

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005 Filing Period: January 1 - March 1 Filing Fee: \$50.00

(FORM MUST BE TYPED IN B		ig 1 ce. \$30.00			
1. Corporate ID No.	2. Name of Corporati				
37109	Classic Acres,	Inc.	·		
3. Street Address Principal Busin	-	·····	City	State	Zip
TWO ELM STREET, P	.O. BOX 414		WESTERLY	RI	02891-0414
4. Business Phone No. (401) 596-0225	•	5. State of Incorporate RHODE ISLAN			6. SIC Code 5710
7. Brief Description of the Chara REAL ESTATE DEVELOPM		1			1
		ERS ("X" BOX FOR A	TTACHMENT) FILL IN SP	ACES BEFORE USING ATTA	CHMENTS
Kathleen A. Thomps	on		Vice President Name		
<i>Street Address</i> 9 Wicasta Farm Roa	d		Street Address		
City Hope Valley	State Rhode Island	2 <i>p</i> 1 02832	City	State	Zip
Secretary Name			Treasurer Name		* * * * * * * * * * * * * * * * * * * *
Kathleen A. Thomps	on		Kathleen A. Tho	mpson	
<i>Street Address</i> 9 Wicasta Farm Roa	d		· Sireei Address .9 Wicasta Farm	Poad	
Ciry	State	Zip	'City	State	Zip
Hope Valley	Rhode Island		. Hope Valley	Rhode Island	02832
9. NAMES AND ADDRESS Director Name	ES OF THE DIREC	TORS ("X" BOX FOR	ATTACHMENT) FILL IN S		
Kathleen A. Thompson		Jean I. Stevenson			
Street Address		· Street Address			
9 Wicasta Farm Road			6 Red Fox Trail		
City	State	Zip	•City	State	Zip
Hope Valley Director Name	Rhode Island	1 02832	Hope Valley	Rhode Island	02832
isheelds frame			* Director Name		
Street Address			· Street Address		
City	Siale	Zip	.City	State	Zip
10. SHARES AUTHORIZE	D ("X" BOX FOR AT	TACHMENT)	11. SHARES ISSUED ("X	" BOX FOR ATTACHMENT)	1
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 NO PAR VALUE			1,000	Common	None
his report must be signed	in ink by either t	he President, Vice F	President, Secretary, Assis	tant Secretary, Treasurer,	Receiver or Trustee
		•		•	
3 7 1	(# # #) 9		Under penalty of peri	jury, I declare and affirm that I	have examined
				any accompanying schedules	
37109 DBC 01/05/05 1	1:47:19 AM	7		is contained herein are true and	
File Date 0- 15-0	05		Maisson-	Monn	112/1/25/
(13)			Signature of Officer	Date	1/45/0
Check No. 79	\		- Kathleen A.		
By:	الد		Print or Type Name of C	Officer	
FOR SECRETARY OF STATE L	JSE ONLY	1	President		
		1	Title of Officer		Form 630 12/01



Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January (FORM MUST BE TYPED []. Corporate II) No.	IN BLACK) 2. Name of Corpo					
37109	Classic Acre					
3. Street Address Principal i	Business Office		City	State		
TWO ELM STREET,	, P.O. BOX 414		WESTERLY	RI	Zip	
4. Business Phone No.	***************************************	5. State of Incorpor	1	17.1	i 02891-00414	
4015960225		RHODE ISLA	ND		6. SIC Code 5710	
7 Brief Description of the C REAL ESTATE DEVEL	Character of Business Con LOPMENT.	ducted in Rhode Island			13710	
8. NAMES AND ADDR	RESSES OF THE OF	ICERS ("X" BOX FOR	RATTACHMENT) FILL IN	SPACES BEFORE USING A	TTACHMENTS	
KATHLEEN A. THO			vice President Name			
9 WICASTA FARM	ROAD		Street Address			
City	Stote	Zıp	City			
HOPE VALLEY	RI	02832	Chy	State	Zip	
Secretary Name	*******		Treasurer Name	• • • • • • • • • • • • • • • • • • • •		
KATHLEEN A. THO	MPSON		KATHLEEN A. TH	OMPSON		
Street Address			* Street Address			
AS ABOVE	·		AS ABOVE			
City	State	Zip	City	State	Zip	
9. NAMES AND ADDR	ESSES OF THE DIR	ECTORS CX* BOX FO	ORATTACHMENT) [FILL IN	SPACES BEFORE USING	ATTACHMENTS	
KATHLEEN A. THOM			.Director Name		THE THE PARTY OF T	
Street Address	MPSON		JEAN I. STEVEN	ISON		
AS ABOVE		· Street Address	· · · · · · · · · · · · · · · · · · ·	······································		
City	*** **** **** **** **** **** **** **** ****		6 RED FOX TRAI	L ·		
<i>y</i>	State	7.ip	•City	State	Zip	
Director Name			HOPE VALLEY	RI	02832	
			* Director Name			
ireet Address			· Street Address			
			•			
City	State	Zip	·City	State	Zip	
10.017.000	<u> </u>		•			
10. SHARES AUTHORI	IZED ("X" BOX FOR A	ITTACHMENT)	11. SHARES ISSUED ("	X" BOX FOR ATTACHMEN	/ р П	
AUTHORIZED SHARES Sumber of Shares	Class/Series	D 1/-1	ISSUED SHARES			
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ms report must be sig	nea in ink by either	r the President, Vice	President, Secretary, Assi	stant Secretary, Treasi	irer, Receiver or Trusti	
	II TA BRAN III					
3 7 1	0 9		Under penalty of pe	rjury, I declare and affirm	that I have a series at	
—————		<u>.</u>	this report, including	g any accompanying sched	ules and statements	
37109 DBC 01/14/0	4 Q5:01:52 PM		and that all statemen	its contained herein are tru	e and correct.	
File Date 0.05	<u>u</u>		Unian.	11.		
118C 8		in the second	Signature of Officer	womps	n //20/04	
Theck No. Y [1] J 0				I A. THOMPSO	NI	
(OP)			Print or Type Name of	Officer TOMPSU	IN	
<u>v.</u>				**		
OR SECRETARY OF STAT	E USE ONLY		PRESIDEN	<u> </u>	_	
			Title of Officer		Form 630 12/0	



Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

Form 630 12/01

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: January 1 - March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation *37109* Classic Acres, Inc. 3. Street Address Principal Business Office State TWO ELM STREET, P.O. BOX 414 WESTERLY RI 02891-00414 4. Business Phone No. 5. State of Incorporation 6. SIC Code (401)596-0225 RHODE ISLAND 5710 7. Brief Description of the Character of Business Conducted in Rhode Island REAL ESTATE DEVELOPMENT. 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) I FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name KATHLEEN A. THOMPSON Street Address Street Address 9 WICASTA FARM ROAD City State Zip Cirv State Zip HOPE VALLEY RI 02832 Secretary Name Treasurer Name KATHLEEN A. THOMPSON KATHLEEN A. THOMPSON Street Address Street Address AS ABOVE AS ABOVE City State City State Zip 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) [FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name KATHLEEN A. THOMPSON. JEAN I. STEVENSON,. Street Address Street Address AS ABOVE 6 RED FOX TRAIL City State Zip ·City State Zip HOPE VALLEY RT 02832 Director Name Director Name Street Address ·Street Address Zio .Cir State Zip 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value 1,000 NO PAR VALUE COMMON 1,000 NONE This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct. **37109* 1/23/033;21,51 PM: File Date_ Signature of Officer Check No KATHLEEN A. THOMPSON Print or Type Name of Officer PRESIDENT FOR SECRETARY OF STATE USE ONLY

Title of Officer

2. Name of Corporation

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002 Filing Period: January 1-March 1 • Filing Fee: \$50.00



3. Street Address Principal Business Office Two Elm Street (P.O. Box 4: 4. Business Phone No. (401) 596-0225 7. Brief Description of the Character of Business Conduct Real Estate Development 8. NAMES AND ADDRESSES OF THE O President Name Kathleen A. Thompson Street Address 9 Wicasta Farm Road City State Hope Valley RI	5. State of Incorporatio RHODE ISLAN ed in Rhode Island FFICERS ("X" BOX FOR ATT) Zip 02832	City Teasurer Name Kathleen A. The Street Address City Cathleen A. The City City City City City City	State RI SEFORE USING ATTAC State State State	O2891 6. SIC Code 5710 CHMENTS
4. Business Phone No. (401) 596-0225 7. Brief Description of the Character of Business Conduct Real Estate Development 8. NAMES AND ADDRESSES OF THE O President Name Kathleen A. Thompson Street Address 9 Wicasta Farm Road City State Hope Valley RI Secretary Name Kathleen A. Thompson Street Address as above City State 9. NAMES AND ADDRESSES OF THE DI Director Name	5. State of Incorporatio RHODE ISLAN ed in Rhode Island FFICERS ("X" BOX FOR ATT) Zip 02832	Treasurer Name Kathleen A. The Street Address City Treasurer Name Kathleen A. The City City	State Ompson	O2891 6. SIC Code 5710 CHMENTS
7. Brief Description of the Character of Business Conduct Real Estate Development 8. NAMES AND ADDRESSES OF THE O President Name Kathleen A. Thompson Street Address 9 Wicasta Farm Road City State Hope Valley RI Secretary Name Kathleen A. Thompson Street Address as above City State 9. NAMES AND ADDRESSES OF THE DI Director Name	FFICERS (*X* BOX FOR ATT) Zip 02832	CHMENT) FILL IN SPACES Vice President Name Street Address City Treasurer Name Kathleen A. The Street Address as above City	State • • • • • • • • • • • • • • • • • • •	CHMENTS , Zip
8. NAMES AND ADDRESSES OF THE O President Name Kathleen A. Thompson Street Address 9 Wicasta Farm Road City State Hope Valley RI Secretary Name Kathleen A. Thompson Street Address as above City State 9. NAMES AND ADDRESSES OF THE DI Director Name	^{21p} 02832	Vice President Name Street Address City Treasurer Name Kathleen A. The Street Address as above City	State • • • • • • • • • • • • • • • • • • •	, Zip
Street Address 9 Wicasta Farm Road City State Hope Valley RI Secretary Name Kathleen A. Thompson Street Address as above City State 9. NAMES AND ADDRESSES OF THE DI Director Name	02832	City Treasurer Name Kathleen A. The Street Address as above City	ompson	V • • • • • •
City State Hope Valley RI Secretary Name Kathleen A. Thompson Street Address as above City State 9. NAMES AND ADDRESSES OF THE DI Director Name	02832	Treasurer Name Kathleen A. The Street Address as above City	ompson	V • • • • • •
Secretary Name Kathleen A. Thompson Street Address as above City State 9. NAMES AND ADDRESSES OF THE DI Director Name	02832	Treasurer Name Kathleen A. The Street Address as above City	ompson	V • • • • • •
Kathleen A. Thompson Street Address as above City State 9. NAMES AND ADDRESSES OF THE DI Director Name		Kathleen A. The Street Address as above City	•	' Zip
9. NAMES AND ADDRESSES OF THE DI		City	State	Zip
Director Name	RECTORS ("X" BOX FOR AT	TACHMENT) FILL IN SPAC	•	
Kathleen A. Thompson		Director Name	ES BEFORE USING ATTA	ACHMENTS
Street Address		Jean I. Stevens	son	
as above state	Zip	6 Red Fox Trail	State	Żip
Director Name	· · · · · · · · · · · · · · · · · · ·	Hope Valley	RI	02832
Street Address		Street Address		
City State	Zip	Clty	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR A AUTHORIZED SHARES	TTACHMENT)	11. SHARES ISSUED (X. BOX FOR ATTACHMENT	, ·
Number of Shares Class/Series 1,000 NO PAR VALUE	Por Value	Number of Shares	Class/Series	Par Value
1,500 NO FAIL VALUE		1,000	common	none

