



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 02903-1333  
401-222-3041

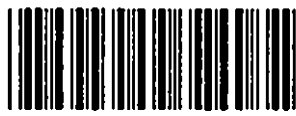


PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2000**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. <b>98976</b>		2. Name of Corporation <b>CORONA CORP.</b>	
3. Street Address Principal Business Office <b>9 MEADOWSITE</b>		City <b>LINCOLN</b>	State <b>RI</b>
4. Business Phone No. <b>(401) 728-0475</b>		5. State of Incorporation <b>RHODE ISLAND</b>	
6. SIC Code <b>5538</b>			
7. Brief Description of the Character of Business Conducted in Rhode Island <b>INVESTMENTS INCLUDING REAL ESTATE</b>			
8. NAMES AND ADDRESSES OF THE OFFICERS (* BOX FOR ATTACHMENT) * FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name <b>YESENIA OQUENDO</b>		Vice President Name <b>FERNANDO OQUENDO</b>	
Street Address <b>9 MEADOWSITE</b>		Street Address <b>9 meadowsite</b>	
City <b>LINCOLN</b>	State <b>RI</b>	City <b>LINCOLN</b>	State <b>RI</b>
Zip <b>02865</b>		Zip <b>02865</b>	
Secretary Name <b>YESENIA OQUENDO</b>		Treasurer Name <b>FERNANDO L. OQUENDO</b>	
Street Address <b>9 MEADOWSITE</b>		Street Address <b>9 MEADOWSITE</b>	
City <b>LINCOLN</b>	State <b>RI</b>	City <b>LINCOLN</b>	State <b>RI</b>
Zip <b>02865</b>		Zip <b>02865</b>	
9. NAMES AND ADDRESSES OF THE DIRECTORS (* BOX FOR ATTACHMENT) * FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name <b>YESENIA OQUENDO</b>		Director Name <b>FERNANDO L. OQUENDO</b>	
Street Address <b>9 MEADOWSITE</b>		Street Address <b>9 MEADOWSITE</b>	
City <b>LINCOLN</b>	State <b>RI</b>	City <b>Lincoln</b>	State <b>RI</b>
Zip <b>02865</b>		Zip <b>02865</b>	
Director Name <b>NONE</b>		Director Name <b>NONE</b>	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
10. SHARES AUTHORIZED (* BOX FOR ATTACHMENT) *		11. SHARES ISSUED (* BOX FOR ATTACHMENT) *	
AUTHORIZED SHARES		ISSUED SHARES	
Number of Shares	Class/Series	Number of Shares	Class/Series
<b>1,000 COMM NO PAR VALUE</b>		<b>200</b>	<b>COMMON</b>
			<b>NO PAR VALUE</b>

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



\* 9 8 9 7 6 \*

File Date: **4/11/00**

Check No.: **1059**

By: **2**

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.

**Yesenia Oquendo** **4/5/00**  
Signature of Officer Date

**YESENIA OQUENDO**

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 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 BLACK)



1. Corporate ID No. <b>98976</b>		2. Name of Corporation <b>CORONA CORP.</b>		
3. Street Address Principal Business Office <b>9 AIKEN STREET</b>		City <b>PAWTUCKET</b>	State <b>RI</b>	Zip <b>02861</b>
4. Business Phone No. <b>401-725-4000 EXT. 11</b>		5. State of Incorporation <b>RHODE ISLAND</b>		6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island <b>INVESTMENTS INCLUDING REAL ESTATE</b>				
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name <b>YESENIA OQUENDO</b>		Vice President Name <b>FERNANDO L. OQUENDO</b>		
Street Address <b>9 AIKEN STREET</b>		Street Address <b>9 AIKEN STREET</b>		
City <b>PAWTUCKET</b>	State <b>RI</b>	Zip <b>02861</b>	City <b>PAWTUCKET</b>	State <b>RI</b>
Secretary Name <b>YESENIA OQUENDO</b>		Treasurer Name <b>FERNANDO L. OQUENDO</b>		
Street Address <b>9 AIKEN STREET</b>		Street Address <b>9 AIKEN STREET</b>		
City <b>PAWTUCKET</b>	State <b>RI</b>	Zip <b>02861</b>	City <b>PAWTUCKET</b>	State <b>RI</b>
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name <b>YESENIA OQUENDO</b>		Director Name <b>FERNANDO L. OQUENDO</b>		
Street Address <b>9 AIKEN STREET</b>		Street Address <b>9 AIKEN STREET</b>		
City <b>PAWTUCKET</b>	State <b>RI</b>	Zip <b>02861</b>	City <b>PAWTUCKET</b>	State <b>RI</b>
Director Name <b>NONE</b>		Director Name <b>NONE</b>		
Street Address <b>NONE</b>		Street Address <b>NONE</b>		
City <b>NONE</b>	State <b>NONE</b>	Zip <b>NONE</b>	City <b>NONE</b>	State <b>NONE</b>
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
<b>1,000 COMM NO PAR VALUE</b>			<b>200</b>	<b>COMMON</b>
				<b>NO PAR VALUE</b>

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



\* 9 8 9 7 6 \*

File Date: **Feb 3, 99**

Check No.: **136**

By: **JD. [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.

**Yesenia Oquendo** **1/21/99**  
Signature of Officer Date

**YESENIA OQUENDO**  
Print or Type Name of Officer

**PRESIDENT**  
Title of Officer