



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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 11701		2. Name of Corporation AMALGAMATED DEVELOPMENT II, INC.		
3. Street Address Principal Business Office 1414 Atwood Avenue		City Johnston	State RI	Zip 02919
4. Business Phone No. 273-6800		5. State of Incorporation RHODE ISLAND		6. SIC Code 5538
7. Brief Description of the Character of Business Conducted in Rhode Island OWNERSHIP AND DEVELOPMENT OF REAL ESTATE				
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Alfred Carpionato		Vice President Name Alfred Carpionato		
Street Address 1414 Atwood Avenue		Street Address 1414 Atwood Avenue		
City Johnston	State RI	Zip 02919	City Johnston	State RI
Secretary Name Alfred Carpionato		Treasurer Name Alfred Carpionato		
Street Address 1414 Atwood Avenue		Street Address 1414 Atwood Avenue		
City Johnston	State RI	Zip 02919	City Johnston	State RI
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
AUTHORIZED SHARES			ISSUED SHARES	
Number of Shares	Class Series	Par Value	Number of Shares	Class Series
100 COMM NO PAR VALUE			100	common
				no par value

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



11701

File Date: 3/1/05
Check No.: 62159
By: [Signature]
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.

[Signature] 3/4/04
Signature of Officer Date
Alfred Carpionato
Print or Type Name of Officer
President
Title of Officer



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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 11701		2. Name of Corporation AMALGAMATED DEVELOPMENT II, INC.			
3. Street Address Principal Business Office 1414 Atwood Avenue			City Johnston	State RI	Zip 02919
4. Business Phone No. 273-6800		5. State of Incorporation RHODE ISLAND			6. SIC Code 5538
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President Name Alfred Carpionato			Vice President Name Alfred Carpionato		
Street Address 1414 Atwood Avenue			Street Address 1414 Atwood Avenue		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Secretary Name Alfred Carpionato			Treasurer Name Alfred Carpionato		
Street Address 1414 Atwood Avenue			Street Address 1414 Atwood Avenue		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class Series	Par Value	Number of Shares	Class Series	Par Value
100	COMM NO PAR VALUE		100	common	no par value

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



* 1 1 7 0 1 *

File Date: 3/9/04
Check No.: 00006096
By: [Signature]
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.

[Signature] Date: 3/9/04
Signature of Officer: Alfred Carpionato
Print or Type Name of Officer: Alfred Carpionato
Title of Officer: President



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. **11701** 2. Name of Corporation **AMALGAMATED DEVELOPMENT II, INC.**
3. Street Address Principal Business Office **1414 Atwood Avenue** City **Johnston** State **RI** Zip **02919**
4. Business Phone No. **273-6800** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **5538**
7. Brief Description of the Character of Business Conducted in Rhode Island
ownership and development of real estate

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Alfred Carpionato Street Address 1414 Atwood Avenue City Johnston State RI Zip 02919	Vice President Name Alfred Carpionato Street Address 1414 Atwood Avenue City Johnston State RI Zip 02919
Secretary Name Alfred Carpionato Street Address 1414 Atwood Avenue City Johnston State RI Zip 02919	Treasurer Name Alfred Carpionato Street Address 1414 Atwood Avenue City Johnston State RI Zip 02919

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name	Street Address	City	State	Zip
Director Name	Street Address	City	State	Zip
Director Name	Street Address	City	State	Zip

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

AUTHORIZED SHARES	Class/Series	Par Value
100 COMM NO PAR VALUE		

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES	Class/Series	Par Value
100	common	no par value

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



* 1 1 7 0 1 *

File Date: 4-30-03
Check No.: 10980
By: ICP

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.

