

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT*
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F94000002785 (3)

1. Corporation Name

EQUI-FINANCIAL CORPORATION

Principal Place of Business

1275 WAMPANOAG TRAIL
EAST PROVIDENCE RI 02915

Mailing Address

1275 WAMPANOAG TRAIL
EAST PROVIDENCE RI 02915

FILED
Aug 08 1997 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/26/1994

3a. Date of Last Report

08/08/1996

4. FEI Number

05-0469692

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

PCD
RYAN, KENNETH J
22 MONMOUTH DRIVE
EAST PROVIDENCE RI

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

D
RYAN, ROBERT J
22 TAMARAC DR.
WESTPORT CT

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

D
MOTTI, PETER K
9 DORR STREET
BRANFORD CT

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

D
FERTON, DEAN E
34 MAHER AVENUE
GREENWICH CT

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

V
DECESARE, ANTHONY L
23 PEPPERMINT LANE
JOHNSTON RI

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

S
BEAUVAIS, RAYMOND A.
120 DUFFY DRIVE
TAUNTON MA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

FENTON, DEAN E.

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 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 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]

7/24/97

(401) 433-4800

CR2E034 (4/97)