File Date:

Check No.:

By:

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Saidle M. Thropso 2/9/62

Kathleen A. Thompson
Print or Type Name of Officer

President

Title of Officer

Form 630 12/01

Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

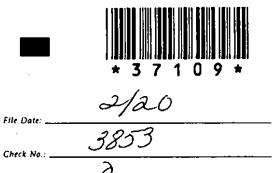
Filing Period: January 1-March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation

STOP
PLEASE READ INSTRUCTIONS

37109	Classic A	cres, Inc.			
3. Street Address Principal Busine.	•		City	State	02891-0414
Two Elm Stree	t (P.O. Box 4)	14)	Westerly	. R1	02091-0414
4. Business Phone No. (401) 596-022	5 .	5. State of Incorporation RHODE ISLA			^{6.} \$7°6
7. Brief Description of the Charact	ter of Business Conducted i	n Rhode Island	•	•	
Real Estate D	evelopment		,		
8. NAMES AND ADDRE	SSES OF THE OFFI	CERS ("X" BOX FOR ATT	ACHMENT) FILL IN SPACES Vice President Name	BEFORE USING ATTA	CHMENTS
Kathleen A. T	hompson				
Street Address			Street Address		
9 Wicasta Far	m Road				
City	State	Zip	City	State	Zip
Hope Valley	RI	02832		-	
Secretary Name		•	Treasurer Name	e e e	• •
Kathleen A. Th	ompson		Kathleen A. Ti	hompson	
Street Address	·		Street Address		
as above			as above		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRE	SSES OF THE DIR	ECTORS ("X" BOX FOR A	TTACHMENT) FILL IN SPACE	ES BEFORE USING AT	FACHMENTS
Director Name			Director Name	n c 0.0	
Kathleen A. Th	nompson		Jean I. Steve		4
Street Address as above	•		Street Address 6 Red Fox Tra	i I	
City	State	Zip	сну Норе Valley	State R I	02832
Director Name	-		Director Name	•••	•••
Street Address			Street Address		
City	State	Zip	City	State	ZIp
10. SHARES AUTHORIZ	ED (*x* box for att	ACHMENT)	11. SHARES ISSUED	"X" BOX FOR ATTACHMEN	VT)
AUTHORIZED SHARES Number of Shares	Class/Serles	Par Value	ISSUED SHARES Number of Shares	Class/Series	Par Value
LIMITALI DI JITUITI	CIN33\AELIC3	In. thint	SAME OF STREET	C	,

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

1,000



1,000 SHS NO PAR VALUE

FOR SECRETARY OF STATE USE ONLY

this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Under penalty of perjury, I declare and affirm that I have examined

common

none

FOR SECRETARY OF STATE USE ONLY

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000 Filing Period: January 1-March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.	2. Name of Corporat				
37109	Classic Ac	res, Inc.			
3. Street Address Principal Business O		•	City	State	Zip
Two Elm Street (P.O. Box 414	()	Westerly	RI	j_02891-0414
4. Business Phone No.		S. State of Incorporati			6. SIC Code
(401) 596-0225	-	RHODE ISLA	ND		5710
7. Brief Description of the Character o		Rhode Island			
Real Estate Deve	<u> </u>				
	es of the offi	CERS ("X" BOX FOR ATT	ACHMENT) LIFILL IN SPACES	BEFORE USING ATTAC	HMENTS
President Name			Vice President Name		
Kathleen A. Thom	pson .	·	 		
Street Address			Street Address		
9 Wicasta Farm R			· · · · · · · · · · · · · · · · · · ·		
•	State	02832	City	State	Zip
Hope Valley Secretary Name	<u> </u>	02032			
Kathleen A. Thom	5000		Treasurer Name	Thomason	
Street Address			Kathleen A.	Thompson	
as above			Street Address as above		
City	State	Zip			
S.,,	15.516	12.7	City	State	Zip
9 NAMES AND ADDRESS	S OF THE DIPE	CTOPS (EVE BOY FOR	TTACHMENT) FILL IN SPACE	EC DEPODE HEING ATTA	CIDATENTS
Director Name	of the Dike	CIORS (X BOX FOR X	Director Name	ES BEFURE USING AT IA	CHMENIS
Kathleen A. Thom	pson	•	Jean I. Stev	enson	
Street Address			Street Address		
as above			6 Red Fox Tr	ail	
City	State	Zip	City	State	Zip
	İ	·	Hope Valley	RI	02832
Director Name		· • • • • • • • • • • • • • • • • • • •	Director Name		
			:		
Street Address	 	* * *	Street Address		
City	State	Zip	City	State	Zip
	1	i			
10. SHARES AUTHORIZED	("X" BOX FOR ATTA	CHMENT)	11. SHARES ISSUED (X BOX FOR ATTACHMENT	
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 SHS NO PAR N	VALUE		1 000		1
	·		1,000	common	
			1		i
					
