

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

2005 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 83954 Lodie Brien Agency, Inc. 3 Street Address Principal Business Office State City Zin 64 Hamlet Avenue Woonsocket RI 02895 4. Bustness Phone No. 5 State of Incorporation 6 SIC Code 401-765-3800 RHODE ISLAND 7. Brief Description of the Character of Bustness Conducted in Rhode Island TO ENGAGE IN ALL ASPECTS OF THE REAL ESTATE BROKERAGE. 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Albert G. Brien Donna M. Tancrell Street Address Street Address 64 Hamlet Avenue 64 Hamlet Avenue City State Zφ State Zıp Woonsocket RI 02895 Woonsocket RI02895 Secretary Name Trvasurer Name Albert G. Brien Albert G. Brien Street Address Street Address 64 Hamlet Avenue 64 Hamlet Avenue State State Zip Woonsocket 02895 RΙ Woonsocket RΙ 02895 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name : Director Name None Street Address Street Address City State Zιp City State 7.ip Director Name Director Name Street Address Since Address City State City Zip State ZID

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

ISSUED SHARES

Number of Shares

100

File Date 8/22/05	
Check No 6156	
FOR SECRETARY OF STATE USE ONLY	

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

8,000 \$1.00 PAR VALUE

Class/Series

Par Value

AUTHORIZED SHARES

Number of Shares

Under penalty of perjury, I declare and affirm that I has	re examined this report.
including any accompanying schedules and statements	, and that all statements
contained herein are true and correct.	
Allest J. Suen	8-20-05
Signature of Officer	Date

Signature of Officer /

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

Class/Series

Common

Albert G. Brien

Print or Type Name of Officer

President Title of Officer

Par Value

\$1.00



L. Corporate ID No.

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

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

2 Name of Corporation

(FORM MUST BE TYPED OR PRINTED IN BIACK)

83954 .		Agency, Inc.			
Street Address Principal Business O			Cuy	State	Zφ
64 Hamlet Avenue	!		Woonsocket	RI	02895
Business Phone No		5 State of Incorporation	o n	•	6 SIC Code
4 0 1 - 7 6 5 - 3 8 0 0 Brief Description of the Character (70	RHODEISLA	ND		5520
TO ENGAGE IN ALL AS	PECTS OF THE R	EAL ESTATE BROKERA	AGE.		
. NAMES AND ADDRESSES	OF THE OFFICE	RS: ("X" BOX FOR A		SPACES BEFORE USING	G ATTACHMENTS
resident Name			Vice President Name		
Albert G. Brien		 	Donna M. Tano	crell	
ireet Address			Street Address		
64 Hamlet Avenue	·y ·· ·		64 Hamlet Ave		
Zityi	State	Zip	Cuy	State	Ζφ
Woonsocket Secretary Name] RI	102895	Woonsocket	lR.I.	1 0.289.5
Albert G. Brien			Treasurer Name		
ireet Address			Albert G. Bri	Len	
64 Hamlet Avenue	s		64 Hamlet Ave	anue	
Cur Hamilet Avenue	State	Zip	City	State	Zip
Woonsocket	RI	02895	Woonsocket	RI	02895
. NAMES AND ADDRESSES	I		•	N SPACES BEFORE USI	T
Sirector Name	y -		Director Name		
None					
irect Address			Street Address		
Tity .	State	Ζ.ψ	City	State	Ζφ
	I				
Sirector Name		• • • • • • • • • • • • • • • • • • • •	Director Name		
inver Address			Street Address		
Gity	State	Zip	City	State	Zφ
10. SHARES AUTHORIZED	("X" BOX FOR A	ATTACHMENT)	11. SHARES ISSUED ("X" BOX FOR ATTACE	MENT)
AUTHORIZED SHARES		 	ISSUED SHARES	· _{I -}	<u> </u>
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000 \$1.00 PAR VALUE			100	0	
	 		100	Common	\$1.00
This		14 A 5 A 5			<u> </u>
This report must be s	igned in ink by	either the President, Vic	ce President, Secretary, Assista	int Secretary, Treasurer.	Receiver or Trustee
	8 8 6 8 6 8 6 8 8 8 8 8 8 8 8 8 8 8				that I have examined this repo
*-8	3-9-5-4	*			ntements, and that all statemer
1 11 -	ς (,		contained herein are	irue and corect.	, , ,
File Dute	<u>) </u>	_	recent	9. Ques	1-14-04
L. Yuur	_	•	Signature of Officer	/	Date
Check No.	/	<u> </u>	Albert G.	Brien	
			Print or Type Name of		
By:		-	President		
FOR SECRETARY OF STA	ATE USE ONLY		Title of Officer	 	······································
			The of Officer		Form 630 Rev. 12/03

