

FOR SECRETARY OF STATE USE ONLY

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

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-133; 401-222-304

PRESIDENT

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000-



Filing Period: January .	I-March 1 •	Filing Fee: \$50.00		200	INSTRUCTION	
(FORM MUST BE TYPED IN BLAC	(K)					
1. Corporate ID No.	2. Name of Corporat	lon				
	L CORONA COR) D .				
3. Street Address Principal Business O	Ulice CON OUN CON	.r.	City	State	Zip	
9 MEADOWSITE			LINCOLN	RI	.02გან	
4. Business Phone No. 5. State of Incorporation					6. SIC Code	
(401) 728-047	5	PHONE ISLAND			5538	
7. Brief Description of the Character of	of Business Conducted in	Rhode Island				
INVESTMENTS I			- <u>-</u>			
	ES OF THE OFFI	CERS ("X" BOX FOR ATTACH	MENT) FILL IN SPACES BEF	ORE USING ATTAC	CHMENTS _	
President Name			Vice President Name			
YESENIA OQUENDO			FERNANDO OQUENDO			
Street Address			Street Address			
9 MEADOWSI	TE	Z!p	9 meadowsit	e State	7/5	
rincorn:		1 '	• • •	-	zip 02865	
Secretary Name	RI	02865	LINCOLN Treasurer Name	RI		
·	mo.		;	IDO.		
YESENIA OQUEN	<u> </u>	•	FERNANDO L. OQUEN	IDO		
	M.C.		:			
9 MEADOWSI	State	Zip	9 MEADOWSITE	State	· Zip	
LINCOLN	RI	'	LINCOLN	RI	028615	
		02865	CHMENT) _ FILL IN SPACES B			
Director Name		<u>Cionsta vectourit</u>	्रा <u>गुर</u> ्धारम् ज्ञासायाः । Director Name	LI ORE OSHIG AT I		
YESENIA OQUEN	סמ		FERNANDO L. OQUEN	חמו		
Street Address		·· <u></u> · · ·	Street Address			
9 MEADO	NSTTE		9 MEADOWSITE			
City	State	Zip	City	State	Zip	
LINCOLN	RI	028615	Lincoln	ŖĮ.	028 65	
Director Name			Director Name	!! .		
NONE			NONE			
Street Address		. ,	Street Address			
City	State	Zip	City	State	- Zip	
	<u> </u>		<u>:</u>			
10. SHARES AUTHORIZED	C'X" BOX FOR ATTA	CHMENT) 🔲	11. SHARES ISSUED CX* B	BOX FOR ATTACHMENT	" ⊡	
AUTHORIZED SHARES		<u> </u>	RZANED ZHWIEZ		•	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value	
			200			
1,000_COMM_NO_PAR	.VALUE		200	COMMON	NO PAR VALU	
			}			
 			1.	•	• •	
This report must be signe	d in ink by eith	er the President, Vice P	resident, Secretary, Assistar	nt Secretary, Treasi	arer, Receiver or Truste	
4						
1 10 17 10 17 17	i itifa lank ibaib biri iaa	1				
			Under penalty of perjury	v. 1 declare and affire	n that I have examined	
* 9	8 9 7 K *	11			edules and statements, and	
1//			that all statements conti			
File Date:	11/00		(Malani	6 Monion	rolly 1/clas	
10	5G	_	HUNING	1/2/00	(10 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
Check No.:	J 7		Second of Officer		Date / /	
7			YESENIA OQ	กรุพทฤ		
			Pulit 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



(FORM MUST BE TYPED IN BLAC	K)	G					
1. Corporate 1D No. 98976	CORONA C	ÖRP.	-				
3. Street Address Principal Business O	ffice		City	State	Zip		
9 AIKEN STREET			PAWTUCKET	RI	02861		
4. Business Phone No.		5. SHHODE ISL	ÄND		6. SIC Code		
401-725-4000 EXT. 1							
7. Brief Description of the Character of			٠.				
INVESTMENTS INCLUDI 8. NAMES AND ADDRESS			ACHVENTO THE LAN SPACE	SPECTORS HISTORIAN	IMENTS		
President Name	L3 OF THE OTTE	CI.KS (A BOX POR A) I	: Vice President Name	S DEFORE COING ATTACT	11121115		
VESENTA OOHENDO			FERNANDO L. 00	FERNANDO L. OQUENDO			
YESENIA_OQUENDO			: Street Address				
9_AIKEN_STREET			9 AIKEN STREET				
City	State	Zip	City	State	Zip		
PAWTUCKET Secretary Name	RI	02861	PAWTUCKET Treasurer Name	RI	02861		
			:	FERNANDO L. OQUENDO			
YESENIA OQUENDO Street Address			Street Address	· • · · · · · · · · · · · · · · · · · ·			
9 AIKEN STREET			9 AIKEN STREET	9 AIKEN STREET			
City	State	Zip	City	State	Zip		
PAWTUCKET	RI	02861	PAWTUCKET	RI	02861		
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATT							
Director Name				Director Name			
YESENIA OQUENDO Street Address			FERNANDO L. OQUENDO Street Address				
9 AIKEN STREET			9 AIKEN STREET				
City STREET	State	Zip	City	State	Zip		
PAWTUCKET	RI	02861	PAWTUCKET	RI	02861.		
Director Name		• • • • • • • • • • • • • • • • • • • •	Director Name	****************************	***************************************		
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Street Address			Street Address NONE				
NONE	State	Zip	City	State	Zip		
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10. SHARES AUTHORIZED	(*X * BOX FOR ATTA	СИМЕЙТ)	II. SHARES ISSUED	("X" BOX FOR ATTACHMENT)			
AUTHORIZED SHARES			ISSUTED SHARES				
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Far Value		
1,000 COMM NO PAR VALUE			200	COMMON	NO PAR VALUE		
		•	200	CONTON	TO TAK VALUE		
This report must be signe	d in ink by eith	er the President, Vic	e President, Secret <mark>ary, As</mark>	sistant Secretary, Treasur	er, Receiver or Trustee		
1 138(18		IIN IERI					
+ S	8 9 7 6	* ** 	linder penalty of	perjury, I declare and affirm	that I have examined		
				ling any accompanying sched			
- -	2 00		•	s contained herein are true a			
File Date: +05	2144		// 101011	in Guendo	1/21/99		
\'	26		bigned pile di Officer	vi Sjama	Date		
Check No.:	<u>ت د</u>	72)	VENETA OO	ן ווראווי	;		
	\mathcal{I}_D .	100	YESENIA OQUENDO Print or Type Name of Officer				
By:	ar v	 1	PRESIDENT				
FOR SECRETARY OF STATE USE OF	ATA /	•	Title of Officer				