

## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR \_\_\_

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAI		THIS REPORT BY	MANCH SI WILL NE	SULT IN A \$25.0	O PENALTY F	<b>E.</b>
1. Entity ID No.		of the Corporation				· · · · · · · · · · · · · · · · · · ·
7682		TRUST, -				
Principal office address	/24 HUMT	rs Harbor	RO CHARLEST	BUN Sal	<b>T</b>	62813
401 364 - 0658			5. State of Incorpora	tion	-	
Brief description of the character REAL ESTATE			nd .			
LIST ALL OFFICERS (NAME	es and addres	868) ("X" BOX FOR /			1	
resident Name T.L. ARNOLD, JR			Vice-President Name  ###################################			
Street Address 24 HUNTERS HARBOR KOAD			Street Address 36 BELINSKI CIRCLE			
	State RI	02813	OXFORD	State C	7 Zi	6478
T.L. ARNOLD III			Treasurer Name T. L. ARNOLD, JR			
Street Address 340 LIBERTY SQUARE ROAD			Street Address 24 HUNTERS HARBOR ROAD			
Boxborough	State M A	Zip 01719	CHARLEST	State	.T	02813
LIST ALL DIRECTORS (NAM	IES AND ADDRE	SSES) ("X" BOX FOR				
T. L. A RNOLD,	灰	- Marie - Mari	Director Name HALLIDA	Y KING		
treet Address 24 HUNTERS HARBOR ROAD			Street Address 34 BELINSKI CIRCLE			
CHARLESTOWN	State	Zip 02813	CITOXFORD	State C	Zip	06478
T.L. ARNOLD III			Director Name - None -			
reet Address 340 LIBERTY S	OUARE	ROAD	Street Address			
BOXBOROUGH	State MA	01719	City	State	Zip	
SHARES AUTHORIZED	10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)					
his information is currently of record in the Office of the Secretary			NUMBER OF SHARES	CLASS/SERIES	PAR VA	
State Changes samples on ad	State. Changes require an additional filing. se Section 9 of instruction sheet.		100	NONE	No	PAR VALU
e Section 9 of instruction she	pet.					
e Section 9 of instruction she his report must be executed on	bet. behalf of the corp	oration by an authorize	ed representative. If the o	corporation is in the	hands of a rece	iver or trustee,
Section 9 of instruction she  nis report must be executed on  f	bet. behalf of the corp	oration by an authorize executed on behalf of	f the corporation by the n Under penalty of p	oceiver or trustee. Briury, I declare ar	nd affirm that I h	ave examined
e Section 9 of instruction she his report must be executed on t	behalf of the corp this report must be	oration by an authorize e executed on behalf of	f the corporation by the n Under penalty of po this report, includir	eceiver or trustee. Njury, i declare ar ng any accompan	nd affirm that i i ying schedules	ave examined and statements.
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e Section 9 of instruction she his report must be executed on file Date Check No	behalf of the corp this report must be	executed on behalf of	Under penalty of this report, includir and that all statements.  Signature of Authorit	poetiver or trustee.  Injury, I declare an accompanion	nd affirm that I is ying schedules rein are true and	ave examined and statements.
e Section 9 of instruction she his report must be executed on t lie Date Check No	behalf of the corp this report must be	executed on behalf of	fine corporation by the n Under penalty of pi this report, includir and that all statement	poetiver or trustee.  Injury, I declare an accompanion	nd affirm that I is ying schedules rein are true and	ave examined and statements, d correct.