2003 FOR PROFIT CORPORATION JNIFORM BUSINESS REPORT (UBR)

FILED Apr 07, 2003 8:00 am Secretary of State

DOCU	HARMAN ELECTRONIC M			04-07-2003 901 47 034 ***1 50.00
Principal Place of Business Mailing Address 231 FERRIS AVE EAST PROVIDENCE, RI 02916 US EAST PROVIDENCE, RI		-	2916 US	90073815
2. Principal F	Place of Business	3. Mailing Address		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES
City & State		City & State		4. FEI Number Applied For S9-1223979 Not Applied For
Z ip	Country	Zip., y.	Country	5. Certificate of Status Desired
	Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324			Street A	t Address (P.O. Box Number is Not Acceptable)
			City	FL Zip Code
SIGNATURE I After Make Check	Signature, typed of printed name of registered agent FILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee:will be \$550.00 k Payable to Florida Department: OFFICERS AND	of State	: Reps øred Apentsignal	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
10.	1	~	-11	
TITLE NAME STREET ADDRESS CITY-ST-ZP	C LEBLANC, R 231 FERRIS AVE EAST PROVIDENCE, RI 02916	风 Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAN P. MURPHY
TITLE NAME STREET ADDRESS CITY-ST-2P	P BROUILLARD, T 231 FERRIS AVE EAST PROVIDENCE, RI 02916	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-2IP	☐ Change ☐ Adultio
NAME STREET ADDRESS CITY-ST-ZP	VT KELLY, D 231 FERRIS AVE EAST PROVIDENCE, RI 02916	□ Deleie	TITLE NAME STREET ADDRESS CITY-ST-ZIP	- ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS DIXON, PAUL 231 FERRIS AVE EAST PROVIDENCE, RI 02916	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Additions
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KUHNS, D 231 FERRIS AVE EAST PROVIDENCE, RI 02916	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Change Addition MARIO ARENA 31 FERRIS AVENUE EAST PROVIDENCE RT 02916
TITLE NAME STREET ADDRESS CITY-ST-2IP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

901-435-6543 Daylima Phone#