This report must be signed	l in ink hy eith	er the President Vic	e President, Secretary, Assi	stant Constant Transco	tos Bossinos os Tours
ms report mast be signed	in ibk oy citin		e Fresident, Secretary, Assi	stant secretary, measu	rer, Receiver or truster
					_
* 3	7 1 0 9 *			rjury, I declare and affirm	
	7			- · ·	dules and statements, and
2/22	100		that all statements of	contained herein are true	and correct.
File Date: 2/22 Check No.: 332			Lo18110	A Thomas	en 201/50/
17.2	3		Signature of Officer	· 1/4	Date
Check No.:	-		Kothless	A Thompson	
			Print or Type Name of Of	Ticer (TIVINPE)	
Ву:		<u> </u>	Dwa. 1	• ·==*	
FOR SECRETARY OF STATE USE ON	r v		rresident		

Title of Officer



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999 Filing Period: January 1-March 1 • Filing Fee: \$50.00

	OP \
PLEASE	
INVIRUO	TIONS

TORM MUST BE TITED IN BLACE							
1. Corporate ID No.	2. Name of Corporation						
37109	Classic Acres,	Inc.					
3. Street Address Principal Business Of	Tice		City	State	Zip		
Two Elm Street	P.O. Box 414		Westerly	RI	02891-0414		
4. Business Phone No.		S. State of Incorporation			6. SIC Code		
(401) 596-0225		RHODE ISLAN	D		5710		
7. Brief Description of the Character of	Business Conducted in Rh	ode Island		• • • • • • • • • • • • • • • • • • • •			
Real Estate Devel	о́рment	:	•				
	'	DS ("Y" BOY FOR ATTAC	HMENT) (_ FILL IN SPACES BE	FORE USING ATTACH	MENTS		
President Name	.s_or me ornee.	KO (V DÓV TOK VIVE	Vice President Name	TORE OSHIO AT IACH	WEI(13		
Kathleen A. Thomp	son		•				
Street Address			Street Address				
9 Wicasta Farm Road		•	· · · · · · · · · · · · · · · · · · ·				
City Wilcasta Tailii No		T Zip	City	State	1 912		
•	RI	02832	: 0.17	State	Zip		
Hope Valley	} <u>NI</u>	102032	<u></u>				
Secretary Name .		•	Treasurer Name	homoson	,		
Kathleen A. Thomp	50n' . 	. 	Kathleen A. T	nonipson			
Street Address			Street Address				
as above	· · · · · · · · · · · · · · · · · · ·		as above				
City	State	Zip	City	State	Zip		
	 	·	<u>:</u>		_1		
	S OF THE DIRECT	ORS ("X" BOX FOR ATT	ACHMENT) [FILL IN SPACES I	BEFORE USING ATTAC	HMENTS		
Director Name	**		Director Name				
Kathleen_AThomp	son		Jean I. Steve	nson			
Street Address			Street Address				
as above			6 Red Fox Trail				
City	State	Zip	City	State	Zip		
			Hope Valley	RI	02832		
Director Name	***************************************		Director Name	*******************************	• • • • • • • • • • • • • • • • • • • •		
Street Address			: Street Address				
			:				
City	State	Zip	City	State	Zip		
	! !				1		
10: SHARES AUTHORIZED	(*X* BOX FOR ATTACHI	MENT) I	11 SHARES ISSUED (ex-	POY FOR ATTACHMENT)	gp []]		
AUTHORIZED SHARES	· · · · · · · · · · · · · · · · · · ·	737 (<u>*</u>	11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)				
Number of Shares	Class/Series	Par Value	 	Classification			
			Number of Shares	Class/Series	Par Value		
1,000 SHS NO PAR VA	ALUE		1,000	common			
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	•			1			
· · · · · · · · · · · · · · · · · · ·		·····	.1	<u> </u>	<u></u>		
This report must be signed	in ink by either	the President, Vice 1	President, Secretary. Assista	nt Secretary. Treasure	er. Receiver or Trustee		
		,		,, - · · · ·	.,		
•							

Under penalty of perjury, I declare and affirm that I have examined

	* 3 7 1 0 9 *
	M 1000
File Date:	NO 10 F19
Check No.:	2612
	20
Ву:	
FOR SECRETARY	OF STATE USE ONLY

this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Lairen	a	Fron	om	1	120	199
Standause of Officer	Δ	Thom	2000			

NATOLECO H
Print or Type Name of Officer <u>nathleen</u>



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-277-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998

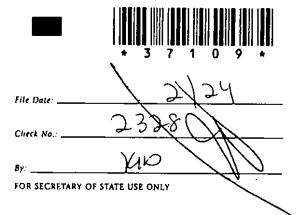
Filing Period: January 1-March 1 • Filing Fee: \$50.00

