

FOR SECRETARY OF STATE USE ONLY

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

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

Form 630 12/01

ORM MUST BE TYPE						
I. Corporate ID No.	2. Name of Corp					
127974		i Family Corporation				
Street Address Principa			City	State	Zip	
	ad, Suite. 219		Braintree	AM	02184	
Business Phone No.	3	5. State of Incorporat			6. SIC Code	
(800) 546-4917 Massachusetts Brief Description of the Character of Business Conducted in Rhode Island				5520		
commercial Real	Estate Brokerage	9				
resident Name		FICERS ("X" BOX FOR	TTACHMENT) FILL IN SE Vice President Name	ACES BEFORE USING A	TTACHMENTS	
ichard F Cav	wley <u> </u>		NONE	_		
reel Address	_ ,		Street Address			
2 Kress Farm			·			
ity	State	Zip	City	State	Zip	
lingham	MA.	02043	•		!	
<i>creiory Name</i> Lichard F. Cav	al ox		Treasurer Name			
_	*rey		Richard F. Cawl	.ey		
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). NAMES AND AD: Director Name	DRESSES OF THE DI	RECTORS CAR BOX FOR	RATTACHMENT) FILL IN	SPACES BEFORE USING	ATTACHMENTS	
			, Director Name			
ichard F. Cav	wiek	-, 	·	····		
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Director Name			Director Name		• • • •	
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This report must be	signed in ink by eith	er the President, Vice	President, Secretary, Assi	stant Secretary, Treas	surer, Receiver or	
			,	2		
1 2	2 7 9 7 4		Under penalty of pe	/ rjury, I deglare and affirm	that I have evening	
				g any accompanying scho		
		-	and that all statemen	g any accompanying sent outs contained herein are to	.uuics and statements. Die and comect	
			1/1/1/1/11	a sommer increm are n	de and confect.	
File Date	FILED	_	//(<i>/////</i> //	MA :	1/28/05	
	MAD A A AGE		Signature of Officer	- ///	Date	
Check No	MAR Q 2 2005	_	Richard F.	Calver		
	N-		Print or Type Name o			
By By		_		Ojjicer		
			President			

Title of Officer



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

PROFIT CORPO	RATION	ANNUAL	REPORT	FOR	THE	YEAR	2004	
Filing Period: January 1	March I 🏓	Filing Fee: \$50.0	0					
FORM MUST BE TYPED IN BL	.ACK)							
I. Comprete ID No.	2 Name of Con	moration			-		•	_

Filing Period: January 1 - N	~	; Fee: \$50.00			
FORM MUST BE TYPED IN BL 1. Corporate ID No.	4CK) 2. Name of Corporation	-		<u>-</u>	
127974	United Multi Far				
3 Street Address Principal Busines			· City	State	`Zip
178 Forbes Street,			Braintree	MA	02184
4. Business Phone No.		5. State of Incorporation			6. SIC Code
(888) 356-9070 x12		Massachusetts			5520
7. Brief Description of the Charact Commercial Real Estat		ed in Rhode Island	·		
8. NAMES AND ADDRESSE President Name	S OF THE OFFICE	RS ("X" BOX FOR ATT	ACHMENT) FILL IN SPA Vice President Name	CES BEFORE USING ATTA	CHMENTS
Richard F. Cawley			None		
Sireet Address			Street Address	•	
12 Kress Farm Road					
City	State	, Ζίρ	Ciry	State	Zîp
Hingham	MA	02043			
Secretary Name			Treasurer Name	·	
Richard F. Cawley					
Street Address			Street Address		
12 Kress Farm Road			•		
City	State	Zip	City	State	Zip
Hingham	MA	02043	•	1	•
9. NAMES AND ADDRESSE Director Name	S OF THE DIRECT	TORS ("X" BOX FOR A	TACHMENT) FILL IN S	PACES BEFORE USING ATT	ACHMENTS
Richard F. Cawley					
Street Address		•	Street Address	· -	•
12 Kress Farm Road		•			
City	State	Zip	- City	- · State	Zip
Hingham	MA	. 02043		4	 - ,
Director Name			Director Name		•
Street Address			Street Address		
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City:	State	Zip	City	* State	Zip 1
10. SHARES AUTHORIZED	O C'X" BOX FOR ATT	ACHMENT	11. SHARES ISSUED C'X	BOX FOR ATTACHMENT)	¬ ^- •
AUTHORIZED SHARES	, ,		ISSUED SHARES		_
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
200,000 COMM NO PAR	VALUE		100	. Common	None
		•	† 	•	• • •
This report must be signed	in ink by either th	he President, Vice Pr		tant Secretary, Treasure	
	·	7	this report, including	any accompanying schedule ts contained herein are true a	s and statements,
File Date 2 . 18.	04		and that all statement	as contained nercin are true a	10/04
. ^<	232		Signature of Officer	Date	:
Check No.	7 <u>) </u>		Richard F. C		
B _{Y:}	Che	_	Print or Type Name of	Officer	
FOR SECRETARY OF STATE L	ISE ONLY		President		
occurring of sinite c			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

Form 630 12/01

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*127974 *		mily Corporation			
3. Street Address Principal Busines	~		City	State	Zip
178 FORBES STREET,	SUITE 219	-	BRAINTREE	MA	02184-
1. Business Phone No. (888) 356-9070 x12		5. State of Incorporation MASSACHUSE			6. <i>SIC Code</i> 5520
Brief Description of the Charact					3320
8. NAMES AND ADDRESSE			T. C.		
President Nume	3 OF THE OFFIC	ERS (A BUATURAL	Vice President Name	SPACES BEFORE USING AT	IACHMEN 15
Richard F. Cawley			None		
ireet Address		•	Street Address	-	
12 Kress Farm Road					
City	State	Zip -	City	- State	- Zip
Hingham	MA	02043	,	June	∠.p
ecretary Name	·	JEUIJ	Treasurer Name		
Richard F. Cawley			Richard F. Cav	vlev	
itreet Address			Street Address	1	
12 Kress Farm Road			12 Kress Farm	Poad	
Tity	State	7:-	·		
-nr Hingham	State MA	Zip ' 0.2.04.2	City	State	Zip
.	MA	02043	Hingham	MA	02043
9. NAMES AND ADDRESSE Director Name	S OF THE DIREC	TORS ("X" BOX FOR A	ATTACHMENT) FILL 13 Director Name	N SPACES BEFORE USING A	ATTACHMENTS
Richard F. Cawley					
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12 Kress Farm Road			•		
City	State	Zip .	- City	State	Zip
Hingham	MA	02043	=:•	·· ·····	-·p
Director Name	• •	• • • •	Director Name	•	
Sircei Address			Street Address		
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10. SHARES AUTHORIZED	C'X" BOX FOR AT	TACHMENT)	11. SHARES ISSUED	"X" BOX FOR ATTACHMEN	η []
AUTHORIZED SHARES			_ ISSUED SHARES		
Vumber of Shares	Class/Series	Par Value	Number of Shares	Class/Series _	Par Value
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JUDIOU GOININI NO PAR	VALUE		100	Common	none
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This report must be signed	in ink by either	the President Vice P	resident. Secretary As	sistant Secretory Treasu	irer Receiver or 1
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* 1 2 7	9 7 4 *			perjury, I declare and affirm t	
		_	this report, includ	ing any accompanying sched	ules and statements,
127974 FBC2/25/033:3	1:50 PM		and that all statem	legits contained herein are tru	e and correct.
22	<u> </u>		//////////////////////////////////////	11 -1	122/2
File Date 5'5'	<u> </u>		JYMAN	Ves 02/	41/01
Charles 4511			Signature of Office		Date (
Check No.			<u>Richard F.</u>	. C∌∕wley_	
\ \(\(\D\)			Print or Type Name	of Officer	
8 <u>v:</u>			President		
FOR SECRETARY OF STATE U	CE ONLY	1	1 100100111		

Title of Officer