



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 33198		2. Name of Corporation FIORE AND ASMUSSEN INCORPORATED			
3. Street Address Principal Business Office 125 WAYLAND			City PROVIDENCE	State RI	Zip 02906
4. Business Phone No. 401-351-7000		5. State of Incorporation RHODE ISLAND		6. SIC Code 7658	
7. Brief Description of the Character of Business Conducted in Rhode Island TO PROVIDE PUBLIC ACCOUNTING SERVICES					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name LUIGI T. FIORE			Vice President Name JOHN L. SPREMULLI		
Street Address 125 WAYLAND AVENUE			Street Address 37 PEERLESS STREET		
City PROVIDENCE	State RI	Zip 02906	City CRANSTON	State RI	Zip 02910
Secretary Name JOHN L. SPREMULLI			Treasurer Name LUIGI T. FIORE		
Street Address 37 PEERLESS STREET			Street Address 125 WAYLAND AVENUE		
City CRANSTON	State RI	Zip 02910	City PROVIDENCE	State RI	Zip 02906
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name LUIGI T. FIORE			Director Name JOHN L. SPREMULLI		
Street Address 125 WAYLAND AVENUE			Street Address 37 PEERLESS STREET		
City PROVIDENCE	State RI	Zip 02906	City CRANSTON	State RI	Zip 02910
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES					
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
5,000	COMM NO PAR VALUE		200	COMMON	NPV
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
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



File Date 1-21-05
Check No. 5990
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] 1/19/05
Signature of Officer
LUIGI T. FIORE
Print or Type Name of Officer
PRESIDENT
Title of Officer



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 02903-13
401.222.30

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 33198		2. Name of Corporation FIORE AND ASMUSSEN INCORPORATED					
3. Street Address Principal Business Office 125 WAYLAND AVENUE				City PROVIDENCE	State RI	Zip 02906	
4. Business Phone No. 401-351-7000			5. State of Incorporation RHODE ISLAND			6. SIC Code 7658	
7. Brief Description of the Character of Business Conducted in Rhode Island TO PROVIDE PUBLIC ACCOUNTING SERVICES							
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS							
President Name LUIGI T. FIORE				Vice President Name JOHN L. SPREMULLI			
Street Address 125 WAYLAND AVENUE				Street Address 37 PEERLESS STREET			
City PROVIDENCE	State RI	Zip 02906	City CRANSTON	State RI	Zip 02910		
Secretary Name JOHN L. SPREMULLI				Treasurer Name LUIGI T. FIORE			
Street Address 37 PEERLESS STREET				Street Address 125 WAYLAND AVENUE			
City CRANSTON	State RI	Zip 02910	City PROVIDENCE	State RI	Zip 02906		
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS							
Director Name LUIGI T. FIORE				Director Name JOHN L. SPREMULLI			
Street Address 125 WAYLAND AVENUE				Street Address 37 PEERLESS STREET			
City PROVIDENCE	State RI	Zip 02906	City CRANSTON	State RI	Zip 02910		
Director Name NONE				Director Name NONE			
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		
5,000 COMM NO PAR VALUE			200	COMMON	NPV		

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



* 3 3 1 9 8 *

File Date 2-2-04
Check No. 5714
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] 1/30/04
Signature of Officer Date
Luigi T. Fiore
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 02903-1331
401-222-3041



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. **33198** 2. Name of Corporation **FIORE AND ASMUSSEN INCORPORATED**
3. Street Address, Principal Business Office, City, State, Zip
125 WAYLAND AVENUE PROVIDENCE RI 02906-4302
4. Business Phone No. **401-351-7000** 5. State of Incorporation **RHODE ISLAND** SIC Code **7658**

7. Brief Description of the Character of Business Conducted in Rhode Island
TO PROVIDE PUBLIC ACCOUNTING SERVICES

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

President Name LUIGI T. FIORE Street Address 125 WAYLAND AVENUE City, State, Zip PROVIDENCE RI 02906-4302	Vice President Name JOHN L. SPREMULLI Street Address 37 PEERLESS AVENUE City, State, Zip CRANSTON RI 02910
Secretary Name JOHN L. SPREMULLI Street Address 37 PEERLESS STREET City, State, Zip CRANSTON RI 02910	Treasurer Name LUIGI T. FIORE Street Address 125 WAYLAND AVENUE City, State, Zip PROVIDENCE RI 02906

