FIRST: The name of the corporation is		
SECOND: It is incorporated under the laws of	Shea	te lilona
THIRD: Character of business, briefly stated, i		
ARY LAWFUL BUSINESS FOR WHICH CORPORA	ATIONS MAY BE INCORPORATED	A TANDA GAR DUNDUNDA (SANA)
FOURTH: If foreign corporation, address of its		**********************************
FIFTH: Business address in Rhode Island 7.	Reter Rd. Enistel, RT 028	09
SIXTH: Names and addresses of its directors a		(Attach inder if necessary)
Director		•••••••••••••••••••••••••••••••••••••••
Director		
Director		
Louis Victorino President	7 Peter Rd. Bristol, R	I 02809
Michael M. Bradbury Vice Presi	ident "	······································
">		
Secretary		
Doneen A. Mictorino Treasurer	<i>t</i>	
SEVENTH: Number of Shares authorized:		Par Value or statement that
No. of Shares Class	PÂID	shares are withour par value
Ommon Common		No Par Value
	JAN 26 1988	, 6 5
Eighth: Number of Shares issued:	SEC'Y, OF STATE	Par Value Or statement that
No. of Shares Class	Series	shares are without par value
100 Common	30	Ho Par Value
ed January / 25 19 88	ACCU-TEK, 100. (Name of Corporation)	··· ····· ··· ··· ··· ··· ··· ··· ···
		2762
(Report must be signed by an officer)	Title PLASTDERF	