

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 2005 Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPI							
I. Corporate ID No. 84402	2. Name of Corp.	oration of Lincoln, Inc.					
3. Street Address Princip		or Enteoni, inc.					
7 WELLINGTON			City LINCOLN	State	Zip		
4. Business Phone No.		5. State of Incorpo		RI	02865		
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7. Brief Description of th	e Character of Business Co				5538		
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City Lincoln	State	Zip	City	State	Zip		
Secretary Name	RI	02865	Lincoln	RI	02865		
David E. Lippy	7		Treasurer Name Everett H. Fer				
Street Address				naid			
7 Wellington A	Avenue		Street Address				
City	State	Zip	.7 Wellington A				
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Everett H. Fernald			David E. Lippy	,			
Street Address	Street Address						
7 Wellington A	venue		7 Wellington A	venue			
City	State	Zip	· City	State	Zip		
Lincoln	∫RI	02865	Lincoln	RI	02865		
Director Name			Director Name	,			
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FOR SECRETARY OF STATE USE ONLY

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

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1. Corporate ID No. 84402	2. Name of Corpo	oration of Lincoln, Inc.				
3. Street Address Principal E		or Emoont, me.	City	State	7in	
7 WELLINGTON AV	**		LINCOLN	RI	<i>Zip</i> 02865	
4. Business Phone No.		5. State of Incorpor		. 18-1	6. SIC Code	
4013330441		RHODE ISLA			5538	
7. Brief Description of the C TO OWN REAL ESTAT		nducted in Rhode Island				
8. NAMES AND ADDR President Name	ESSES OF THE OF	FICERS ("X" BOX FO	RATTACHMENT) FILL IN : Vice President Name	SPACES BEFORE USING AT	TACHMENTS	
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David E. Lippy			Everett H. Fer	rnald		
Street Address			Street Address			
7 Wellington Avenue			7 Wellington A	Avenue		
City	State	Zip	*City	State	Zip	
Lincoln	RI	02865	Lincoln	RI	02865	
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City	State	Zip	City	State	Zip	
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		.,,	2,452.566	B Voting	None	
This report must be sig	ned in ink by eithe	er the President, Vice	President, Secretary, Ass	sistant Secretary, Treasur	rer, Receiver or Trustee	
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	\sim		Print or Type Name of	of Officer		

Assistant Secretary

Form 630 12/01

Title of Officer

Greystone of Lincoln, Inc.

Rhode Island 2004 Annual Report

Names and Addresses of Additional Officers:

Chief Financial Officer:

Norman F. Chartier 7 Wellington Road Lincoln, RI 02865

Vice President:

Michael J. Deffley 7 Wellington Road Lincoln, RI 02865

Assistant Secretary:

Jonathan Bell, Esq. c/o Greenberg Traurig, LLP One International Place Boston, MA 02110



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 2003 Filing Period: January 1 - March 1 • Filing Fee: \$50.00

2. Name of Corpoi Greystone of ness Office JUE	f Lincoln, Inc.			***************************************		
ness Office	f Lincoln, Inc.					
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I UE		City	State	Zip		
		LINCOLN	RI	02865		
	5. State of Incorpor		6. SIC Code			
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acter of Business Cond	ducted in Rhode Island					
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		Director Name				
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By: By: 561-145

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.

Date

Signature of Officer
Jonathan Bell

Print or Type Name of Officer

Title of Officer

Assistant Secretary

Form 630 12/01



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 -		ing Fee: \$50.00	OKI FOR THE	TEAR	,,,.	
(FORM MUST BE TYPED IN B	BLACK) 2. Name of Corpora	ition		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
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3. Street Address Principal Busin		and the second s	City	State	Zip	
7 WELLINGTON AVEN			LINCOLN	RI	02865	
4. Business Phone No.	>>>>>	5. State of Incorpora		Section 2 and 2 to 13 and that is the 12 and 12 and 14 and 14 and 15 and	6. SIC Code	
4013330441		RHODE ISLA	ND		5538	
7. Brief Description of the Chara TO OWN REAL ESTATE.	icter of Business Condu	ucted in Rhode Island	r my y spile – I saffer () i i i i i i i i i i i i i i i i i i			
8. NAMES AND ADDRESS President Name	SES OF THE OFFI	CERS ("X" BOX FOR.	ATTACHMENT) FILL IN S Vice President Name	PACES BEFORE USING ATTA	ACHMENTS	
Everett H. Fernald	l, Jr.		David E. Lippy			
Street Address	· · · · · · · · · · · · · · · · · · ·	**************************************	Street Address	######################################	a dida di ana di anasa sa	
7 Wellington Road			7 Wellington R	oad		
City	State	Zip	City	State	Zip	
Lincoln	RI	02865	Lincoln	RI	02865	
Secretary Name		* * * * * * * * * * * * * * * *	Treasurer Name			
David E. Lippy	A.V. 19900111111111111111111111111111111111	*******************************	Everett H. Feri	nald, Jr.	AND THE PARTY OF T	
Street Address			Street Address			
7 Wellington Road			7 Wellington Ro	oad		
City	State	Zip	City	State	Zip	
Lincoln	RI	02865	Lincoln	RI	02865	
9. NAMES AND ADDRESS Director Name	ES OF THE DIREC	TORS ("X" BOX FO)	RATTACHMENT) FILL IN Director Name	SPACES BEFORE USING AT	IACHMENTS AND ENTER	
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Bur FINISHON	<u>-</u> 4		Print or Type Name of	Officer		
By: 148 25 160.			Assistant Se	ecretary		
FOR SECRETARY OF STATE L	ise oyly		Title of Officer	<u> </u>	Form 630 12/01	

