



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Department of Administration

One Capitol Hill
Providence, RI 02908

CERTIFICATE OF DISCLOSURE OF CORPORATION

I, _____, Secretary of _____, under oath make affidavit
(state full name of corporation)
and say that the following, the officers and directors of said _____ corporation,
(identify as business, non-business, professional)
having been duly elected and/or appointed to:

President _____
Vice President _____
Treasurer _____
Secretary _____

State of Incorporation _____
Principle Place of Business _____

DIRECTORS

Name Address

STOCKHOLDERS

Name Address

In witness whereof I have hereunto set my hand and the seal of the said _____,
(hereunto duly authorized) this _____ day of _____ 20__.

By _____, its Secretary.
STATE OF RHODE ISLAND
COUNTY OF _____

Subscribed and sworn to before me at _____ this _____ day of _____ 20__.