2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 08:00 AM
Secretary of State

DOCUMENT # 816239

1. Entity Name
AVCO CORPORATION

Principal Place of Business	Mailing Address
40 WESTMINSTER ST PROVIDENCE, RI 02903-9500	40 WESTMINSTER ST PROVIDENCE, RI 02903-9500

03182004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-0458536
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U80000156710
05/05/04-80086-012 150.00

10. OFFICERS AND DIRECTORS

TITLE	VST
NAME	SPACONE, ANDREW C
STREET ADDRESS	40 WESTMINSTER ST
CITY-ST-ZIP	PROVIDENCE, RI 02903
TITLE	D
NAME	KEMP, ROBERT W
STREET ADDRESS	40 WESTMINSTER ST
CITY-ST-ZIP	PROVIDENCE, RI 02903
TITLE	VAT
NAME	FREDRICKS, THOMAS J
STREET ADDRESS	40 WESTMINSTER ST.
CITY-ST-ZIP	PROVIDENCE, RI 02903
TITLE	VP
NAME	STOECKLE, JOSEPH C
STREET ADDRESS	40 WESTMINSTER ST
CITY-ST-ZIP	PROVIDENCE, RI 02903
TITLE	AT
NAME	CASSIDY, ROXANNE
STREET ADDRESS	40 WESTMINSTER ST.
CITY-ST-ZIP	PROVIDENCE, RI 02903
TITLE	VAS
NAME	WILLAMAN, ANN T
STREET ADDRESS	40 WESTMINSTER ST
CITY-ST-ZIP	PROVIDENCE, RI 02903

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4/15/04 401-421-2800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
ROXANNE E. CASSIDY - ASSISTANT TREASURER