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

Director Name LUIGI T. FIORE Street Address 125 WAYLAND AVENUE City, State, Zip PROVIDENCE RI 02906	Director Name JOHN L. SPREMULLI Street Address 37 PEERLESS STREET City, State, Zip CRANSTON RI 02910
Director Name NONE Street Address	Director Name NONE Street Address

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

AUTHORIZED SHARES	Class/Series	Par Value
5,000 COMM NO PAR VALUE		

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

ISSUED SHARES	Class/Series	Par Value
210	COMMON	NPV

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



* 3 3 1 9 8 *

File Date: 1-21-03
Check No.: 5424
By: LP

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.

Luigi T. Fiore
Signature of Officer _____ Date _____
Luigi T. Fiore
Print or Type Name of Officer
President
Title of Officer

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. **33198** 2. Name of Corporation **FIORE AND ASMUSSEN INCORPORATED**
3. Street Address Principal Business Office **125 WAYLAND AVENUE** City **PROVIDENCE** State **RI** Zip **02906-4302**
4. Business Phone No. **401-351-7000** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7658**

7. Brief Description of the Character of Business Conducted in Rhode Island
TO PROVIDE PUBLIC ACCOUNTING SERVICES

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

President Name LUIGI T FIORE Street Address 125 WAYLAND AVENUE City State Zip PROVIDENCE RI 02906-4302	Vice President Name JOHN L SPREMULLI Street Address 37 PEERLESS STREET City State Zip CRANSTON RI 02910
Secretary Name JOHN L SPREMULLI Street Address 37 PEERLESS STREET City State Zip CRANSTON RI 02910	Treasurer Name LUIGI T FIORE Street Address 125 WAYLAND AVENUE City State Zip PROVIDENCE RI 02906-4302

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

Director Name LUIGI T FIORE Street Address 125 WAYLAND AVENUE City State Zip PROVIDENCE RI 02906-4302	Director Name JOHN L SPREMULLI Street Address 37 PEERLESS STREET City State Zip CRANSTON RI 02910
Director Name NONE Street Address City State Zip 	Director Name NONE Street Address City State Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)
AUTHORIZED SHARES
Number of Shares Class/Series Par Value
5,000 COMM NO PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)
ISSUED SHARES
Number of Shares Class/Series Par Value
210 COMMON NPV

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



File Date: 1-22-02
Check No.: 5152
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 1/10/02
LUIGI T. FIORE
Print or Type Name of Officer
PRESIDENT
Title of Officer



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. **33198** 2. Name of Corporation **FIGORE AND ASMUSSEN INCORPORATED**
3. Street Address Principal Business Office City State Zip
125 WAYLAND AVENUE PROVIDENCE RI 02906-4302
4. Business Phone No. 401-351-7000 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7658**

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

TO PROVIDE PUBLIC ACCOUNTING SERVICES

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

President Name LUIGI T. FIORE Street Address 125 WAYLAND AVENUE City State Zip PROVIDENCE RI 02906-4302	Vice President Name JOHN L. SPREMULLI Street Address 37 PEERLESS STREET City State Zip CRANSTON RI 02910
Secretary Name JOHN L. SPREMULLI Street Address 37 PEERLESS STREET City State Zip CRANSTON RI 02910	Treasurer Name LUIGI T. FIORE Street Address 125 WAYLAND AVENUE City State Zip PROVIDENCE RI 02906-43

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

Director Name LUIGI T. FIORE Street Address 125 WAYLAND AVENUE City State Zip PROVIDENCE RI 02906-4302	Director Name JOHN L. SPREMULLI Street Address 37 PEERLESS STREET City State Zip CRANSTON RI 02910
Director Name NONE Street Address	Director Name NONE Street Address

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

AUTHORIZED SHARES	Class/Series	Par Value
5000 COM NO PAR VAL		

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

ISSUED SHARES	Class/Series	Par Value
210	COMMON	NPV

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



* 3 3 1 9 8 *

FILED

File Date: JAN 22 2001

Check No.: By: CC 4865

By: _____
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.

Luigi T. Fiore 1/20/01
Signature of Officer Date

LUIGI T. FIORE
Print or Type Name of Officer

PRESIDENT
Title of Officer



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. 33198
2. Name of Corporation FIORE AND ASMUSSEN INCORPORATED
3. Street Address Principal Business Office 125 WAYLAND AVENUE
4. Business Phone No. 401-351-7000
5. State of Incorporation RHODE ISLAND
6. SIC Code 8758
7. Brief Description of the Character of Business Conducted in Rhode Island

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

President Name LUIGI T. FIORE Street Address 125 WAYLAND AVENUE City Providence State RI Zip 02906-4302	Vice President Name JOHN L. SPREMULLI Street Address 37 PEERLESS STREET City CRANSTON State RI Zip 02910
Secretary Name JOHN L. SPREMULLI Street Address 37 PEERLESS STREET City CRANSTON State RI Zip 02910	Treasurer Name LUIGI T. FIORE Street Address 125 WAYLAND AVENUE City PROVIDENCE State RI Zip 02906-4302

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

Director Name LUIGI T. FIORE Street Address 125 WAYLAND AVENUE City Providence State RI Zip 02906-4302	Director Name JOHN L. SPREMULLI Street Address 37 PEERLESS STREET City CRANSTON State RI Zip 02910
Director Name NONE Street Address City State Zip	Director Name NONE Street Address City State Zip

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

AUTHORIZED SHARES	Class/Series	Par Value
Number of Shares		
5000	COMMON	NO PAR

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

ISSUED SHARES	Class/Series	Par Value
Number of Shares		
210	COMMON	NPV

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

File Date: 1/31/00

Check No.: 4506

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] 1/28/00
Date

LUIGI T. FIORE

Print or Type Name of Officer

PRESIDENT

Title of Officer



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. **33198** 2. Name of Corporation **FIORE AND ASMUSSEN INCORPORATED**
3. Street Address Principal Business Office **125 WAYLAND AVENUE** City **PROVIDENCE** State **RI** Zip **02906**
4. Business Phone No. **401-351-7000** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7858**

7. Brief Description of the Character of Business Conducted in Rhode Island
TO PROVIDE PUBLIC ACCOUNTING SERVICES

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

President Name LUIGI T. FIORE	Vice President Name JOHN L. SPREMULLI
Street Address 125 WAYLAND AVENUE	Street Address 37 PEERLESS STREET
City PROVIDENCE State RI Zip 02906	City CRANSTON State RI Zip 02910
Secretary Name JOHN L. SPREMULLI	Treasurer Name LUIGI T. FIORE
Street Address 37 PEERLESS STREET	Street Address 125 WAYLAND AVENUE
City CRANSTON State RI Zip 02910	City PROVIDENCE State RI Zip 02906

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

Director Name LUIGI T. FIORE	Director Name JOHN L. SPREMULLI
Street Address 125 WAYLAND AVENUE	Street Address 37 PEERLESS STREET
City PROVIDENCE State RI Zip 02906	City CRANSTON State RI Zip 02910
Director Name NONE	Director Name NONE
Street Address	Street Address
City	City

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
5000 COM NO PAR VAL

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

ISSUED SHARES
Number of Shares Class/Series Par Value
210 COMMON NPV

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



File Date: Jan 26, 1999
Check No.: 4245
By: [Signature]

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: 1/25/99
Print or Type Name of Officer: LUIGI T. FIORE
Title of Officer: PRES



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. **33198** 2. Name of Corporation **FIORE AND ASMUSSEN INCORPORATED**
3. Street Address Principal Business Office **125 WAYLAND AVENUE** City **PROVIDENCE** State **RI** Zip **02906**
4. Business Phone No. **401-351-7000** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7658**

7. Brief Description of the Character of Business Conducted in Rhode Island
TO PROVIDE PUBLIC ACCOUNTING SERVICES

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

President Name LUIGI T. FIORE Street Address 125 WAYLAND AVENUE City PROVIDENCE State RI Zip 02906	Vice President Name JOHN L. SPREMULLI Street Address 37 PEERLESS STREET City CRANSTON State RI Zip 02910
Secretary Name JOHN L. SPREMULLI Street Address 37 PEERLESS STREET City CRANSTON State RI Zip 02910	Treasurer Name LUIGI T. FIORE Street Address 125 WAYLAND AVENUE City PROVIDENCE State RI Zip 02906

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

Director Name LUIGI T. FIORE Street Address 125 WAYLAND AVENUE City PROVIDENCE State RI Zip 02906	Director Name JOHN L. SPREMULLI Street Address 37 PEERLESS STREET City CRANSTON State RI Zip 02910
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10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
5000 COM NO PAR VAL

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

ISSUED SHARES
Number of Shares Class/Series Par Value
210 COMMON NPV

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



* 3 3 1 9 8 *

File Date: 2/17/98
Check No.: 3927
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: _____
LUIGI T. FIORE
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 S.
Corporations Divisi
100 North Main Street, Providence, RI 02903-1
401-277-3

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. **33198** 2. Name of Corporation **FIORE AND ASMUSSEN INCORPORATED**
3. Street Address Principal Business Office **125 Wayland Avenue** City **Providence** State **RI** Zip **02906**
4. Business Phone No. **(401) 351-7000** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7658**

7. Brief Description of the Character of Business Conducted in Rhode Island
To provide public accounting services

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

President Name Luigi T. Fiore Street Address 125 Wayland Avenue City Providence State RI Zip 02906	Vice President Name John L. Spremulli Street Address 37 Peerless Street City Cranston State RI Zip 02910
Secretary Name John L. Spremulli Street Address 37 Peerless Street City Cranston State RI Zip 02910	Treasurer Name Luigi T. Fiore Street Address 125 Wayland Avenue City Providence State RI Zip 02906

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

Director Name Luigi T. Fiore Street Address 125 Wayland Avenue City Providence State RI Zip 02906	Director Name John L. Spremulli Street Address 37 Peerless Street City Cranston State RI Zip 02910
--	---

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
5000	COM NO PAR VAL		110	Common	NPV

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



* 3 3 1 9 8 *

File Date: 2/19/97

Check No.: 3557

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: 2/14/97

Print or Type Name of Officer: LUIGI T. FIORE

Title of Officer: PRES

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) 277-3

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

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. 33198		2. NAME OF CORPORATION FIORE AND ASMUSSEN INCORPORATED			
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 125 Wayland Avenue		CITY Providence	STATE RI	ZIP CODE 02906	
4. BUSINESS PHONE NO. (401) 351-7000	5. STATE OF INCORPORATION RHODE ISLAND			6. SIC CODE 7658	

7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND
To provide public accounting services.

8. NAMES AND ADDRESSES OF THE OFFICERS					
PRESIDENT NAME Luigi T. Fiore			VICE PRESIDENT NAME John L. Spremulli		
STREET ADDRESS 125 Wayland Avenue			STREET ADDRESS 37 Peerless Street		
CITY Providence	STATE RI	ZIP CODE 02906	CITY Cranston	STATE RI	ZIP CODE 02910
SECRETARY NAME John L. Spremulli			TREASURER NAME Luigi T. Fiore		
STREET ADDRESS 37 Peerless Street			STREET ADDRESS 125 Wayland Avenue		
CITY Cranston	STATE RI	ZIP CODE 02920	CITY Providence	STATE RI	ZIP CODE 02906

9. NAMES AND ADDRESSES OF THE DIRECTORS					
DIRECTOR NAME Luigi T. Fiore			DIRECTOR NAME John L. Spremulli		
STREET ADDRESS 125 Wayland Avenue			STREET ADDRESS 37 Peerless Street		
CITY Providence	STATE RI	ZIP CODE 02906	CITY Cranston	STATE RI	ZIP CODE 02910
DIRECTOR NAME			DIRECTOR NAME		
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE

10. SHARES AUTHORIZED AND ISSUED					
AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
5000	COM NO PAR VAL		110	Common	NPV

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.