Alfred Carpionato 4-24-03
Signature of Officer Date
Alfred Carpionato
Print or Type Name of Officer
President



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

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



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **11701** 2. Name of Corporation **AMALGAMATED DEVELOPMENT II, INC.**
3. Street Address Principal Business Office **1414 Atwood Avenue** City **Johnston** State **RI** Zip **02919**
4. Business Phone No. **273-6800** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **5538**
7. Brief Description of the Character of Business Conducted in Rhode Island
ownership and development of real estate

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name	Alfred Carpionato	Vice President Name	Alfred Carpionato
Street Address	1414 Atwood Avenue	Street Address	1414 Atwood Avenue
City	Johnston	City	Johnston
State	RI	State	RI
Zip	02919	Zip	02919
Secretary Name	Alfred Carpionato	Treasurer Name	Alfred Carpionato
Street Address	1414 Atwood Avenue	Street Address	1414 Atwood Avenue
City	Johnston	City	Johnston
State	RI	State	RI
Zip	02919	Zip	02919

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name		Director Name	
Street Address		Street Address	
City		City	
State		State	
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City		City	
State		State	
Zip		Zip	

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
100 COMM NO PAR VALUE

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES
Number of Shares Class/Series Par Value
100 common no par value

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



* 1 1 7 0 1 *

File Date: 3/18/02

Check No.: 002760

By: FB

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 [Signature] Date 3-5-02
Alfred Carpionato
Print or Type Name of Officer
President



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. **11701** 2. Name of Corporation **AMALGAMATED DEVELOPMENT II, INC.**

3. Street Address Principal Business Office **1414 Atwood Avenue** City **Johnston** State **RI** Zip **02919**
4. Business Phone No. **273-6800** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **5538**

7. Brief Description of the Character of Business Conducted in Rhode Island
ownership and development of real estate

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name			Vice President Name		
Alfred Carpionato			Alfred Carpionato		
Street Address			Street Address		
1414 Atwood Avenue			1414 Atwood Avenue		
City	State	Zip	City	State	Zip
Johnston	RI	02919	Johnston	RI	02919
Secretary Name			Treasurer Name		
Alfred Carpionato			Alfred Carpionato		
Street Address			Street Address		
1414 Atwood Avenue			1414 Atwood Avenue		
City	State	Zip	City	State	Zip
Johnston	RI	02919	Johnston	RI	02919

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip
Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
100 NO PAR COM

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES
Number of Shares Class/Series Par Value
100 common no par value

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



File Date: 3/2
10227
Check No.: _____
By: [Signature]

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] Date 2-5-01
Alfred Carpionato
Print or Type Name of Officer
President
Title of Officer



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

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. **11701** 2. Name of Corporation **AMALGAMATED DEVELOPMENT II, INC.**
3. Street Address Principal Business Office **1414 Atwood Avenue** City **Johnston** State **RI** Zip **02919**
4. Business Phone No. **273-6800** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **5538**
7. Brief Description of the Character of Business Conducted in Rhode Island
ownership and development of real estate

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Alfred Carpionato Street Address 1414 Atwood Avenue City Johnston State RI Zip 02919 Secretary Name Alfred Carpionato Street Address 1414 Atwood Avenue City Johnston State RI Zip 02919	Vice President Name Alfred Carpionato Street Address 1414 Atwood Avenue City Johnston State RI Zip 02919 Treasurer Name Alfred Carpionato Street Address 1414 Atwood Avenue City Johnston State RI Zip 02919
--	---

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name Street Address City State Zip	Director Name Street Address City State Zip
Director Name Street Address City State Zip	Director Name Street Address City State Zip

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
100 NO PAR COM

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES
Number of Shares Class/Series Par Value
100 common no par value

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



* 1 1 7 0 1 *

File Date: 3/21/00
Check No.: 1808
By: [Signature]

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] 3-7-00
Signature of Officer Date
Alfred Carpionato
Print or Type Name of Officer
President
Title of Officer



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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **11701** 2. Name of Corporation **AMALGAMATED DEVELOPMENT II, INC.**
3. Street Address Principal Business Office **1414 Atwood Avenue** City **Johnston** State **RI** Zip **02919**
4. Business Phone No. **273-6800** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **5538**
7. Brief Description of the Character of Business Conducted in Rhode Island
ownership and development of real estate

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Alfred Carpionato	Vice President Name Alfred Carpionato
Street Address 1414 Atwood Avenue	Street Address 1414 Atwood Avenue
City Johnston State RI Zip 02919	City Johnston State RI Zip 02919
Secretary Name Alfred Carpionato	Treasurer Name Alfred Carpionato
Street Address 1414 Atwood Avenue	Street Address 1414 Atwood Avenue
City Johnston State RI Zip 02919	City Johnston State RI Zip 02919

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
100 NO PAR COM

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES
Number of Shares Class/Series Par Value
100 common no par value

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



* 1 1 7 0 1 *

File Date: 01-08-99
Check No.: 2432
By: AD

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.

