

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street

Providence, RI 02904-2615 401.222.3040

1. Corporate ID No.	2. Name of Corporation				
LOODISBBYO The Burnham Company					
3. Street Address Principal Business Office			Chy	State	Zip
102 otis S	treet		Dorthborough	Ne	01532
4. Bustness Phone No.		5. State of Incorporation			
508-599		I RI			
6. Brief Description of the Character of Business Conducted in Rhode Island					
In stallation of Justa Cabling 7. Names and addresses of the officers: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS					
7. NAMES AND ADDRESSES	OF THE OFFICERS:	("X" BOX FOR ATTA	<i>chment)</i> ☐ fill in spac	ES BEFORE USING AT	CACHMENTS
President Name			Vice President Name		
David Strickler			:		
Street Address	i		Street Address		
	treet				
City	State	Zip	City	State	Zip
nor-thbacount	ant	01S32	:		
Secretary Name			Treasurer Name		
Edwar Derecho			! Edwin Dececho		
Sireet Address			Street Address		
	treet		1020tis	Strect	
City	State	Zip)	City	State	Zip
withpowate	1 IME	01235	vertherach	INA	01532
8. NAMES AND ADDRESSES	OF THE DIRECTORS	S: ("X" BOX FOR ATT		CES BEFORE USING A	ITACHMENTS
Director Name			Director Name		
David Strick	JEC				
Street Address			Street Address		
105 OUZ ZU	<u> </u>				23
City	State	Zip	City	State	Z4G3 60
Westporton	Ind	01532			
Director Name			Director Name		
Street Address			Street Address		
- Clu.	La	T	<u>:</u>		
City	State	Zψ	City	State	
in ordinary distribution		l			6 5 7
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)		
	·		ISSUED SHARES — THIS SECTION	MUST BE COMPLETED	for the
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			Number of Shares	Class/Series	Par Value
			1	(
			100	Commoi	.01
			100 miles (100 miles (-
This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee,					
this report must be executed o	m behalf of the corpor	ration by the receiver o	or trustee.		•

File Date FILED	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.
Check No. 0CT 0 6 2008	Signature Edun Detecho Print or Type Name
FOR SECRETARY OF STATE USE ONLY	Title Form 630 Rev. 08/08