Signature of Officer: *Luigi T. Fiore*
Print or Type Name of Officer: Luigi T. Fiore
Title of Officer: President
Date: _____

File Date: 2/5/96
Check No: 2917
By: M59/UP
For Secretary of State Use Only



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

0055195

1995

Corporate ID: _____ Annual Report for the year: _____
 FIORE AND ASMUSSEN INCORPORATED

Name of Corporation: _____

Business entity organized under the laws of the State of: RHODE ISLAND Business Entity is (check one):

For foreign entity, address and telephone number of principal office: _____

 Business Corporation (See RIGL Chapter 7-1.1)
 Professional Service Corporation (See RIGL Chapter 7-5.1)

Phone: () _____ Brief statement of the character of business conducted in Rhode Island:

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):
TO PROVIDE PUBLIC ACCOUNTING SERVICES.

125 WAYLAND AVENUE
PROVIDENCE, RI 02906

Phone: (401) 351-7000

THE NAMES OF THE OFFICERS ARE:

OFFICER	STREET ADDRESS	CITY/STATE	ZIP CODE
PRESIDENT <u>LUIGI T. FIORE</u>	<u>125 WAYLAND AVENUE</u>	<u>PROVIDENCE, RI</u>	<u>02906</u>
VICE PRESIDENT			
SECRETARY <u>JOHN L. SPREMULLI</u>	<u>37 PEERLESS STREET</u>	<u>CRANSTON, RI</u>	<u>02920</u>
TREASURER <u>JOHN L. SPREMULLI</u>	<u>37 PEERLESS STREET</u>	<u>CRANSTON, RI</u>	<u>02920</u>
<u>LUIGI T. FIORE</u>	<u>125 WAYLAND AVENUE</u>	<u>PROVIDENCE, RI</u>	<u>02906</u>

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>LUIGI T. FIORE</u>	<u>125 WAYLAND AVENUE</u>	<u>PROVIDENCE, RI</u>	<u>02906</u>
<u>JOHN L. SPREMULLI</u>	<u>37 PEERLESS STREET</u>	<u>CRANSTON, RI</u>	<u>02920</u>

NUMBER OF SHARES AUTHORIZED (Rider may be attached)		NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)	
Number of Shares	Class / Series	Number of Shares	Class / Series
5,000	COMMON	110	COMMON
NPV		NPV	

Date 2/8, 19 95 By: Luigi T. Fiore

LUIGI T. FIORE
 PRINT OR TYPE NAME OF OFFICER SIGNING
MANAGING PARTNER - PRESIDENT
 TITLE OF OFFICER SIGNING

Form 31 195

DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

LUIGI T. FIORE
 125 WAYLAND AVENUE
 PROVIDENCE RI 02906

CR 2419
PAID

MAR 22 1995

SECRETARY OF STATE

Filing Fee \$50.00
Payable to:
Secretary of State

PLEASE TYPE or PRINT
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

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

Corporate ID: 0038198 Annual Report for the year 1994

Name of Business Entity: FIGIO AND ASMUSSEN INCORPORATED

Business entity organized under the laws of the State of Rhode Island

Federal Taxpayer Identification Number [REDACTED]

For foreign entity, address and telephone number of principal office:

N/A

Phone: [REDACTED]

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

125 Wayland Avenue, Providence, RI 02906

Phone (401) 351-7000

Business Entity is (check one)

- Business Corporation (See RIGL Chapter 7-1.1)
 Professional Service Corporation (See RIGL Chapter 7-5.1)
 Limited Liability Company (See RIGL 7-16)

Name, title and mailing address of contact person to whom communications may be directed:

Luigi T. Fiore

Managing Partner

125 Wayland Avenue

Providence, RI 02906

Brief statement of the character of business conducted in Rhode Island:

To provide public accounting services.