STOP PEL SVERI AU ENVERI CHOSS

14

(FORM MUST BE TYPED IN B	LACK)				
1. Corporate ID No.	2. Name of Corpora	tion			
37109	Classic Acr	es, Inc.			
3. Street Address Principal Busine	**		City	State	Zip
Two Elm Street 4. Business Phone No.	(P.O. Box 41	4) 5. State of Incorpor	Westerly	RI	02891-04 6. SIC Code
(401) 596-0225		RHODE ISL			5710
7. Brief Description of the Charac	ter of Business Conducted i				3/10
Real Estate Dev	elopment				
8. NAMES AND ADDRE	SSES OF THE OFF	ICERS ("X" BOX FOR A	TTACHMENT)		
President Name			Vice President Name		
Kathleen A. Tho	mpson				
Street Address			Street Address	•	
9 Wicasta Farm					
City	State	Zip	City	State	Zip
Hope Valley	RI	02832			
Secretary Name		•	Treasurer Name		
Kathleen A. Tho	mpson		Kathleen A. T	hompson	
as above					
City	State	Zip	as above	State	Zip
			•	,	
9. NAMES AND ADDRE	SSES OF THE DIRI	ECTORS ("X" BOX FO	R ATTACHMENT)	•	
Director Name			Director Name		
Kathleen A. Tho	mpson		Jean I. Steve	nson	
Street Address			Street Address		
as above			6 Red Fox Tra	i 1	
City	State	Zip	City	State	Zip
Director Name			Hope Valley	RI .	02832
			Director Name	·	
Street Address			Street Address		•
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZ	ED ("X" BOX FOR ATT.	ACHMENT)	11. SHARES ISSUED	(*X* BOX FOR ATTACHMENT	")
AUTHORIZED SHARES			ESSUTED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 SHS NO PAR	VALUE		1 000		
.,			1,000	common	

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer A HAMASSA)

Print or Type Name of Officer

THE STORMY



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-277-3040

PROFIT CORPORATION ANNUAL REPORT 1997

iling	Period:	January	1-March 1	•	Filing	Fec:	\$50.00)
•		, ,				,	# 30.00	,

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

2. Name of Corporation

37109

Classic Acres, Inc.

3. Street Address Principal Business Office

(401) 596-0225

Two Elm Street (P.O. Box 414)

4. Business Phone No.

5. State of Incorporation

RHODE ISLAND

Westerly

Vice President Name

Street Address

City

State RI Zip

02891-0414

6. SIC Code 5710

7. Brief Description of the Character of Business Conducted in Rhode Island

Real Estate Development

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name

Kathleen A. Thompson

Street Address

9 Wicasta Farm Road

Hope Valley

as above

State

Zip

Zip

City

State

Zip

Secretary Name

Kathleen A. Thompson

RI

02832

Treasurer Name

Kathleen A. Thompson

Street Address

Director Name

Street Address

as above

State

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)

Director Name

Street Address

City

Kathleen A. Thompson

Street Address

Director Name

City

as above

City

City

State

210

Director Name

Street Address

Jean I. Stevenson

Street Address 6 Red Fox Trail

210

City

State

Hope Valley

RI

02832

10. SHARES AUTHORIZED AND ISSUED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES Number of Shares

Class/Series

Par Value

ISSUED SHARES Number of Shares

Class/Series

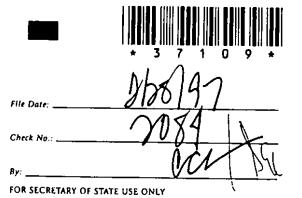
Par Value

1,000 SHS NO PAR VALUE

1,000

common

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

PROFIT CORPORATION **ANNUAL REPORT**

1996



State of Rhode Island and Providence Plantations James R. Langevin, Secretary of State

Corporations Division 100 North Main Street Providence, Rhode Island 02903-1335 • (401) 277-3040

Filing Period: January 1-March 1

riling ree: \$50.00		PLEASE TYPE OF	PRINT IN BLACK INK.		
1. CORPORATE ID NO.	2. NAME OF CORPORATION				
37109 3. STREET ADDRESS PRINCIPAL BUSINESS OF		ic Acres, Inc.	σιν	STATE	₹₽ CODE
Two Elm Street	(P.O. Box	414)	Westerly	RI	02891-0414
		RHODE I	SLAND		6. SIC CODE
(401) 596-0225 7. BRIEF DESCRIPTION OF THE CHARACTER OF I	BUSINESS CONDUCTED IN RHOOS	ł			5710
Real Estate De	velopment				
PRÉSIDENT IVAIE		MES AND ADDI	ESSES OF THE O	FFICERS	
Kathleen A. The	ompson		VICE PRESIDENT NAME	• ••••	······································
STREET ADORESS	 -		STREET ADDRESS	<u>.</u>	
9 Wicasta Farm	Road	T ZP COI0€	OTTY	STATE	ZP C00€
Hope Valley	RI	02832		Sint	arcute
SECRETARY NAME			TREASURER HAME		
Kathleen A. The	ompson		Kathleen A.	Thompson	
as above			as above	•	
ZITY	SIATE	ZIP COOE	air	STATE	ZIP CODE
		M F S A M D A D D S	ESSES OF THE D		<u> </u>
DIRECTOR NAME		X	DIRECTOR NAME	TRECTORS	· · · · ·
Kathleen A. Tho	ompson				
as above			STREET ADDRESS		
UTY .	STATE	ZIP CODE	air	STATE	21º C00€
DIRECTOR NAME	<u> </u>		TORECTOR NAVE		
Jean I. Stevens	on		٠		:
TRETADORESS 6 Red Fox Trail			STREET ADDRESS		
ж Норе Valley	STATE R I	2₽ α0€ 02832	anv	STATE	ZIP C00€
	10. S	HARES AUTHOR	IZED AND ISSUE	0	
NUMBER OF SHARES	AUTHORIZED SHARES CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	ISSUED SHARES	T
1,000 SHS NO			1,000	CLASS / SERIES	PAR VALUE
17000 0115 110	FAR VALUE		1,000	common	
······································					
					.1
President	Thi dent <i>Vice</i> Presid	s report must be SIG	NED IN INK by either t	he	
1 16510	acit, vice Fiesiu	ent, occidally, ASSIS	tant Secretary, Treasure		
			report, includin	g any accompanying sche	affirm that I have examined this edules and statements, and that
1/1/1	1 1		all statements o	contained herein are true a	and correct.
File Date: 2/27/	46	i	Signature of Of	a A Stony	asso
1871	7		_		
Check No:	I		Kathle	en H. I hor	npson

