

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90111 030 ***150.00

DOCUMENT # F94000002785

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



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/26/1994

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PCD** ☐ DELETE
NAME **RYAN, KENNETH J**
STREET ADDRESS **1 TIGER LILY TRAIL**
CITY-ST-ZIP **REHOBOTH MA 02769**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **RYAN, ROBERT J**
STREET ADDRESS **22 TAMARAC DR.**
CITY-ST-ZIP **WESTPORT CT**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **MOTTI, PETER K**
STREET ADDRESS **9 DORR STREET**
CITY-ST-ZIP **BRANFORD CT**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **FENTON, DEAN E**
STREET ADDRESS **34 MAHER AVENUE**
CITY-ST-ZIP **GREENWICH CT**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **CFO** ☐ DELETE
NAME **SUGLIA, JAMES J**
STREET ADDRESS **6 APPLE BLOSSOM WAY**
CITY-ST-ZIP **STOW MA 01775**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **S** ☐ DELETE
NAME **BEAUVAIS, RAYMOND A.**
STREET ADDRESS **120 DUFFY DRIVE**
CITY-ST-ZIP **TAUNTON MA**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

A. Raymond Beauvais
A. Raymond Beauvais, Controller

(401) 433-4800

Date

Daytime Phone #

CR2E034 (1/98)

0001207