Names and Addresses of Additional Officers:

Chief Financial Officer:

Norman F. Chartier 7 Wellington Road Lincoln, RI 02865

Vice President:

Michael J. Deffley 7 Wellington Road Lincoln, RI 02865

Assistant Secretary:

Jonathan Bell, Esq. c/o Greenberg Traurig, LLP One International Place Boston, MA 02110

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

2001 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **84402**

Name of Corporation
 Greystone of Lincoln, Inc.

3. Street Address Principal Business Office City Zip 7 Wellington Road Lincoln RI 02865 4. Business Phone No. i. State of Incorporation RHODE ISLAND 6.5538le 401-333-0441

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

To own real estate

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) X FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Everett H. Fernald, Jr. David E. Lippy Street Address Street Address 7 Wellington Road 7 Wellington Road City State ZipLincoln RI 02865 Lincoln RI 02865 Secretary Name Treasurer Name David E. Lippy Everett H. Fernald, Jr. Street Address Street Address 7 Wellington Road 7 Wellington Road City State City State Zip RI 02865 Lincoln Lincoln RI 02865 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Everett H. Fernald, Jr. David E. Lippy Street Address Street Address 7 Wellington Road 7 Wellington Road City ZipCity State Zip Lincoln RI02865 Lincoln RI 02865 Director Name Director Name Street Address Street Address

Zip City

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

AUTHORIZED SHARES

Number of Shares Class/Series Par Value <u> A XOOOO X KAN MX NOX PAAXX XAAA X KE</u>

State

100 A/Voting 3,900

ISSUED SHARES Number of Shares

Class/Series

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

Par Value

Zip

Date

None 60 A/Voting None B/Non Voting None 40 B/Non Voting 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 sta contained herein are true and correct.

State

<u>Norman F. Chartier</u>

Print or Type Name of Officer CFO

Title of Officer

Signature of Officer

Form 630

Names and Addresses of Additional Officers:

Norman F. Chartier Chief Financial Officer 7 Wellington Road Lincoln, RI 02865

.

Names and Addresses of Additional Officers:

Norman F. Chartier Chief Financial Officer 7 Wellington Road Lincoln, RI 02865



(FORM MUST BE TYPED IN BLACK)

TATE OF RHODE ISLAND ND PROVIDENCE PLANTATIONS Sice 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

84402	2. Name	of Corpora	areysto	ne of Lir	icoln, Inc.			
3. Street Address Princi 7 Wellingtor	pal Business Office				_{City} Lincoln	State	RI	^{Zip} 02865
4. Business Phone No. 401-333-04	41		5. St.	ate of Incorporati Rhode				6. SIC Code 5538
7. Brief Description of t To own real es	the Character of Business State	Conducted i	n Rhode Islai	ıd				
8. NAMES AND President Name Fernald, Jr.,		HE OFFI	CERS ("X	" BOX FOR AT	TACHMENT) FILL IN SPACE Vice President Name Lippy, David E.	S BEFORE USIN	G ATTAC	HMENTS
Street Address 7 Wellington	Rd				Street Address 7 Wellington Rd.			
Lincoln	State	RI	Zîp	02865	^{City} Lincoln	State	RI	^{Zip} 02865
Secretary Name Lippy, David	E.				Treasurer Name Fernald, Jr., Ever	rett H.		
Street Address 7 Wellington	Rd.				Street Address 7 Wellington Rd			
^{City} Lincol n	State	RI	Zip	02865	^{City} Lincoln	State	RI	^{Zip} 02865
9. NAMES AND A Director Name	ADDRESSES OF TI	łE DIRE	CTORS ('X" BOX FOR A	TTACHMENT) FILL IN SPAC	CES BEFORE US	ING ATTA	CHMENTS
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 AUTH AUTHORIZED SHARES	HORIZED ("X" BOX	FOR ATTA	CHMENT)		11. SHARES ISSUED	("X" BOX FOR ATT	ACHMENT)	
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3,900.00	B (Non-Voting)		nono		0.00	B (Non-	Voting)	
			none		0.00			none
This report must	be signed in ink	by eithe	er the Pre	esident, Vic	e President, Secretary, Ass	istant Secretar	y, Treasur	er, Receiver or Trust

FILED TEB 2 3 2000 THE PROCESSION OF THE PROCE	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 Date
"	Print or Type Name of Officer
OR SECRETARY OF STATE USE ONLY	Title of Officer

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

Additional Information Sheet

Greystone of Lincoln, Inc.