Alfred Carpionato 3/9/99
Signature of Officer Date
Alfred Carpionato
Print or Type Name of Officer
President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998
Filing Period: January 1-March 1 • Filing Fee: \$50.00

FORM MUST BE TYPED IN BLACK

1. Corporate ID No. **11701** 2. Name of Corporation **AMALGAMATED DEVELOPMENT II, INC.**
3. Street Address Principal Business Office **1414 Atwood Avenue** City **Johnston** State **RI** Zip **02919**
4. Business Phone No. **273-6800** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **5538**

7. Brief Description of the Character of Business Conducted in Rhode Island
ownership and development of real estate

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

President Name Alfred Carpionato Street Address 1414 Atwood Avenue City Johnston State RI Zip 02919 Secretary Name Alfred Carpionato Street Address 1414 Atwood Avenue City Johnston State RI Zip 02919	Vice President Name Alfred Carpionato Street Address 1414 Atwood Avenue City Johnston State RI Zip 02919 Treasurer Name Alfred Carpionato Street Address 1414 Atwood Avenue City Johnston State RI Zip 02919
--	---

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

Director Name Street Address City State Zip	Director Name Street Address City State Zip
Director Name Street Address City State Zip	Director Name Street Address City State Zip

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

AUTHORIZED SHARES	Class/Series	Par Value
100 NO PAR COM		

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES	Class/Series	Par Value
100	common	no par value

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



* 1 1 7 0 1 *

File Date: 3/1/98
Check No.: 9541
By: [Signature]

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] Date MARCH 4, 1998
Alfred Carpionato
Print or Type Name of Officer
President
Title of Officer



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

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



PROFIT CORPORATION ANNUAL REPORT 1997
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **11701** 2. Name of Corporation **AMALGAMATED DEVELOPMENT II, INC.**
3. Street Address Principal Business Office **1414 Atwood Avenue** City **Johnston** State **RI** Zip **02919**
4. Business Phone No. **273-6800** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **5538**
7. Brief Description of the Character of Business Conducted in Rhode Island
ownership and development of real estate

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

President Name Alfred Carpionato	Vice President Name Alfred Carpionato
Street Address 1414 Atwood Avenue	Street Address 1414 Atwood Avenue
City Johnston State RI Zip 02919	City Johnston State RI Zip 02919
Secretary Name Alfred Carpionato	Treasurer Name Alfred Carpionato
Street Address 1414 Atwood Avenue	Street Address 1414 Atwood Avenue
City Johnston State RI Zip 02919	City Johnston State RI Zip 02919

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

Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

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

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100	NO PAR COM		100	Common	no par value

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



File Date: 3/24/97
Check No.: 11701
By: [Signature]

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] 3/4/97
Signature of Officer
Alfred Carpionato
Print or Type Name of Officer
President
Title of Officer

**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
Filing Fee: \$50.00

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. 11701
2. NAME OF CORPORATION AMALGAMATED DEVELOPMENT II, INC.
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 1414 Atwood Avenue
CITY Johnston STATE RI ZIP CODE 02919
4. BUSINESS PHONE NO. 273-6800
5. STATE OF INCORPORATION RHODE ISLAND
6. SIC CODE 5538

7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND
Ownership and development of real estate

8. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME Alfred Carpionato	VICE PRESIDENT NAME Alfred Carpionato
STREET ADDRESS 1414 Atwood Avenue	STREET ADDRESS 1414 Atwood Avenue
CITY STATE ZIP CODE Johnston RI 02919	CITY STATE ZIP CODE Johnston RI 02919
SECRETARY NAME Alfred Carpionato	TREASURER NAME Alfred Carpionato
STREET ADDRESS 1414 Atwood Avenue	STREET ADDRESS 1414 Atwood Avenue
CITY STATE ZIP CODE Johnston RI 02919	CITY STATE ZIP CODE Johnston RI 02919

9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME	DIRECTOR NAME
STREET ADDRESS	STREET ADDRESS
CITY STATE ZIP CODE	CITY STATE ZIP CODE
DIRECTOR NAME	DIRECTOR NAME
STREET ADDRESS	STREET ADDRESS
CITY STATE ZIP CODE	CITY STATE ZIP CODE

10. SHARES AUTHORIZED AND ISSUED

AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
100	NO PAR COM		100	Common	no par value

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.

File Date: 2/22/96
Check No: 3718
By: CP

Signature of Officer: *Alfred Carpionato*
Alfred Carpionato
Print or Type Name of Officer
President
Title of Officer
Date: 2/21/96

For Secretary of State Use Only

DETACH BOTTOM BEFORE RETURNING

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: 0011701 Annual Report for the year: 1995

Name of Corporation: AMALGAMATED DEVELOPMENT II, INC.

Business entity organized under the laws of the State of: Rhode Island
 for foreign entity, address and telephone number of principal office:

Business Entity is (check one):
 Business Corporation (See RIGL Chapter 7-1.1)
 Professional Service Corporation (See RIGL Chapter 7-5.1)

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):
1414 Atwood Avenue
Johnston, RI 02919

Brief statement of the character of business conducted in Rhode Island:
ownership and development of
real estate

Phone: (401) 273-6800

THE NAMES OF THE OFFICERS ARE:

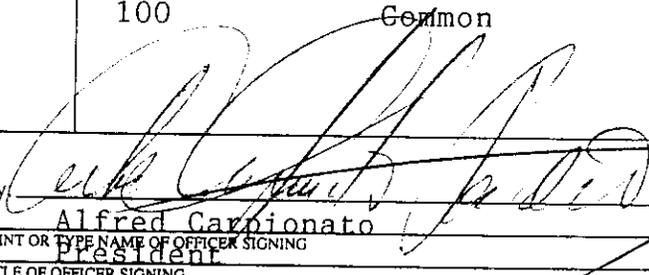
RESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
Alfred Carpionato	1414 Atwood Avenue	Johnston, RI	02919
VICE PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
Alfred Carpionato	1414 Atwood Avenue	Johnston, RI	02919
SECRETARY	STREET ADDRESS	CITY/STATE	ZIP CODE
Alfred Carpionato	1414 Atwood Avenue	Johnston, RI	02919
TREASURER	STREET ADDRESS	CITY/STATE	ZIP CODE
Alfred Carpionato	1414 Atwood Avenue	Johnston, RI	02919

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED (Rider may be attached)		NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)	
Number of Shares	Class / Series	Number of Shares	Class / Series
100	Common	100	Common

Date: 4-13-95, 19 95

By: 
 PRINT OR TYPE NAME OF OFFICER SIGNING: Alfred Carpionato
 TITLE OF OFFICER SIGNING: President

Form 31 1/95

DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:

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

ANGELO R. MAROCCO, ESQ.
 1200 RESERVOIR AVENUE
 CRANSTON RI 02920

FILED
 MAY 30 1995
 134699

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

NY 2 ch # 3102 3,500.00

Corporate ID: 0011701 Annual Report for the year: 1994

Name of Business Entity: AMALGAMATED DEVELOPMENT II, INC.