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

2003 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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

(FORM MUST BE TYPED OF PRINTED IN BLACK)

1. Corontate ID No.

2. Name of Corporation

83954

Lodie Brien Agency, Inc.

	J	/10	۵.٤3,	 .,-	•
	_				

4. Business Phone No.

3. Street Address Principal Business Office

City

State

Zip

64 Hamlet Avenue

5. State of Incorporation

RI

02895 6. SIC Code

401-765-3800

RHODE ISLAND

5520

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

Real Estate Appraisal, Brokerage & Consulting

8. NAMES AND ADDRESSES OF THE OFFICERS (*x* box for attachment) FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name

President Name

Albert G. Brien

Street Address

Secretary Name

Street Address

City

City

City

64 Hamlet Avenue

State

Albert G. Brien

64 Hamlet Avenue

Woonsocket

RΙ

02895

Woonsocket

Woonsocket

RT

State

02895

Treasurer Name

Street Address

City

Albert G. Brien

Street Address

Director Name

Street Address

Director Name

Street Address

64 Hamlet Avenue

Donna M. Tancrell

64 Hamlet Avenue

City

Woonsocket

02895

Woonsocket

RT

02895

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

Director Name

None

Street Address

State

RI

7.10

Cliv

State

Zip

Director Name

Street Address

City

State

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Car Value

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

(SSUEL) SHARES

Number of Shares

Class/Serles

Par Value

8,000 \$1.00 PAR VALUE

100

Common

\$1.00

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 berein are true and correct.

Signature of Officer

Albert G. Brien Print or Type Name of Officer

President

Title of Officer د مرتب

Form 630 12102

2. Name of Corporation

Lodie Brien Agency, Inc.

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

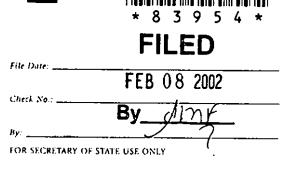
83954

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 1-March 1 . Filing Fee: \$50.00

			City	State	Zip
64 Hamlet Aven	ue	5. State of Incorporation	Woonsocket	RI	0 2 8 9 5 6. SIC Code
401-765-3800 2. Brief Description of the Characte	er of Business Conducted	RHODE ISLAND in Rhode Island			5520
Real Estate Ap 8. NAMES AND ADDRES President Name	praisal, B SSES OF THE OFF	rokerage & Cons ICERS (*x* BOX FOR ATTACH		BEFORE USING ATTAC	HMENTS
Albert G. Brie	n		Donna M. Tan	crell	
$\frac{64}{cay}$ Hamlet Aven	u e State	Zip	64 Hamlet Av	enue State	Zip
Woonsocket Secretary Nume	RI	02895	Woonsocket Treasurer Nume	RI	02895
Albert G. Brie Sueet Address	n		Albert G. Br	ien	
64 Hamlet Aven	u e State	Zip	64 Hamlet Av	enue State	Zip
Woonsocket 9. NAMES AND ADDRES Director Name	RI SSES OF THE DIR	02895 ECTORS (*X* BOX FOR ATTAC	Woonsocket CHMENT) FILL IN SPACE Director Name	R I ES BEFORE USING ATTA	02895 ACHMENTS
None Street Address			Street Address		
	State	Z.I.p	Street Address City	State	Zip
Street Address	State	ZIp 	•	State	ZIp
Street Address City	State	Zip 	City	State	Zip
Street Address City Director Name Street Address	State State	ZIp 	City . Director Name	State State	ZIp Zip
Street Address City Director Name Street Address City 10. SHARES AUTHORIZE	State	ZIp	City Director Name Street Address	State	Zip
Street Address City Director Name	State	ZIp	City Director Name Street Address City 11. SHARES ISSUED (**)	State	Zip

