


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90550 049 ***150.00

DOCUMENT # F0000001002

1. Entity Name
ARKWRIGHT INCORPORATED



Principal Place of Business Mailing Address
538 MAIN STREET **538 MAIN STREET**
FISKEVILLE, RI 02823 **FISKEVILLE, RI 02823**

14006952

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



01202004 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
05-0161110 Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	MARCIANO, JOSEPH R	
STREET ADDRESS	538 MAIN STREET	
CITY-ST-ZIP	FISKEVILLE, RI 02823	
TITLE	VS	<input type="checkbox"/> Delete
NAME	COLE, ROBERT M	
STREET ADDRESS	538 MAIN STREET	
CITY-ST-ZIP	FISKEVILLE, RI 02823	
TITLE	V	<input type="checkbox"/> Delete
NAME	CONFORTI, ROBERT	
STREET ADDRESS	538 MAIN STREET	
CITY-ST-ZIP	FISKEVILLE, RI 02823	
TITLE	V	<input type="checkbox"/> Delete
NAME	WHEELER, PHILLIP J	
STREET ADDRESS	538 MAIN STREET	
CITY-ST-ZIP	FISKEVILLE, RI 02823	
TITLE	V	<input type="checkbox"/> Delete
NAME	COLE, ROBERT	
STREET ADDRESS	538 MAIN STREET	
CITY-ST-ZIP	FISKEVILLE, RI 02823	
TITLE	V	<input type="checkbox"/> Delete
NAME	HEATH, JACK	
STREET ADDRESS	538 MAIN STREET	
CITY-ST-ZIP	FISKEVILLE, RI 02823	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Gary Anderson* **GARY ANDERSON** *4/14/04*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #