

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY - 1 AM 10:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F9400002785 (3)

1. Corporation Name

EQU-FINANCIAL CORPORATION

Principal Place of Business

1275 WAMPANOAG TRAIL
EAST PROVIDENCE RI 02915

Mailing Address

1275 WAMPANOAG TRAIL
EAST PROVIDENCE RI 02915

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
05/26/1994

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

24

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

29

Zip

Country

4. FEI Number

05-0469692

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

Trust Fund Contribution

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 190.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

**PRENTICE HALL CORPORATION SYSTEMS, INC.
1201 HAYES STREET
SUITE 105
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PCD
NAME	RYAN, KENNETH J
STREET ADDRESS	22 MONMOUTH DRIVE
CITY - ST - ZIP	EAST PROVIDENCE RI
TITLE	D
NAME	RYAN, ROBERT J
STREET ADDRESS	22 TAMARAC DR.
CITY - ST - ZIP	WESTPORT CT
TITLE	D
NAME	MOTTI, PETER K
STREET ADDRESS	9 DORR STREET
CITY - ST - ZIP	BRANFORD CT
TITLE	D
NAME	FERTON, DEAN E
STREET ADDRESS	34 MAHER AVENUE
CITY - ST - ZIP	GREENWICH CT
TITLE	V
NAME	DECESARE, ANTHONY L
STREET ADDRESS	23 PEPPERMINT LANE
CITY - ST - ZIP	JOHNSTON RI
TITLE	S
NAME	PELOQUIN, MARK J
STREET ADDRESS	55 HOMESTEAD AVE.
CITY - ST - ZIP	NORTH SMITHFIELD RI

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if 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 12 or Block 13 as provided, or on an attachment with an address.

SIGNATURE:

Kenneth J Ryan
SIGNATURE AND TYPED OR PRINTED NAME, ZIP OF CURRENT OFFICER OR DIRECTOR

4/24/95
DATE

Corporate Officer's Name