Corporate ID No:

84402

8. NAMES AND ADDRESSES OF THE OFFICERS (con't.)

<i>Name</i> Chartier, Norman F.	Address 7 Wellington Rd.	Title CFO
	Lincoln, RI 02865	



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 1999 Filing Period: January 1-March 1 • Filing Fee: \$50.00



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rector Name				Director Name			
Lincoln	State	RI	^{Zip} 02865	City Lincoln	State	RI	02865
7 Wellington Rd				7 Wellington Rd.			
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7 Wellington Ro	d. State		Zip	7 Wellington Rd	State		Zip
Lippy, David E.				Femald, Jr., Eve	erett H.		
cretary Name				Treasurer Name			* · · · · · · · · · · · · · · · · · · ·
Lincoln	State	RI	^{Zip} 02865	City Lincoln	State	RI	Zip 02865
7 Wellington Re	d			Street Address 7 Wellington Rd			
resident Name Fernald, Jr., Ev				Vice President Name Lippy, David E.	200 - 1 - 10 - 10 - 10 - 10 - 10 - 10 -		or was in supposed of finishing
To own real estate . NAMES AND AD		E OFFI	CERS ("X" BOX FOR ATT	ACHMENT)	Were the contract of	· [][] : 1	
Brief Description of the C	•	nducted in					
. Business Phone No. 401-333-0441			5. State of Incorporation Rhode I				6. SIC Code 553
Street Address Principal I. 7 Wellington F	• • • • • • • • • • • • • • • • • • • •			^{City} Lincoln	State	RI	Zip 0286
84402		f Corporat	Greystone of Lin	coln, Inc.			
. Corporate ID No.							

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.

EVERENT H FERIVALLA Print or Type Name of Officer

Title of Officer

Check No.: FEB 1 7 1999

By: By (a 6 8 9)

FOR SECRETARY OF STATE USE ONLY

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

Additional Information Sheet

Greystone of Lincoln, Inc.

Corporate ID No: 84

84402

8. NAMES AND ADDRESSES OF THE OFFICERS (con't.)

NameAddressTitleChartier, Norman F.7 Wellington Rd.CFO

Lincoln, RI 02865



FOR SECRETARY OF STATE USE ONLY

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

(FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 84402 Greystone of Lincoln, Inc. 3. Street Address Principal Business Office 7. Wellington Road 4. Business Phone No. (401) 333-0441 Rhode Island 7. Brief Description of the Character of Business Conducted in Rhode Island To own real estate 8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) X President Name Everett H. Fernald, Jr. Street Address 7. Wellington Rd. City State Zip City State David E. Lippy Street Address Treasurer Name David E. Lippy Street Address 7. Wellington Rd. City State Zip City State David E. Lippy Street Address Treasurer Name David E. Lippy Street Address 7. Wellington Rd. City Treasurer Name David E. Lippy Street Address 7. Wellington Rd.		Zip
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PRE SIDENT
Title of Officer

84402

GREYSTONE OF LINCOLN, INC.

Additional Officer(s):

Chief Financial Officer

Norman F. Chartier 7 Wellington Rd. Lincoln, RI 02865



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

STOP:

PROFIT CORPORATION ANNUAL REPORT 1997

	uary 1-March 1 •	Filing Fee: \$50.00)		INSTRUCTIONS BIFORE
(FORM MUST BE TYPED II 1. Corporate ID No. 34402	2. Name of Corporation	, one of Linco	oln, Inc.		COMPLETING THIS FORM
3. Street Address Principal Bu 7 Wellingtor			city Lincoln,	State R: I	^{Zip} 028 6 5
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This report must be si	i gned in ink by either	the President, Vic	e President, Secretary, A	ssistant Secretary, Treasur	er, Receiver or Trustee

GREYSTONE OF LINCOLN, INC.

Additional Officer(s):

Chief Financial Officer

Norman F. Chartier 7 Wellington Rd. Lincoln, RI 02865

PROFIT CORPORATION ANNUAL REPORT

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



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

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

Date

Signature of Officer

Norman F. Chartier

Print or Type Name of Officer

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PLEASE TYPE OR PRINT IN BLACK INK.

For Secretary of State Use Only

Chief Financial Officer

Title of Officer

Greystone of Lincoln Incorporated

Check No:

GREYSTONE OF LINCOLN INCORPORATED

Additional Officer:

Chief Financial Officer
Norman F. Chartier
1 Greystone Drive
North Providence, RI 02911