



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 IN BLACK)

1. Corporate ID No. 75103		2. Name of Corporation Commercial Properties, Ltd.			
3. Street Address Principal Business Office 95 CHESTNUT STREET			City PROVIDENCE	State RI	Zip 02903
4. Business Phone No. 4014212222		5. State of Incorporation RHODE ISLAND		6. SIC Code 5520	
7. Brief Description of the Character of Business Conducted in Rhode Island SALES AND RENTALS OF REAL ESTATE					
<b>8. NAMES AND ADDRESSES OF THE OFFICERS (X BOX FOR ATTACHMENT) [ ] FILL IN SPACES BEFORE USING ATTACHMENTS</b>					
President Name Anthony Carcieri			Vice President Name Same		
Street Address 42 Bridgham Farm Road			Street Address		
City Rumford	State RI	Zip 02916	City	State	Zip
Secretary Name Same			Treasurer Name Same		
Street Address			Street Address		
City	State	Zip	City	State	Zip
<b>9. NAMES AND ADDRESSES OF THE DIRECTORS (X BOX FOR ATTACHMENT) [ ] FILL IN SPACES BEFORE USING ATTACHMENTS</b>					
Director Name Same			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
<b>10. SHARES AUTHORIZED (X BOX FOR ATTACHMENT) [ ]</b> <b>11. SHARES ISSUED (X BOX FOR ATTACHMENT) [ ]</b>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000	NO PAR VALUE		0		

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



7 5 1 0 3

File Date 2/1/05  
Check No. 2040  
By: W.  
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.

*Anthony Carcieri*  
Signature of Officer / Date 1-18-05  
Anthony Carcieri  
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 IN BLACK)

1. Corporate ID No. 75103	2. Name of Corporation Commercial Properties, Ltd.	City PROVIDENCE	State RI	Zip 02903
3. Street Address Principal Business Office 95 CHESTNUT STREET	5. State of Incorporation RHODE ISLAND	6. SIC Code 5520		
4. Business Phone No. 4014212222	7. Brief Description of the Character of Business Conducted in Rhode Island SALES AND RENTALS OF REAL ESTATE			

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

President Name ANTHONY A. CARCIERI	Vice President Name SAME
Street Address 42 BRIDGHAM FARM RD	Street Address
City RUMFORD	City
State RI	State
Zip 02916	Zip
Secretary Name SAME	Treasurer Name SAME
Street Address	Street Address
City	City
State	State
Zip	Zip

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

Director Name SAME	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

<b>10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>	<b>11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>
AUTHORIZED SHARES	ISSUED SHARES
Number of Shares	Number of Shares
Class/Series	Class/Series
Par Value	Par Value
1,000 NO PAR VALUE	0

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



7 5 1 0 3

\*75103 DBC 01/23/04 10:41:16 AM\*

Filing Date: 4/19/04

Check No.: 109

By: WS

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 of Officer: Anthony A. Carcieri Date: 4-16-04

Print or Type Name of Officer: ANTHONY A. CARCIERI

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. **75103**  
2. Name of Corporation **Commercial Properties, Ltd.**  
3. Street Address Principal Business Office  
**95 CHESTNUT ST**  
4. Business Phone No. **401 421 2222** 5. State of Incorporation **RHODE ISLAND**  
7. Brief Description of the Character of Business Conducted in Rhode Island  
**REAL ESTATE**

City **PROVIDENCE** State **RI** Zip **02903**  
6. SIC Code **5520**

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

President Name **ANTHONY A. CARCIERI**  
Street Address **42 BRIDGHAM FARM RD**  
City **RUMFORD** State **RI** Zip **02916**  
Secretary Name **SAME**  
Street Address  
City State Zip

Vice President Name **SAME**  
Street Address  
City State Zip  
Treasurer Name **SAME**  
Street Address  
City State Zip

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

Director Name **ANTHONY A. CARCIERI**  
Street Address **42 BRIDGHAM FARM RD**  
City **RUMFORD** State **RI** Zip **02916**  
Director Name **SAME**  
Street Address  
City State Zip

Director Name **SAME**  
Street Address  
City State Zip  
Director Name **SAME**  
Street Address  
City State Zip

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

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
**1,000 NO PAR VALUE** **\$1.00**

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

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**1000** **\$1.00**

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



\* 7 5 1 0 3 \*

File Date: **3-11-03**  
Check No.: **2030**  
By: **AC**

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 therein are true and correct.  
Signature of Officer **Anthony A. Carceri** Date **3-12-03**  
Print or Type Name of Officer **ANTHONY A. CARCIERI**  
Title 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. **75103** 2. Name of Corporation **Commercial Properties, Ltd.**  
3. Street Address Principal Business Office **95 CHESTNUT ST** City **PROVIDENCE** State **RI** Zip **02903**  
4. Business Phone No. **401-421-2221** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **5520**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**REAL ESTATE BROKERAGE/INVESTING/DULPMNT**

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

President Name <b>ANTHONY A. CARCIERI</b>	Vice President Name <b>SAME</b>
Street Address <b>95 GREENWOOD AVE</b>	Street Address <b>SAME</b>
City <b>RUMFORD</b> State <b>RI</b> Zip <b>02916</b>	City <b>SAME</b> State <b>RI</b> Zip <b>02903</b>
Secretary Name <b>SAME</b>	Treasurer Name <b>SAME</b>
Street Address <b>SAME</b>	Street Address <b>SAME</b>
City <b>SAME</b> State <b>RI</b> Zip <b>02916</b>	City <b>SAME</b> State <b>RI</b> Zip <b>02903</b>

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

Director Name <b>SAME</b>	Director Name
Street Address	Street Address
City <b>SAME</b> State <b>RI</b> Zip <b>02916</b>	City <b>SAME</b> State <b>RI</b> Zip <b>02903</b>
Director Name	Director Name
Street Address	Street Address
City <b>SAME</b> State <b>RI</b> Zip <b>02916</b>	City <b>SAME</b> State <b>RI</b> Zip <b>02903</b>

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

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
**1,000 NO PAR VALUE**

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

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**1,000 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: **4-9-02**  
Check No.: **2634**  
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 of Officer: **[Signature]** Date: **2-27-02**  
Print or Type Name of Officer: **ANTHONY A CARCIERI**  
Title of Officer: **PRES.**



**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. **75103** 2. Name of Corporation **Commercial Properties, Ltd.**  
3. Street Address Principal Business Office **95 CHESTNUT ST** City **PROV** State **RI** Zip **02903**  
4. Business Phone No. **401-421-2222** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **5520**  
7. Brief Description of the Character of Business Conducted in Rhode Island  
**REAL ESTATE**

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

President Name <b>ANTHONY A. CARCIERI</b>	Vice President Name <b>SAME</b>
Street Address <b>95 GREENWOOD AVE</b>	Street Address
City <b>RUMFORD</b> State <b>RI</b> Zip <b>02916</b>	City State Zip
Secretary Name <b>SAME</b>	Treasurer Name <b>SAME</b>
Street Address	Street Address
City State Zip	City State Zip

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

Director Name <b>SAME</b>	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  
**1,000 NO PAR VALUE**

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

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**NONE**

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



\* 7 5 1 0 3 \*

File Date: 6-3-01  
Check No.: 2578  
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 therein are true and correct.  
Signature of Officer: [Signature] Date: 3-24-2001  
Print or Type Name of Officer: ANTHONY A CARCIERI  
Title of Officer: PRES.



**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. **75103** 2. Name of Corporation **Commercial Properties, Ltd.**  
3. Street Address Principal Business Office **95 CHESTNUT ST** City **PROVIDENCE** State **RI** Zip **02903**  
4. Business Phone No. **401 421 2222** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **5520**  
7. Brief Description of the Character of Business Conducted in Rhode Island **REAL ESTATE**

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

President Name <b>ANTHONY A. CARCIERI</b>	Vice President Name <b>SAME</b>
Street Address <b>95 GREENWOOD AVE</b>	Street Address
City <b>RUMFORD</b> State <b>RI</b> Zip <b>02916</b>	City State Zip
Secretary Name <b>SAME</b>	Treasurer Name <b>SAME</b>
Street Address	Street Address
City State Zip	City State Zip

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

Director Name <b>SAME</b>	Director Name <b>SAME</b>
Street Address	Street Address
City State Zip	City State Zip
Director Name <b>SAME</b>	Director Name <b>SAME</b>
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  
**1000 SHS NO PAR VALUE**

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**1000 CMN. NO PAR**

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



\* 7 5 1 0 3 \*

**FILED**

File Date: **FEB 23 2000**

Check No.: **By CE 2016**

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.

**Anthony A. Carceri** **2-16-2000**  
Signature of Officer Date  
**ANTHONY A. CARCIERI**  
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. **75103**  
2. Name of Corporation **Commercial Properties, Ltd.**  
3. Street Address Principal Business Office  
**95 CHESTNUT STREET**  
4. Business Phone No. **A01 421-2222**  
5. State of Incorporation **RHODE ISLAND**

City **PROVIDENCE** State **RI** Zip **02903**  
6. SIC Code **5520**

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

**COMMERCIAL AND INDUSTRIAL REAL ESTATE**

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

President Name **ANTHONY A. CARCIERI**  
Street Address **95 CHESTNUT STREET**  
City **PROVIDENCE** State **RI** Zip **02903**  
Secretary Name **SAME**  
Street Address  
City State Zip

Vice President Name **SAME**  
Street Address  
City State Zip  
Treasurer Name **SAME**  
Street Address  
City State Zip

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

Director Name **JOSHUA TEVEROW ESQ**  
Street Address **55 PINE STREET**  
City **PROVIDENCE** State **RI** Zip **02903**  
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  
**1000 SHS NO PAR VALUE**

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**SAME**

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



\* 7 5 1 0 3 \*

File Date: **03-22-99**  
Check No.: **1979**  
By: **JD**

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.  
**Anthony A. Carceri** **2-28-99**  
Signature of Officer Date  
**ANTHONY A. CARCIERI**  
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. **75103** 2. Name of Corporation **Commercial Properties Ltd.**  
3. Street Address Principal Business Office **95 Chestnut Street** City **Providence** State **RI** Zip **02903**  
4. Business Phone No. **401-421-2222** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **5520**  
7. Brief Description of the Character of Business Conducted in Rhode Island **Real Estate**

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

President Name <b>Anthony A. Carcieri</b>	Vice President Name
Street Address <b>95 Greenwood Avenue</b>	Street Address <b>Same</b>
City <b>Rumford</b> State <b>RI</b> Zip <b>02916</b>	City <b>Same</b> State <b>Same</b> Zip <b>Same</b>
Secretary Name	Treasurer Name
Street Address <b>Same</b>	Street Address <b>Same</b>
City <b>Same</b> State <b>Same</b> Zip <b>Same</b>	City <b>Same</b> State <b>Same</b> Zip <b>Same</b>

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

Director Name	Director Name
Street Address	Street Address
City <b>Same</b> State <b>Same</b> Zip <b>Same</b>	City <b>Same</b> State <b>Same</b> Zip <b>Same</b>
Director Name	Director Name
Street Address	Street Address
City <b>Same</b> State <b>Same</b> Zip <b>Same</b>	City <b>Same</b> State <b>Same</b> Zip <b>Same</b>

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

AUTHORIZED SHARES	Class/Series	Par Value
<b>1000 SHS NO PAR VALUE</b>		

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

ISSUED SHARES	Class/Series	Par Value
<b>100</b>	<b>COMMON</b>	<b>NO PAR</b>

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



File Date: **3-11-78**  
1978  
Check No.: **100**  
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]** **2-19-98**  
Signature of Officer Date  
**ANTHONY A. CARCIERI**  
Print or Type Name of Officer  
**PRESIDENT**  
Title of Officer



**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. **75103** 2. Name of Corporation **Commercial Properties, Ltd.**  
3. Street Address Principal Business Office **95 CHESTNUT STREET** City **PROVIDENCE** State **R.I.** Zip **02903**  
4. Business Phone No. **401 421-2222** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **5520**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**COMMERCIAL + INDUSTRIAL REAL ESTATE**

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

President Name <b>ANTHONY A. CARCIERI</b>	Vice President Name <b>SAME</b>
Street Address <b>95 GREENWOOD AVE</b>	Street Address
City <b>RUMFORD</b> State <b>RI</b> Zip <b>02916</b>	City State Zip
Secretary Name <b>SAME</b>	Treasurer Name <b>SAME</b>
Street Address	Street Address
City State Zip	City State Zip

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

Director Name <b>JOSHUA TEVEROW ESO</b>	Director Name
Street Address <b>55 PINE STREET</b>	Street Address
City <b>PROVIDENCE</b> State <b>RI</b> Zip <b>02903</b>	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
<b>1000 SHS NO PAR VALUE</b>			<b>100</b>	<b>Common</b>	

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



\* 7 5 1 0 3 \*

File Date: **2-24-97**  
Check No.: **1607**  
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.

**Anthony A. Carceri** **2-12-97**  
Signature of Officer Date  
**ANTHONY A. CARCIERI**  
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. 75103  
2. NAME OF CORPORATION Commercial Properties, Ltd.  
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 10 ORMS STREET  
CITY PROVIDENCE STATE RI ZIP CODE 02904  
4. BUSINESS PHONE NO. 421-2222  
5. STATE OF INCORPORATION RHODE ISLAND  
6. SIC CODE 5520  
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND  
COMMERCIAL REAL ESTATE BROKERAGE

**8. NAMES AND ADDRESSES OF THE OFFICERS**

PRESIDENT NAME <b>ANTHONY A. CARCIERI</b>	VICE PRESIDENT NAME <b>SAME</b>
STREET ADDRESS <b>95 GREENWOOD AVE</b>	STREET ADDRESS
CITY <b>RUMFORD</b> STATE <b>RI</b> ZIP CODE <b>02916</b>	CITY STATE ZIP CODE
SECRETARY NAME <b>SAME</b>	TREASURER NAME <b>SAME</b>
STREET ADDRESS	STREET ADDRESS
CITY STATE ZIP CODE	CITY STATE ZIP CODE

**9. NAMES AND ADDRESSES OF THE DIRECTORS**

DIRECTOR NAME <b>NONE</b>	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
1000 SHS	NO PAR VALUE		<b>NONE</b>		

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:

4/8/96

Check No:

1931

By:

car/CP

Signature of Officer

**ANTHONY A. CARCIERI**

Print or Type Name of Officer

**President**

Title of Officer

3-11-96

Date

For Secretary of State Use Only

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: **0075103** Annual Report for the year: **1995**

Name of Corporation: **Commercial Properties, Ltd.**

Business entity organized under the laws of the State of: **RI**

Business Entity is (check one):

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

Business Corporation (See RIGL Chapter 7-1.1)

Professional Service Corporation (See RIGL Chapter 7-5.1)

Brief statement of the character of business conducted in Rhode Island:

**Real Estate and Brokerage business**

Phone: ( )

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

**10 Orms Street  
Providence, RI 02903**

Phone: **401 ~~421-2222~~ 421-2222**

**THE NAMES OF THE OFFICERS ARE:**

PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
<b>Anthony A. Carcieri</b>	<b>10 Orms Street</b>	<b>Providence, RI</b>	<b>02904</b>
VICE PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
<b>Same as above</b>			
SECRETARY	STREET ADDRESS	CITY/STATE	ZIP CODE
<b>Same as above</b>			
TREASURER	STREET ADDRESS	CITY/STATE	ZIP CODE
<b>Same as above</b>			

**THE NAMES OF THE DIRECTORS ARE:**

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<b>n/a</b>			
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<b>n/a</b>			
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<b>n/a</b>			

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
<b>1000</b>	<b>Common</b>	<b>100</b>	<b>Common</b>

Date **February 22**, 19 **95**

By:   
**Anthony A. Carcieri**

PRINT OR TYPE NAME 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.

**JOSHUA TEVEROW, ESQ.  
55 PINE STREET  
PROVIDENCE RI 02903**

**FILED**

**FEB 24 1995**

By **CP1223**