For Secretary of State Use Only

By:

Signature of Officer

Kathleen A. Thompson

Print or Type Name of Officer

State of Rhode Island and Providence Plantations Office of The Secretary of State 100 North Main Street Providence, Rhode Island 02903-1335 401-277-3040

ANNUAL REPORT

Please Type or Print File Annually - Jan. 1 - March 1 Filing Fee \$50.00

Make Checks Payable to: Secretary of State

ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.

Corporate ID:	Annual	Report for the year	1995 :	
Classic Acres, I	inc.			
Name of Corporation:Business entity organized under the laws of the State of: R I For foreign entity, address and telephone number of principal office:		Business Entity is (check one): [X] Business Corporation (See RIGL Chapter 7-1.1) [] Professional Service Corporation (See RIGL Chapter 7-5.1)		
Phone: () Address and telephone of the principal office of business entity in Rhoo Island (Provide street address - Not P.O. Box): Two Elm Street (P.O. Box 414)	<u>R</u> e		aracter of business conducted in R	hode Island:
Westerly, Rhode Island 02891-0414				
Phone: (401) 596-0225	· 			
THE NAM	ES OF THE OFF	ICERS ARE:		
PRESIDENT	STREET ADDRESS	D D1	CITY/STATE	ZIP CODE
Kathleen A. Thompson	9 Wicasta STREET ADDRESS	rarm koad	Hope Valley, RI	02832 ZIP CODE
SECRETARY	STREET ADDRESS		CITY/STATE	ZIP CODE
Kathleen A. Thompson	as above			
TREASURER	STREET ADDRESS		CITY/STATE	ZIP CODE
Kathleen A. Thompson THE NAME	_as_above ES OF THE DIRE	CTORS ARE:		
NAME	STREET ADDRESS	CIOIM/MINI	CITY/STATE	ZIP CODE
Kathleen A. Thompson	as above		CITY/STATE	Sen during
Jean∉ I. Stevenson	6 Red Fox	Trail	Hope Valley, RI	72Р СОБЕ 02832
NAME.	STREET ADDRESS		CITY/STATE	ZIP CODE
NUMBER OF SHARES AUTHORIZED (Rider may be attached)	NUMB	ER OF SHARES ISSUI	ED AND OUTSTANDING (Rider ma	y he attached)
Number of Shares Class / Series	Numbe	r of Shares	Class / Series	
1,000 common	1,00	00 common		
Date January 31, 19 95	By: Katrice	a A The	20-10-50-1-	
Form 31 1/95	PRINT OR TYPE NAME OF	OFFICER SIGNING		
DESIGNATED REGISTE	RED AGENT FO	R SERVICE OF I	PROCESS:	

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

CHARLES 5. SOLOVEITZIK
TWO ELM STREET
P.O. BOX 414
WESTERLY RI 02891

FILED
FEB 1 6 1995
BY 2 1630

Filing Fee \$50.00 Payable to: Secretary of State

PLEASE TYPE or PRINT

File Annually LLC Sept 1 Nov. 1 CORP Jan 1 - March 1

State of Rhode Island and Providence Plantations Office of The Secretary of State

100 North Main Street Providence, Rhode Island 02903-1335 401-277-3040

Corporate ID:	Annual Report for the year: 1994
Name of Business Entity:	Classic Acres, Inc.
Business entity organized under the laws of the State of. RI	Business Emity is (check one):
Federal Texpaver Identification Number:	(X] Business Corporation (See RIGL Chapter 7-1.1)
For foreign entity, address and telephone number of principal office	[] Professional Service Corporation (See RIGL Chapter 7-5 1) [] Limited Liability Company (See RIGL 7-16)
To Total Citaty, takes and telephone none of principal office	Name, title and mailing address of contact person to whom
	communications may be directed:
	Charles S. Soloveitzik, Esquire
Phone: ()	P.O. Rox 414
Address and telephone of the principal office of business entity in R Island (Provide street address - Not P O. Box):	
Two Elm Street (P.O. Box 414)	Intersection of the endeed of outside conditions
Westerly, Rhode Island 02891-0414	·
	Date of Organization: <u>January</u> 14, 1986
Phone (401) 596-0225	Date of Qualification to do business in Rhode Island (if foreign entity):
THE NA	MES OF THE OFFICERS ARE: STREET ADDRESS CHASTAN ZIP CODE
	
Kathleen A. Thompson	9 Wicasta Farm Road Hope Valley, R.I. 02832
CUSTODIAN OF RECORDS OR SECRETARY, Cheek Over	STREET ADDRESS CITYSTATE ZIPCODE
Kathleen A. Thompson	AS Above CITYSTATE ZIPCODE
Kathleen A. Thompson	as_above
Same THE NA	MES OF THE DIRECTORS ARE: STREET ADDRESS CONSTATE ZURCODE
Kathleen A. Thompson	as above STRUET AUGRESS CITYATATT ZIP COOD
Jeane I. Stevenson	6 Red Fox Trail Hope Valley, R.I. 0283
NAME	STREE AUTHOR
NUMBER OF SHARES AUTHORIZED (If Applicable)	NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)
NUMBER 1,000	NUMBER 1,000 FILED
CLASS COMMON	CLASS COMMON MAR 0 2 1994
SERIES	SERIES By 1464 213
PAR VALUE OR none WITHOUT PAR	PAR VALUE OR none WITHOUT PAR
Date Jek 17	By Katelier a Thompson Rathleen A Thompson
,	Kathleen A Thompson
	nnegrationscent
For- 31 194	
	OR RESIDENT AGENT FOR SERVICE OF PROCESS:

Form 31 1/85

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

Corporate ID 003	7109	Annual Report for the yea	г1993	
FIRST: The name of the corporation is		Classic Acres, Inc.		
Second: It is incorp	orated under the laws of	Rhode Island		
THIRD: Character of		Real Estate Development		
FOURTH: If foreign (incipal office		
FIFTH: Business add	ress in Rhode Island	Two Elm Street (P.O. Box		
		Westerly, Rhode Island 02	891	
SIXTH: Names and a	ddresses of its directors and	officers: Address (including number,	(Attach rider if necessary)	
Kathleen A. Thompson	Director	9 Wicasta Farm Boad, Hope	Valley, RI 02832	
Jean I. Stevenson	Director	55 Whitcomb Road, Riversi	de, RI 02915	
	Director			
Kathleen A. Thompson	President	as above		
·····	Vice Preside	nt		
Kathleen A. Thompson	Secretary	as aboye		
Kathleen A. Thompson	Treasurer			
SEVENTH: Number of	f Shares authorized:		Par Value	
No. of Shares	Class	Series	or statement that shares are without par value	
1,000	common	PAID	none	
		FEB 2 6 1993		
Еібнтн: Number of	Shares issued:	SEC'Y OF STATE	Par Value or statement that	
No. of Shares	Class	Series	shares are without par value	
1,000	common		none	
Dated 2/13		LASSIC ACRES, INC.		
(Renort must be sig	By an officer) T	ytelleen USA,	mper	

orporate ID	000/104	Annual Report for the y	ear 1992	
FIRST: The name of the corporation is		Classic Acres, Inc		
Second: It is inco	orporated under the laws of	Rhode Island		
THIRD: Character	of business, briefly stated, is	Real Estate Developm	ent	
FOURTH: If foreign	n corporation, address of its p	rincipal office		
FIFTH: Business ac	ldress in Rhode Island	Two Elm Street (P.O.	Box 414)	
<u> </u>		Westerly, Rhode Isla	nd 02891	
SIXTH: Names and	d addresses of its directors and	officers: Address (including numb	(Attach rider if necessary) er, street, zip code)	
Kathleen A. 1	Chompson Director	9 Wicasta Farm Rd., Ho	ope Valley, RI 02832	
Jean I. Steve	enson Director	55 Whitcomb Rd., River	rside, RI 02915	
····	Director			
Kathleen A. 1	Thompson President	as above		
	Vice Preside	ent		
Kathleen A. T	Chompson Secretary	as above		
Kahtleen A. 1	•	as above		
	r of Shares authorized:		Par Value or statement that shares are without	
No of Shares	Class	Senes PAID	par value	
1,000	common		none	
Еіднтн: Number	of Shares issued:	MAR 0 2 1992	Par Value	
EIGHTH. Nulliber	or shares issued.	SEC'Y OF STATE	or statement that shares are without	
No of Shares 1,000	Class COMMON	Series	par value none	
ated Jes 23	<u>19 92</u>	CLASSIC ACRES, INC.		
·		(Name of Corporation) Ry KATALLEL A. A.	man	
(Papart mana ta	signed by an officer	Title fres.	The state of the s	
- a	signed by an officer)	inc	***************************************	

Corporate ID	0037109	Annual Report for the year	ır1991
First: The nam	e of the corporation is	Classic Acres, Inc.	······································
SECOND: It is in	corporated under the laws of	Rhode Island	
Тнівр: Charact	er of business, briefly stated,	is Real Estate Developmen	nt
FOURTH: If fore	ign corporation, address of it	s principal office	
FIFTH: Business		o Elm Street, (P.O. Box 41	
	We	sterly, Rhode Island 028	391
SIXTH: Names a	nd addresses of its directors a		(Attach rider if necessary) street, zip code)
Kathleen A.	Thompson Director	.9. Wicasta Farm Rd., I	lopeValley,RI02832
Jean I. Stev	zenson Director	5.5WhitcombRd,Rive	ersideRI02915
	Director		
Kathleen A.	Thompson President	as above	
••••••	Vice Pres	sident	
Kathleen A.	Thompson Secretary	as above	
Kathleen A.	Thompson Treasure	r as above	
SEVENTH: Numb	per of Shares authorized:		Par Value or statement that
No. of Shares	Class	Series	shares are without par value
1,000	common		none
		Series S. Series	
Eighth: Numbe	er of Shares issued:	0, 700	Par Value or statement that
No. of Shares	Class	Seriests	shares are without par value
1,000	common		none
Dated Jan 28	19 91	CIACCIC ACDEC INC	
C	19 2	(Name of Corporation)	?
		By Kathler U.S.	inpse)
(Report must	be signed by an officer)	Title Present	