ľrustee



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

Signature of Officer

Date

Donna M. Tancrell
Print or Type Name of Officer

Vice President

Title of Officer 5 5

Form 630 12/01

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 BLACK	ı,				
1 Corporate II 83954	2 Name of Carresques Lodie Brien	Agency, Inc.			
3. Street Address Principal Business 91	fice		City	State	Zip
64 Hamlet Avenue 4 Business Phone No.		` RHODE TSLAND	Woonsocket	RI	02895 % 5526 %
4 0 1 - 7 6 5 - 3 8 0 0 7. Brief Description of the Character of	Business Conducted in Rho				
Real Estate 8. NAMES AND ADDRESSE President Name	S OF THE OFFICER	S ("X" BOX FOR ATTACHN	(ENT) FILL IN SPACES BEFO	DRE USING ATTACHME	NTS
Albert G. Brien			Donna M. Tancre	1 1	
64 Hamlet Avenue	State	Zıp	64 Hamlet Avenue	C State	Zip
Woonsocket, R.	RI	02895	Woonsocket Treasurer Name	RI	02895
Albert G. Brien Street Address			Albert G. Brien		
64 Hamlet Avenue	State	Zip	64 Hamlet Avenue	€ State	7:p
WOORSOCKET 9. NAMES AND ADDRESSE Director Name	R I S OF THE DIRECTO	02895 ORS ("x" box for attac	Woonsocket HMENT! FILL IN SPACES BE Director Name	R I FORE USING ATTACHS	02895 IENTS
None Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zφ
10. SHARES AUTHORIZED AUTHORIZED SHARES	CX* BOX FOR ATTACHS	(FNT)	11. SHARES ISSUED (*x* re issued shares	OX FOR ATTACHMENT)	
Number of Shares 8,000 SHS \$1.00 P	Class/Series AR VALUE	Par Value	Number of Shares	Class/Series	Par Value
			100	Common	\$1.00

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

	* 8 3 9	5 4 *
File Date	1/12	
Check No	1480	
FOR SECRETARY OF:	STATE USE ONLY	

H IRSIEL IDIOO 1930 ERIOK DEHE DIDE IODI

Under penalty of perjury. I declare and affirm that I ha	ive examin	ed
this report, including any accompanying schedules and	d statemen	ts, and
that all statements contained herein are true and corre	rct.	
N/M 2 T/1000 11	1-10	ΔI

NUMMON 1	annell	1-10-01
Signature of Officer	Date	
Donna M. Tancrel	1	
Being as June Manne of Offices		=

Print or Type	Name of Officer			
Vice	President			
Title of Offic		 	•	

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 BLACK)

1. Corporate ID No. **83954**

Number of Shares

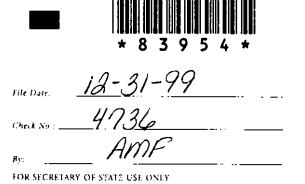
2. Name of Corporation
Lodie Brien Agency, Inc.