Date of Organization: 02/05/85

Date of Qualification to do business in Rhode Island (if foreign entity):

N/A

THE NAMES OF THE OFFICERS ARE:

OFFICE	NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<input checked="" type="checkbox"/> CHIEF EXECUTIVE OFFICER OR <input checked="" type="checkbox"/> PRESIDENT (Check One)	Luigi T. Fiore	125 Wayland Avenue	Providence, RI	02906
<input type="checkbox"/> CHIEF OPERATING OFFICER OR <input checked="" type="checkbox"/> VICE PRESIDENT (Check One)	John L. Spremulli	37 Peerless Street	Cranston, RI	02920
<input type="checkbox"/> CUSTODIAN OF RECORDS OR <input checked="" type="checkbox"/> SECRETARY (Check One)	John L. Spremulli	37 Peerless Street	Cranston, RI	02920
<input type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input checked="" type="checkbox"/> TREASURER (Check One)	Luigi T. Fiore	125 Wayland Avenue	Providence, RI	02906

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
Luigi T. Fiore	125 Wayland Avenue	Providence, RI	02906
John L. Spremulli	37 Peerless Street	Cranston, RI	02920

NUMBER OF SHARES AUTHORIZED (If Applicable)

NUMBER 5,000

CLASS Common

SERIES

PAR VALUE OR WITHOUT PAR

NPV

NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)

NUMBER 110

CLASS Common

SERIES

PAR VALUE OR WITHOUT PAR

NPV

Date 1/29 19 94

By [Signature]

Luigi T. Fiore
PRINT OR TYPE NAME OF OFFICER SIGNING

Managing Partner
TITLE OF OFFICER SIGNING

Form 3-194

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 filed.

LUIGI T. FIORE
125 WAYLAND AVENUE
PROVIDENCE RI 02906

Rem CLK 1977

State of Rhode Island and Providence Plantations

January 1st and March 1st

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

1494 mnc

Corporate ID 0033198 Annual Report for the year 1993

FIRST: The name of the corporation is Fiore and Asmussen Incorporated

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is to provide public accounting services

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 125 Wayland Ave, Providence RI 02906

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Table with 3 columns: Name, Office, Address. Includes Luigi T. Fiore (Director), John E. Asmussen (Director), Luigi T. Fiore (President), John E. Asmussen (Vice President), Eleanor F. Grieve (Secretary), and John L. Spremulli (Treasurer).

SEVENTH: Number of Shares authorized:

Table with 4 columns: No. of Shares, Class, Series, Par Value or statement that shares are without par value. Shows 5,000 Common shares, Series PAID, NPV.

EIGHTH: Number of Shares issued:

Table with 4 columns: No. of Shares, Class, Series, Par Value or statement that shares are without par value. Shows 110 Common shares, Series SEC'Y OF STATE, NPV.

Dated 2/11 1993

Fiore and Asmussen Incorporated (Name of Corporation)

By Eleanor Grieve

Title Secretary

(Report must be signed by an officer)

Filing Fee \$50.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0033198 Annual Report for the year 1992

FIRST: The name of the corporation is Fiore and Asmussen Incorporated

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is to provide public accounting services

FOURTH: If foreign corporation, address of its principal office.....

FIFTH: Business address in Rhode Island 125 Wayland Avenue, Providence RI 02906

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Luigi T. Fiore	Director	125 Wayland Ave, Providence RI 02906
John E. Asmussen	Director	Providence Pike, Slatersville RI 02876
	Director	
Luigi T. Fiore	President	125 Wayland Ave, Providence RI 02906
John E. Asmussen	Vice President	Providence Pike, Slatersville RI 02876
Eleanor F. Grieve	Secretary	167 Waterman Ave, Warwick RI 02889
John L. Spremulli	Treasurer	37 Peerless St, Cranston RI 02920

SEVENTH: Number of Shares authorized:

No. of Shares	Class
5,000	Common

Par Value
or statement that
shares are without
par value

NPV

EIGHTH: Number of Shares issued:

No. of Shares	Class
110	Common

Par Value
or statement that
shares are without
par value

NPV

PAID
FEB 04 1992
SECY OF STATE
AMT #29
74558

Dated 2/5 1992

Fiore and Asmussen Incorporated
(Name of Corporation)

By Eleanor F. Grieve

Title Secretary

(Report must be signed by an officer)

Filing Fee \$50.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0033198 Annual Report for the year 1991

FIRST: The name of the corporation is FIORE AND ASMUSSEN INCORPORATED

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is to provide public accounting services.