Form 31 1/85

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

Corporate ID	.09	Annual Report f	or the year 1.990
First: The name of	the corporation is	Classic-Acres,I	TC:
SECOND: It is incorp	porated under the laws of	Rhode Isl	and
THIRD: Character o	f business, briefly stated, i	is Real Esta	te Development
FOURTH: If foreign	corporation, address of its	s principal office	
FIFTH: Business add	ress in Rhode IslandP.	O. Box 41411 TwonEJ	mrStreet, Westerly RI302891
Sixth: Names and a	addresses of its directors a		. (Attach rider if necessary) uding number, street, zip code)
Kathleen A. Thom	npson Director	9. Wicasta Earn. F	Rd, Hope Valley, RI 02832
Jean I. Stevenso	on Director	55WhitcombRd	Riverside, RI02915
	Director		
KathleenAThom	ipsonPresident	Asabove	
	Vice Pres	sident	
Kathleen A. Thom	npson Secretary	, As above.	•••••
Kathleen A. Thom	npson Treasure		
Seventh: Number	of Shares authorized:		Par Value or statement that
No. of Shares	Class	PA'D Series	shares are without par value
1,000	common F	Y. OE STATE	none
EIGHTH: Number of	Shares issued:	r. Of STATE	Par Value or statement that
No. of Shares	Class	Series	shares are without par value
1,000	common		none
Dated 2/8	19 <i>50</i> .	CLASSIC ACRES, (Name of Corporation)	a Lynna
(Report must be s	igned by an officer)	Title PUS	

Corporate ID 0037109		Annual Report for	the year 1989	
FIRST: The name of the corporation is		7:1 : - A T		
SECOND: It is incorporated under	the laws of!			
THIRD: Character of business, brie	fly stated, isF	Real estate develop	ment	
FOURTH: If foreign corporation, a	ddress of its pr	rincipal office		
FIFTH: Business address in Rhode	IslandAl.ts	on-Rockville Road,	Hope Valley, R. I.	
SIXTH: Names and addresses of its	s directors and		(Attach rider if necessary) ig number, street, zip code)	
Kathleen A. Thompson	Director	Alton-Rockville R	d., Hope Valley 02832	
Jean I. Stevenson	Director	55 Whitcomb Road,	Riverside, RI 02915	
	Director		••••••	
Kathleen A. Thompson	President	As Above		
	Vice Preside	ent		
Kathleen A. Thompson	Secretary	As Above		
Kathleen A. Thompson	Treasurer	As Above		
No. of Shares Class 1,000 Common	<u>د</u> د	Senes MAR	Par Value or statement that shares are without par value none	
No. of Shares Class 1,000 Common	OF STATE	MAR 0 + 1989	Par Value or statement that shares are without par value none	
Dated February (6 19	89 (Classic Acres, Name of Corporation) By Kathern A	Inc. Ternason	
(Report must be signed by an office	er) T	itle President		

CORPORATIONS DIVISION 270 WESTMINSTER MALL, PROVIDENCE, RHODE ISLAND 02903

Corporate ID	37109	Annual Report for the	year 1988
FIRST: The	name of the corporation isCla	ssic Acres, Inc.	······
Second: It	is incorporated under the laws of	Rhode Island	
Тнівр: Cha	racter of business, briefly stated, is	sReal estate devel	opment.
Fourth: If	foreign corporation, address of its	principal office	
Fifth: Busin	ness address in Rhode Island	Alton-Rockville Road, H	lope Valley, RI
Sixth: Nam	es and addresses of its directors a		(Attach rider if necessary)
Kathleen.A.	Thompson Director	.AltorRockville Rd.,	Hope Valley 02832
Jean I. Ste	venson Director	55 Whitcomb Road, R	iverside, RI 02915
	Director		
Kathleen A.	Thompson President	as above	
	Vice Presi	ident	·····•
Kathleen A.	Thompson Secretary	as above	
Kathleen.A.	.ThompsonTreasurer	as above	
Seventh: N	umber of Shares authorized:		Par Value
No. of Shares	Class	Series	or statement that shares are without par value
1,000	common		none
Еіднти: Nu	mber of Shares issued:	PAID	Par Value
		APR 19 1988	or statement that shares are without
No. of Shares 1,000	Common	SEC'Y. OF STATE	par value
1,000	common		none
Dated Februar	y	Classic Acres, Inc	······
		By Katalien a Si	(unpsi)
(Report n	nust be signed by an officer)	Title President	7
Form 31 1/85			

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION PROVIDENCE, RHODE ISLAND 02903

Corporate ID.	37109	Annual Report	for the year 1987
First:	The name of the corporation is	Classic Acres, Inc.	······
SECOND:	It is incorporated under the laws	of Rhode Isla	nd
THIRD:	Character of business, briefly state	d, is RIE DEVEC	OBMER J. T.
Fourth:	If foreign corporation, address of	its principal office	
Г ігтн:	Business address in Rhode Island	ALTON-ROCKUTLE	Ro
·····		HOPE VALLEY RI	-
Sixth:	Names and addresses of its director		(Attach rider if necessary)
KATHL	ECA THOMPSON Direct	or ALTON-Roe	KIDLE RO. HOPE VALLEY &
ETENE	STEVENSON Direct	or 55 WHETCOMES	To. REVENSEDE RI
	Directo		
/	EEN THOMPSON Preside		ue Po HODE LAUEN RE
	Vice P		
٠,	Secreta	•	
······································	'/ Treasu	6.1	· ,
Seventh:	Number of Shares authorized:		Par Value
No. of Shar	res Class	PAID Scries	or statement that shares are without par value
1000	COMMON		·
		JAN 2 1 1987 APR	3 1987 NO PAR
Еіснтн:	Number of Shares issued:	PY. OF STATE	Par Value or statement that
No. of Shar	res Class	Series	shares are without
(000	COMMON		No PAZ
ated	1- 13 19 8	CLASSIE HES	The Taxe
		By Katheen	a Trompson
	port must be signed by an officer)	Title PRES.	7