Street Address Principal Business ()	ttice		City	State	Zip
64 Hamlet Avenue Business Phone No		5. State of Incorporation	Woonsocket	RI	02895
401-765-3800		RHODE ISLAND			° 5520′
Brief Description of the Character of	of Rusiness Conducted i	n Rhade Island			
Real Estate	7	i indae Mani			
3. NAMES AND ADDRESS	ES OF THE OFFI	CEDS (*** DON LOB COTTOCH	MENTE FILLINGBACES	BEFORE USING ATTA	CHIMINATE
resident Name	L3 OF THE OFF	ICERS CA TON FOR STEACH	Vice President Name	DEFURE USING ATTA	CHMEN15
Albert G. Brien			Donna M. Tanc	rell	
treet Address			Street Address	· Ch	
64 Hamlet Avenue			64 Hamlet Aven	110	
Tity	State	Zip	City	State	Zip
Woonsocket	RI	02895	Woonsocket	RI	02895
ecretary Name		020,5	Treasurer Name	IV.L	02073
Albert G. Brien			Donna M. Tanci	rell	
treet Address			Street Address	- C11	
64 Hamlet Avenue			64 Hamlet Aven	lle	
City	State	Zip	City	State	Zip
Woonsocket	RI	02895	Woonsocket	RI	02895
. NAMES AND ADDRESS	ES OF THE DIRI	ECTORS (*X* BOX FOR ATTA		ES BEFORE USING ATT	
Director Name			Director Name		
None					
tieet Address			Street Address		
uty	State	Zip	City	State	Zip
hrector Name	•	•	Director Name		
trect Address			Street Address		
uy	State	Zıp	City	State	Zip
0. SHARES AUTHORIZED	("X" BOX FOR ATT.	ACHMENT)	11. SHARES ISSUED ("X" BOX FOR ATTACHMEN	<i>t</i>)
UTHORIZED SHARES			ISSUTED SHARES		-

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

Number of Shares

100



8,000 SHS \$1.00 PAR VALUE

Class/Series

Par Value

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.

12-18-99

Class/Series

Common

Par Value

\$1.00

Signature of Officer Date

Donna M. Tancrell
Print or Type Name of Officer

Vice President & Treasurer

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

VE VEAR 1000

STOP PLEASE READ INSERTICIONS

(FORM MUST BE TYPED IN BLAC	CK)				
1. Corporate ID No.	2. Name of Corpora	tion	· - ·		
83954	Lodie Brie	n Agency, Inc.			
3. Street Address Principal Business (Office		City	State	Zip
64 Hamlet Avenue	!		Woonsocket	RI	02895
4. Business Phone No.		5. State of Incorporation			6. SIC Code
401-765-3800		RHODE ISLAN	D		5520
7. Brief Description of the Character	of Business Conducted	in Rhode Island			
Real estate					
	ES OF THE OFF	ICERS ("X" BOX FOR ATTAC	hment) 👿 filil în spaces bef	ORE USING ATTAC	CHMENTS
President Name			Vice President Name		
Albert G. Brien			Donna M. Tancrel	1	
Street Address			Street Address		
64 Ham let Avenue			· 64 Hamlet Avenue		
City	State	ZIP	City	State	Zip
Woonsocket Secretary Name	RI .	02895	Woon socket Treasurer Name	RI	02895
Albert G. Brien			Albert G. Brien		
Street Address			Street Address		
64 Hamlet Avenue	!		: 64 Hamlet Avenue		
City	State	Zip	City	State	Zip
Woonsocket	RI	02895	Woon socket	RI	02895
9. NAMES AND ADDRESS	ES OF THE DIR	ECTORS ("X" BOX FOR ATT	ACHMENT) FILL IN SPACES B	EFORE USING ATT	
Director Name			Director Name		
None					
Street Address			Street Address		
			•		
City	State	Zip	City	State	Zip
Director Name			Director Nume		
			• •		
Street Address			Street Address		-
			:		
City	State	Zip	City	State	Zip
10 (1) 4000 412711 (0000)				-	چىن مىسىد مىد مىدشى
10. SHARES AUTHORIZED	Y C'X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED (*X* B	OX FOR ATTACHMENT	$\eta \cup \eta \cup$
AUTHORIZED SHARES	en en et en en		I ISSUED SHARES	<u>.</u>	
Number of Shares	Class/Series	Par Volue	Number of Shures	Class/Series	Par Value
8,000 SHS \$1.00 PAR	N VALUE		100	Common	\$1.00
			100	Common	, \$1.00
	-	- 	1	··	
This report must be signe	ed in ink by eitl	her the President, Vice :	President, Secretary, Assistar	nt Secretary, Treas	urer, Receiver or Trustee
	LOKO O IKIND I BIBLI OKINI S	1 3 8 			