Business entity organized under the laws of the State of: Rhode Island

Federal Taxpayer Identification Number: [REDACTED]

For foreign entity, address and telephone number of principal office:

Phone: ()

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

1414 Atwood Avenue
Johnston, RI 02919

Phone: (401) 273-6800

Business Entity is (check one):

- Business Corporation (See RIGL Chapter 7-1.1)
- Professional Service Corporation (See RIGL Chapter 7-5.1)
- Limited Liability Company (See RIGL 7-16)

Name, title and mailing address of contact person to whom communications may be directed:

Alfred Carpionato, President
1414 Atwood Avenue
Johnston, RI 02919

Brief statement of the character of business conducted in Rhode Island:
ownership and development of real estate

Date of Organization: 8/20/84

Date of Qualification to do business in Rhode Island (if foreign entity):

THE NAMES OF THE OFFICERS ARE:

<input type="checkbox"/> CHIEF EXECUTIVE OFFICER OR <input checked="" type="checkbox"/> PRESIDENT (check one)	STREET ADDRESS	CITY/STATE	ZIP CODE
<input checked="" type="checkbox"/> CHIEF OPERATING OFFICER OR <input checked="" type="checkbox"/> VICE-PRESIDENT (check one)	1414 Atwood Avenue	Johnston, RI	02919
<input type="checkbox"/> CUSTODIAN OF RECORDS OR <input checked="" type="checkbox"/> SECRETARY (check one)	1414 Atwood Avenue	Johnston, RI	02919
<input type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input checked="" type="checkbox"/> TREASURER (check one)	1414 Atwood Avenue	Johnston, RI	02919
<input type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input checked="" type="checkbox"/> TREASURER (check one)	1414 Atwood Avenue	Johnston, RI	02919

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED (If Applicable)	NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)
NUMBER 100	NUMBER 100
CLASS Common	CLASS Common
SERIES --	SERIES --
PAR VALUE OR WITHOUT PAR No Par Value	PAR VALUE OR WITHOUT PAR No Par Value

FILED
APR 25 1994

Date 4-20 19 94 By: [Signature]

Alfred Carpionato
PRINT OR TYPE NAME OF OFFICER SIGNING
President
TITLE OF OFFICER SIGNING

Form 31 1994

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form LLC-3 must be filed.

ANGELO R. MAROCCO, ESQ.
105 SOCKANOSSET CROSS ROAD
CRANSTON RI 02930

Filing Fee \$50.00

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

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID.....0011701..... Annual Report for the year.....1993.....

FIRST: The name of the corporation is.....AMALGAMATED DEVELOPMENT II, INC.....

SECOND: It is incorporated under the laws of.....Rhode Island.....

THIRD: Character of business, briefly stated, is...ownership and development of.....
real estate.....

FOURTH: If foreign corporation, address of its principal office.....

FIFTH: Business address in Rhode Island1414 Atwood Avenue, Johnston, RI 02919.....

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
.....	Director
.....	Director
.....	Director
Alfred Carpionato	President	1414 Atwood Ave., Johnston, RI 02919
same	Vice President	same
same	Secretary	same
same	Treasurer	same

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	Common	--	No Par Value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	Common	--	No Par Value

Rec'd & Filed APR 5 1993
AMT# 20
1793

Dated March 19, 19 93

AMALGAMATED DEVELOPMENT II, INC.

(Name of Corporation)

By Alfred Carpionato

Title President

(Report must be signed by an officer)

Filing Fee \$50.00

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

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID.....0011761..... Annual Report for the year.....1992.....

FIRST: The name of the corporation is.....AMALGAMATED DEVELOPMENT II, INC.....

SECOND: It is incorporated under the laws of.....Rhode Island.....

THIRD: Character of business, briefly stated, is.....ownership and development of.....
real estate.....

FOURTH: If foreign corporation, address of its principal office.....

FIFTH: Business address in Rhode Island.....1414 Atwood Avenue, Johnston, RI 02919.....

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
.....	Director
.....	Director
.....	Director
Alfred Carpionato	President	1414 Atwood Ave., Johnston, RI 02919
same	Vice President	same
same	Secretary	same
same	Treasurer	same

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	Common	--	No Par Value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	Common	--	No Par Value

Dated.....Feb. 26,..... 19 92.....

.....Amalgamated Development II, Inc.....
(Name of Corporation)
By.....*Alfred Carpionato*.....
Title.....President.....

(Report must be signed by an officer)

Filing Fee \$50.00

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

State of Rhode Island and Providence Plantations

RJM

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID.....0011701..... Annual Report for the year.....1991.....