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 125 Wayland Avenue
Providence RI 02906

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Luigi T. Fiore	Director	125 Wayland Ave., Providence RI 02906
John E. Asmussen	Director	Providence Pike, Slatersville RI 02876
	Director	
Luigi T. Fiore	President	125 Wayland Ave., Providence RI 02906
John E. Asmussen	Vice President	Providence Pike, Slatersville RI 02876
Eleanor F. Grieve	Secretary	167 Waterman Ave., Warwick RI 02889
John L. Spremulli	Treasurer	37 Peerless St., Cranston RI 02920

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
5,000	Common	PAID	NPV

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
110	Common	RECY OF STATE	NPV

Dated 1/24 19 91

Fiore and Asmussen Incorporated
(Name of Corporation)

By Eleanor F. Grieve

Title Secretary

(Report must be signed by an officer)

Filing Fee \$15.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903

CR

Corporate ID 33198 Annual Report for the year 1990

FIRST: The name of the corporation is Fiore and Asmussen Incorporated

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is to provide public accounting services

FOURTH: If foreign corporation, address of its principal office N/A

FIFTH: Business address in Rhode Island 125 Wayland Avenue
Providence RI 02906

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Luigi T. Fiore	Director	125 Wayland Ave, Providence RI 02906
John E. Asmussen	Director	Providence Pike, Slatersville RI 02876
	Director	
Luigi T. Fiore	President	125 Wayland Ave, Providence RI 02906
John E. Asmussen	Vice President	Providence Pike, Slatersville RI 02876
Eleanor F. Grieve	Secretary	167 Waterman Ave, Warwick RI 02889
John L. Spremulli	Treasurer	37 Peerless St, Cranston RI 02920

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
5,000	Common		NPV

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
110	Common		NPV

1990

Dated 1/26 19 90

Fiore and Asmussen Incorporated
(Name of Corporation)

By Eleanor Grieve

Title Secretary

(Report must be signed by an officer)

Filing Fee \$15.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 33198 Annual Report for the year 1989

FIRST: The name of the corporation is Fiore and Asmussen Incorporated

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is to provide public accounting services.

FOURTH: If foreign corporation, address of its principal office.....

FIFTH: Business address in Rhode Island 125 Wayland Avenue, Providence RI 02906

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Luigi T. Fiore	Director	125 Wayland Ave, Providence RI 02906
John E. Asmussen	Director	1274 Eddie Dowling Hwy, N. Smithfield RI
	Director	
Luigi T. Fiore	President	125 Wayland Ave, Providence RI
John E. Asmussen	Vice President	1274 Eddie Dowling Hwy, N. Smithfield RI
Eleanor F. Grieve	Secretary	167 Waterman Avenue, Warwick RI
John L. Spremulli	Treasurer	37 Peerless Street, Cranston RI

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
5000	Common		NPV

PAID

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
110	Common		NPV

FEB 16 1989
SECY OF STATE

Dated 2/14 19 89

Fiore and Asmussen Incorporated
(Name of Corporation)

By [Signature]

Title.....

(Report must be signed by an officer)

Filing Fee \$15.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 33198 Annual Report for the year 1988

FIRST: The name of the corporation is Fiore and Asmussen Incorporated

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is to provide public accounting services.

FOURTH: If foreign corporation, address of its principal office.....

FIFTH: Business address in Rhode Island 125 Wayland Avenue, Providence RI 02906

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Luigi T. Fiore	Director	125 Wayland Ave, Providence RI 02906
John E. Asmussen	Director	1274 Eddie Dowling Hwy, N. Smithfield RI
	Director	
Luigi T. Fiore	President	125 Wayland Ave, Providence RI 02906
John E. Asmussen	Vice President	1274 Eddie Dowling Hwy, N. Smithfield RI
Eleanor F. Grieve	Secretary	167 Waterman Ave, Warwick RI 02889
Luigi T. Fiore	Treasurer	125 Wayland Ave, Providence RI 02906

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
5,000	Common		No Par Value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
110	Common		No Par Value

PAID
FEB 24 1988
SECY OF STATE

Dated 19

Fiore and Asmussen Incorporated
(Name of Corporation)

By *Luigi T. Fiore*
Luigi T. Fiore
Title President

(Report must be signed by an officer)

Filing Fee \$15.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 33198 Annual Report for the year 1988

FIRST: The name of the corporation is FLORE AND ASLUSSEN INCORPORATED

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is design, sales and installation
of fire protection systems and equipment

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 641 Killingly St., Johnston, RI 02919

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
.....	Director
.....	Director
.....	Director
Kenneth M. Leonard, Jr.	President	23 Forest View Dr., Cumberland, RI 02864
Allan R. Bowder	Vice President	179 West Reach Dr., Jamestown, RI 02835
.....	Secretary
.....	Treasurer

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	Common Stock		No par value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value

Dated January 14, 19 88

Fire Control International, Inc.

(Name of Corporation)

By Allan R. Bowder

Title Vice President

(Report must be signed by an officer)

Filing Fee \$15.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 33198 Annual Report for the year 1987

FIRST: The name of the corporation is Fiore and Asmussen Incorporated

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is to provide public accounting services.

FOURTH: If foreign corporation, address of its principal office.....

FIFTH: Business address in Rhode Island 125 Wayland Avenue, Providence RI 02906

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Luigi T. Fiore	Director	125 Wayland Ave, Providence RI 02906
John E Asmussen	Director	1274 Eddie Dowling Hwy, N. Smithfield RI
	Director	
Luigi T. Fiore	President	125 Wayland Avenue, Providence RI 02906
John E. Asmussen	Vice President	1274 Eddie Dowling Hwy, N. Smithfield RI
Eleandr F. Grieve	Secretary	167 Waterman Avenue Warwick RI 02889
Luigi T. Fiore	Treasurer	125 Wayland Avenue, Providence RI 02906

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
5000	Common		No Par Value MAY 20 1987

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
110	Common		No Par Value

PAID
FEB 16 1987
SEC'Y. OF STATE

Dated 2/12 19 87 Fiore and Asmussen Incorporated

(Name of Corporation)
By *Luigi T. Fiore*
Luigi T. Fiore
Title President

(Report must be signed by an officer)

Filing fee: \$15.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations
OFFICE OF THE SECRETARY OF STATE

ID# 33198

Annual Report for the year 1986

FIRST: The name of the corporation is

Fiore and Asmussen Incorporated

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is to provide public
accounting services

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island (blank reports will be mailed to this
address) 125 Wayland Avenue, Providence RI 02906

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

Name	Office	Address
Luigi T. Fiore	Director	125 Wayland Ave, Providence RI
John E. Asmussen	Director	1274 Eddie Dowling Hwy, Woonsocket RI
	Director	
Luigi T. Fiore	President	125 Wayland Ave, Providence RI
John E. Asmussen	Vice President	1247 Eddie Dowling Hwy, Woonsocket RI
Eleanor F. Grieve	Secretary	167 Waterman Ave, Warwick RI
Luigi T. Fiore	Treasurer	125 Wayland Ave, Providence RI

(If additional space is needed, attach rider)

PAID

SEVENTH: Number of Shares ~~MAR 25 1986~~

No. of Shares	Class	Series	Par Value or statement that shares are without par value
5000	Common		No Par Value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
110	Common		No Par Value

Dated: February 28 19 86

Fiore and Asmussen Incorporated
(Name of Corporation)

By *Luigi T. Fiore*
Luigi T. Fiore
Title President

JUN 25 1986
[Signature]

(Report must be signed by an officer)

If the corporation has changed its registered office and/or its registered agent,
Form #9 must be filed. Please contact Corporation Division for information. 277-3040