	* 8 3 9 5 4 *			
File Date:	1.(2.9)	9		
Check No.: _	3917	/	,	
By:	100			
FOR SECRET	ARY OF STATE USE OF	₹I.Y		

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

Signature of Officer

Date

Donna M. Tancrell

Print or Type Name of Officer

Vice President

Title of Officer

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998

line	Period.	lanuarı	1-March		Filing	Fre.	\$50.00
		,	. 1 - 10141611	, •	FILLINX	ree.	3 30.00

(FORM MUST	BE TYPED	IN BLACK

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I. Corporate ID No.	2. Name of Corporation				
83954 3. Street Address Principal Business Off	Lodie B	rien Agency,	Inc.	State	Zip
64 Hamlet Avenu 4. Rusiness Phone No.	e	5. State of Incorporation	Woonsocket	RI	02895 6. SIC Code
401-765-3800 7. Brief Description of the Character of	Business Conducted in Rh	RHODE ISLA	AND		5520
Real estate 8. NAMES AND ADDRESSE President Nume	S OF THE OFFICE	RS (*X* BOX FOR ATTACH	MENT) Vice President Name		
Albert G. Brien			Donna M. Tancre	11	
64 Hamlet Avenu	e State	Zip	64 Hamlet Avenu	e State	ZIp
Woonsocket Secretary Name	RI	02895	Woonsocket Treasurer Nume	RI	02895
Albert G. Brien			Albert G. Brien Street Address	ı	
64 Hamlet Avenu	e State	Zip	64 Hamlet Avenu	State	Zip
WOODSOCKET 9. NAMES AND ADDRESSE Director Name	RI S OF THE DIRECT	02895 ORS ("X" BOX FOR ATTA	Woonsocket CHMENT) Director Name	RI	02895
None 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 AUTHORIZED	(*X* BOX FOR ATTACH	MENT)	11. SHARES ISSUED (*x* B	OX FOR ATTACHMENT)	
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

100

\$1.00 Par

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Date:	- 3	<u> </u>		·
eck No.+			1/	
	17	//	41	
	OF STATE USE	0211	4	$\frac{1}{\sqrt{1-x^2}}$

Common

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.

Common

Signature of Officer Date

Donna M. Tancrell

Print or Type Name of Officer Vice President

Title of Officer

\$1.00

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

PROFIT CORPORATION ANNUAL REPORT 1997

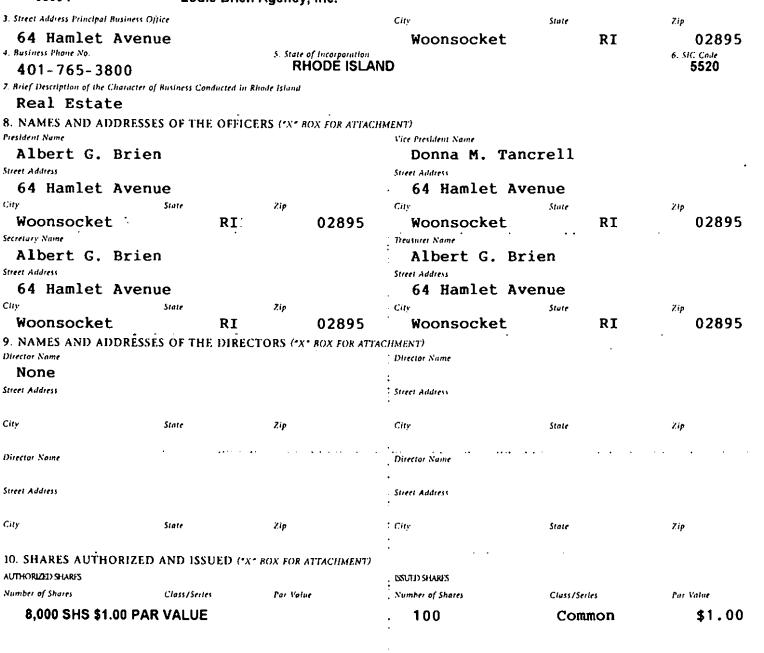
Filing Period: January 1-March 1 • Filing Fee: \$50.00

GORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 83954

2. Name of Corporation

Lodie Brien Agency, Inc.



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



The Date: 2/28/97

Check No.: 2454

FTARY 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.

Jama M. Tancell
Signature of Officer Date

PONNA M. TANCRELL

Print or Type Name of Officer

VICE FRESIDENT

PROFIT CORPORATION ANNUAL REPORT

1996



State of Rhode Island and Providence Plantations James R. Langevin, Secretary of State Corporations Division

Filing Period: January 1-March 1

Filing Fee: \$50.00

Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335 - (401) 277-3040

		PLEASE TYPE OR F	RINT IN BLACK INK.			
1. CORPORATE ID HO	2. NAME OF CORPORATION					
4 83954 13. STREET ADDRESS PROJUBEL BUSINESS OFFI	1	rien Agency, I				
<u> </u>			atv	STATE	ZIP CODE	
64 Hamlet Aver	- -	S STATE OF WOORPORATION	Woonsocket	RI	02895	
{	· · · · · · · · · · · · · · · · · · ·	RHODE IS	LAND		€ SIC CODE	
(401) 765-3800	i				5520	
t.	SERSE CONTOCTED BY MICUS ISC.	w				
Real_Estate						
PRESIDENT NAME	8. RAM	ES AND AUDH	ESSES OF THE OF	FICERS		
Albert G. Brie	∍n		Donna M. Tang	crell		
64_Hamlet_Ayer	ıue	T ZIP CODE	64 Hamlet Av	enue	· · · · · · · · · · · · · · · · · · ·	
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Woonsocket	R1	02.895	Woonsocket	RI	02895	
Albert_GBrie	en		Albert G. Br	ien		
t						
64_Hamlet_Aver	TUE	ZIP CODE	64 Hamlet Avenue			
Woonsocket	RI_	02895	Woonsocket	RI	02895	
DIRECTÓR NAME	9 N A M	ES AND ADDR	ESSES OF THE DII	RECTORS		
None						
STREET ADDRESS			STREET ADDRESS			
ICTY	STATE	ZIP COOE	CITY	STATE	₹ ZIP COΩE	
				31111	2002	
O:RECTOR NAME			DIRECTOR NAME			
STREET ADDRESS			STREET ADDRESS			
			STREET ROUNESS		•	
an	STATE	2r 000E	ατν	STATE	ZIP CODE	
<u> </u>		ARES AUTHOR	IZED AND ISSUED			
MUMBER OF SHARES	AUTHORIZED SHARES CLASS / SERIES	PAR VALUE	MUMBER OF SHARES	ISSUED SHARES CLASS / SERES	PAR VALUE	
0.000.000.0	CL OO DAD VALUE		100	Common	\$1.00	
8,000 SHS \$1.00 PAR VALUE				Continon	71.00	
			<u></u>	1	1	
			NED IN INK by either the			
Presid	dent, Vice Presiden	t, Secretary, Assist	tant Secretary, Treasurer,	Receiver or Trustee		

File Date: 3/7/96
Check No: 1854
By: MMC

Signature of Office

Print or Type Name 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 to e and correct.

Title of Officer

Date