FIRST: The name of the corporation is.....AMALGAMATED DEVELOPMENT II, INC.....

SECOND: It is incorporated under the laws of.....Rhode Island.....

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.....	Director
.....	Director
.....	Director
Alfred Carpionato	President	1414 Atwood Avenue, Johnston, RI 02919
same	Vice President	same
same	Secretary	same
same	Treasurer	same

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	Common	PAID --- APR 28 1991	No Par Value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	Common	SECY OF STATE ---	No Par Value

Dated.....3/4/91..... 19 91.....

.....Amalgamated Development, II, Inc.....
(Name of Corporation)

By.....*Alfred Carpionato*.....
Title.....President.....

(Report must be signed by an officer)

Filing Fee \$15.00

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

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0011701

Annual Report for the year 1990 *AG*

FIRST: The name of the corporation is AMALGAMATED DEVELOPMENT II, INC.

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real estate

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.....	Director
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same	Secretary	same
same	Treasurer	same

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	Common	-PAID	No Par Value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	Common	----	No Par Value

MAR 15 1990

REC'D OF STATE

Dated 3/14/90 19 90

Amalgamated Development II, Inc.
(Name of Corporation)

By *Alfred Carpionato*
Alfred Carpionato
Title President

(Report must be signed by an officer)

Filing Fee \$15.00

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

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0011701 Annual Report for the year 1989

FIRST: The name of the corporation is AMALGAMATED DEVELOPMENT II, INC.

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.....	Director
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EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	Common	---	No Par Value

Dated March 10, 19 89

AMALGAMATED DEVELOPMENT II, INC.
(Name of Corporation)
By Alfred Carpionato
Title President

(Report must be signed by an officer)

Filing Fee \$15.00

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

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 11701 Annual Report for the year 1988

FIRST: The name of the corporation is AMALGAMATED DEVELOPMENT II, INC.

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Name Office Address (including number, street, zip code)

.....	Director
.....	Director
.....	Director
Alfred Carpionato	President	1414 Atwood Avenue, Johnston, RI 02919
"	"	" " " " " "
.....	Vice President
"	"	" " " " " "
.....	Secretary
Alfred Carpionato	Treasurer	" " " " " "

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	Common	-----	No Par Value

ENTERED AUG 23 1988

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	Common	-----	No Par Value

PAID
MAR 28 1988
SECRETARY

Dated February 5, 19 88

AMALGAMATED DEVELOPMENT II, INC.
(Name of Corporation)

By Alfred Carpionato
Title President Alfred Carpionato

(Report must be signed by an officer)

Filing Fee \$15.00

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

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 11701 Annual Report for the year 1987

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.....	Director
Alfred Carpionato	President	1414 Atwood Avenue, Johnston, RI 02919
" "	Vice President	" " " " " "
Guilio DeAngelis	Secretary	" " " " " "
Alfred Carpionato	Treasurer	" " " " " "

SEVENTH: Number of Shares authorized:

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100	Common	---	No Par Value

04/01/87 PAID

APR 23 1987

Dated Jan 19th 19 87

AMALGAMATED DEVELOPMENT II, INC.

(Name of Corporation)

By Alfred Carpionato
Alfred Carpionato

Title President

(Report must be signed by an officer)

Filing Fee \$15.00

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

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 11701 Annual Report for the year 1986

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.....	Director
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Giulio DeAngelis	Secretary	" " " " " "
Alfred Carpionato	Treasurer	" " " " " "

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No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	Common	----	No Par Value

Dated January 15 19 86

AMALGAMATED DEVELOPMENT II, INC.
(Name of Corporation)

By Alfred Carpionato

Title President

(Report must be signed by an officer)

Filing Fee \$15.00

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

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903

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.....	Director
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Giulio DeAngelis	Secretary	" " " " " "
Alfred Carpionato	Treasurer	" " " " " "

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EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	Common		No Par Value

Dated February 1985

RECEIVED MAR 1985

(Report must be signed by an officer)

AMALGAMATED DEVELOPMENT II, INC.
(Name of Corporation)

By Alfred Carpionato

Title President