


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90157 016 ***150.00

DOCUMENT # F00000001002			
1. Entity Name ARKWRIGHT INCORPORATED			
Principal Place of Business 538 MAIN STREET FISKEVILLE RI 02823		Mailing Address 538 MAIN STREET FISKEVILLE RI 02823	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 05-0161110		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	



1st MOORE CR2E034 (10/05)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MARCIANO, JOSEPH R			NAME			
STREET ADDRESS	538 MAIN STREET			STREET ADDRESS			
CITY-ST-ZIP	FISKEVILLE RI 02823			CITY-ST-ZIP			
TITLE	VS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COLE, ROBERT M			NAME			
STREET ADDRESS	538 MAIN STREET			STREET ADDRESS			
CITY-ST-ZIP	FISKEVILLE RI 02823			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CONFORTI, ROBERT			NAME			
STREET ADDRESS	538 MAIN STREET			STREET ADDRESS			
CITY-ST-ZIP	FISKEVILLE RI 02823			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WHEELER, PHILLIP J			NAME			
STREET ADDRESS	538 MAIN STREET			STREET ADDRESS			
CITY-ST-ZIP	FISKEVILLE RI 02823			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COLE, ROBERT			NAME			
STREET ADDRESS	538 MAIN STREET			STREET ADDRESS			
CITY-ST-ZIP	FISKEVILLE RI 02823			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE	P.D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HEATH, JACK			NAME			
STREET ADDRESS	538 MAIN STREET			STREET ADDRESS			
CITY-ST-ZIP	FISKEVILLE RI 02823			CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Jeffrey R Boutin **Jeffrey R Boutin** 3/27/06 401-821-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #