

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. 2. Name of Corporation ROSCITI ASSOCIATES, INC. 34904 3. Street Address Principal Business Office City State Žip Johnston RI 123 King Philip Street, P.O. Box 19120 02919 4. Business Phone No. 5. State of Incorporation 6. SIC Code 401-453-2336 RHODE ISLAND 5553 7. Brief Description of the Character of Business Conducted in Rhode Island DEALING IN REAL PROPERTY 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Anthony F. Rosciti Henry V. Rosciti Street Address Street Address .123 King Philip Street, P.O. Box 19120 123 King Philip Street, P.O. Box 19120 City State Zip State 200 City RI Johnston RΙ 02919 Johnston 02919 Treasurer Name Secretary Name Henry V. Rosciti Anthony F. Rosciti * Street Address Street Address .123 King Philip Street, P.O. Box 19120 123 King Philip Street, P.O. Box 19120 State Zip `Ciry City State Zip .Johnston 02919 RI 02919 RI Johnston 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name Anthony F. Rosciti Henry V. Rosciti .Street Address Street Address 123 King Philip Street, P.O. Box 19120 123 King Philip Street, P.O. Box 19120 State State Zip Zip City RI 02919 Johnston RI 02919 Johnston Director Name Director Name ·Street Address Street Address City State City State Zio Zip 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ISSUED SHARES AUTHORIZED SHARES Par Value Number of Shares Class/Series Number of Shares Class/Senes No Par Value 600 COMM NO PAR VALUE 200 Common 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.
Hull Roseit 1/26/05
Henry V. Rusciti
Print or Type Name of Officer
President Form 630 12/0



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

Form 630 12/01

Uffice of the S	ecretary of State						
PROFIT CORPO	PRATION A	ANNUAL REP	ORT FOR THE YE	AR 2004	, 	_	
Filing Period: January 1 -	March I • Fi	iling Fec: \$50.00				_	
(FORM MUST BE TYPED IN B							
1. Corporate ID No.	2. Name of Corpor						
34904		SOCIATES, INC.	-	0		~ :_	
3. Street Address Principal Busin	_		City	<i>State</i> RI		Zip	
139 KING PHILIP S	TREET		JOHNSTON	RI,		02919 6. SIC Code	
4. Business Phone No.		S. State of Incorporati				5553	
401 453-2336		_	~	-			-
7. Brief Description of the Chare DEALING IN REAL PRO		ducied in Khode Island				_	
8. NAMES AND ADDRESS President Name	SES OF THE OFF	TCERS ("X" BOX FOR A	TTACHMENT) TILL IN SPACE Vice President Name	S BEFORE USIN	G ATTAC	HMENTS	
Henry V. Rosciti			Anthony F. Roscit:	i			
Street Address			Street Address				
P. O. Box 19120			P. O. Box 19120	_			
City	State	Zip	City	State		<i>Zip</i> 02919	
Johnston	RI	02919	Johnston	RI		02919	
Secretary Name	:		Treasurer Name Henry V. Rosciti				
Anthony F. Roscit	L		'Street Address	-		•	
Street Address			P. O. Box 19120				
P. O. Box 19120	•	-		State			•
City Johnston	<i>Ștate</i> RI	<i>Zip</i> 02919	<i>City</i> Johnston	RI		<i>Lip</i> 02919	
			ATTACHMENT) TELL IN SPACE		INC ATTA		
9. NAMES AND AUDKES Director Name	SES OF THE DIK	ECTORS ("X" BOX FOR	Director Name	.es before us	אנואטווו	Chara	-
Henry V. Rosciti			Anthony F. Roscit:	i			
Street Address			Street Address	-	· -	· -	
P. O. Box 19120			P. O. Box 19120				
-	State	Zip -	City	State	~	Zip	
City Johnston	RI	02919	Johnston	RI		02919	
Director Name	K1	V2323	Director Name				
Henry V. Rosciti			Anthony F. Roscit:	i			
Street Address		• • •	Sireet Address		-		
P. O. Box 19120			P. O. Box 19120				
City	State	Zip	City	State		Zip	
Johnston	RI	02919	Johnston	RI		02919	
10. SHARES AUTHORIZ	ED ("X" BOX FOR	ATTACHMENT) 🔲	II. SHARES ISSUED ("X" BC	OX FOR ATTACH	MENT) 🔲		
AUTHORIZED SHARES			ISSUED SHARES	.	-	•	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	- -	_Par Value	
600 COMM NO PAR VA	ALUF		200	Common		No Par	Value
	.202	•				· ,	•
			•			•	
			5	. n		n	·· · · · · · · · · · · · · · · · · · ·
This report must be signe	ed in ink by eithe	er the President, Vice .	President, Secretary, Assistan	t Secretary, 11	easurer,	Keceiver o	r irusie
88 IIIII EITI 1811	n 10ki fil					_	<u>_</u>
3 4 9	0 4		Under penalty of perjury	, I declare and af	firm that I	have examin	ed
			this report, including any				ts,
34904 DBC 08/17/04	08:51:39 AM	7	and that all statements co	ontained herein a	re true and	i correct.	
≱ ?. ⊸ T			11 011	a. 0	8.	/19/04	
File Date	**************************************	-	Signature of Autor	January 1	Date		
Check No. AIG	9 A 2002.		ongridiare of bifficer	• • •	- 311		
7,1-7,1	1//	_	Henry V. Ros Print or Type Name of Office			<u> </u>	 -
ر · ن	V 1 1	^ l -	Trait or Type Name of Office	•••			

President

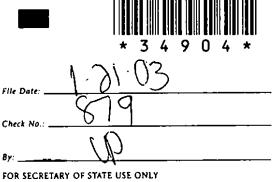


Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

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

STOP
PLIANT READ
INSTRUCTIONS

.com	MED OR BOTHER TH	014610					
(FORM MUST BE 17 1. Carporate ID No.	YTED OR PRINTED IN 2.	Name of Corporat	ion .				===/_
34904		- ,	SOCIATES, INC.				
	incipal Business Office		, .	City		State	Zip
139 Kir	ng Philip St	reet		Johnsto	מכ	RI	02919
4. Business Phone N	-		S. State of Incorporation				6. SIC Code
(401) 3	351-6681		RHODE ISLAND				5553
•	of the Character of Bu		n Rhode Island				
dealing	g inumeal pr	operty					
	D ADDRESSES	OF THE OFFI	CERS ("X" BOX FOR ATTACH	MENT) + FILL IN : Vice President Name		FORE USING ATTAC	CHMENIS
President Name	Jones V. Dor	oiti		THE TREBUTE TYPING		ny F. Rosciti	
Street Address	Henry V. Ros	CILI		Street Address	Aidio	my 1. Noscitui	
	P. O. Box 19	120			P. O.	Box 19120	
City		ate	Zip	City		State	Zip
Johnst	con	RI	02919	Johnsto	on	RI	02919
Secretary Name			• •	Treasurer Name		•• •.	
F	Anthony F. I	∛osciti			Henry	V. Rosciti	
. Street Address				Street Address	D 0	D 10120	
F	P. O. Box 19	9120			P. O.	Box 19120	
City		ale	Zip 02010	city Johns	ton	State RI	<i>z</i> φ 02919
Johnst		RI	02919	'		BEFORE USING ATT	
9. NAMES AN Director Name	D ADDRESSES	OF THE DIRE	ECTORS ("X" BOX FOR ATTAC	LHMENI) FILL I Director Name	N SPACES	BEFORE USING AT	ACREENTS
	lenry V. Ros	sciti			Antho	ny F. Rosciti	
Street Address				Street Address		•	•
="	P. O. Box 19	9120			P. O.	Box 19120	
City	<u> </u>	tate	Zip	City		State	Zip
Johnst	ton ·	RI	02919	Johns	ton	RI	02919
Director Name	• ••		•	Director Name			
Street Address				Street Address			
			71.	Cin.		State	Zip
Clly	S	tate	Zip	City		Sittle	2.19
IN SHAPES A	UTHORIZED (*)	(* BOY EOD ATT	ACHMENT)	11. SHARËS İS	SUED (*x*	BOX FOR ATTACHMEN)T)
O. STLAKES A		BOX FOR ATT	TOTAL	ISSUED SHARES			· · · · · · · · · · · · · · · · · · ·
Number of Shares		lass/Series	Par Value	Number of Shares		Class/Series	Par Value
COO COMMA	IO PAR VALUE					_	
, GOO COMM N	IO PAR VALUE			200		Common	No Par Value
		. 		. 1		 -	
This report m	ust be signed i	n ink by eith	ner the President, Vice P	resident, Secret	ary, Assist	ant Secretary, Treas	surer, Receiver or Truste
•		A1818 1811 8811 871					



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

Jan. 20, 2003

Henry V. Rosciti

Print or Type Name of Officer

President

₹



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 _

Filing Period: January 1-March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) 2. Name of Corporation 1. Corporate 1D No. 87726 Rosati & Associates, Inc. 3. Street Address Principal Business Office 02940 P.O. BOX 6423 6. SIC Code 5. State of Incorporation 4. Business Phone No. 7260 453.1400 **RHODE ISLAND** 7. Brief Description of the Character of Business Conducted in Rhode Island Public Affairs / Government Affairs FILL IN SPACES BEFORE USING ATTACHMENTS 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) Vice President Name President Name Eleabeth A. Cameron Rick J. Rosati Street Address Street Address Providence 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 Zip City State Director Name Director Name Street Address Street Address State Złp State Zip City 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES ALITHORIZED SHARES Par Value Number of Shares Class/Series Number of Shares Class/Series Par Value 1,000 NO PAR VALUE 100 0

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



File Date:	GR FD	
Check No.:		
9y:	By CH#6785	
COD 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.

Drutta Co		3_
Signature of Officer	Date	

Cameion

Title of Officer



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-March 1 • Filing Fee: \$50.00



(FORM MUST E	E TYPED IN BLAC	K)				
1. Corporate ID 1	No. — —	2. Name of Corpor	ation			
34904		ROSCITI AS	SSOCIATES, INC.			
3. Street Address	Principal Business O			City	State	Z.tp
139 F	King Philip	Street		Johnsto	on RI	02919
4. Business Phon	e No.		5. State of Incorporation	•		6. SIC Code
(401)	351-6681		RHODE ISLAN	D		5553
		f Business Conducted	in Rhode Island	•	•	
deali	ng in real	property				
8. NAMES A	ND ADDRESS	ES OF THE OFF	FICERS ("X" BOX FOR ATTA	CHMENT) FILL IN	SPACES BEFORE USING ATTAC	HMENTS -
President Name			• •	Vice President Nam	•	
F	lenry V. Ro	sciti			Anthony F. Rosciti	
Street Address	-		•	Street Address	- ·	-
F	. O. Box 1	9120		•	P. O. Box 19120	
City		State	Żip	City	State	Zip
Johr	ston	RI	02919	Johnsto	on RI	02919
Secretary Nume	Anthony F	Pocaiti		•	Honry V. Possiti	
, Street Address	Andiony F	. Rosciti		Street Address	Henry V. Rosciti	
	P, O. Box	19120			P. O. Box 19120	
City	1, 0. 20.	State	21p +	City	State	1 Zip
Johr	ston	RĪ	02919	Johnsto	on RI	02919
		and the second s			IN SPACES BÉFORE USING ATTA	
Director Name	.,			Director Name	_ <u>-</u>	•
ı	Henry V.	Rosciti		•	Anthony F. Rosciti	
Street Address			•	Street Address		
ı	P. O. Box	19120		<u>:</u>	P. O. Box 19120	
City		State	Zip	City	State	Zip
' Johr	ston	. RI	02919	Johnsto	on RI	02919
Director Name	•			Director Name		
			_	· -		•
Street Address				Street Address		
City		State	Zip	City	State	Zip
		- ·		ورايع والموالحوالا مما		المساء للمساري
	-	(*X* BOX FOR AT	TACHMENT) L		SSUED ("X" BOX FOR ATTACHMENT	
AUTHORIZED SHA				ISSUED SHARES	.	
Number of Share.		Class/Serles	Par Value	Number of Shares	Class/Series	Par Value
600 COMN	I NO PAR VALU	E		200	Common	No Par Value
4			· . 	+ -	5	•
				1		
			 			
This report	must be signe	d in ink by eit	ther the President, Vice	President, Secret	ary, Assistant Secretary, Treasu	rer, Receiver or Trustee
)(6) (89)			
			 			



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.

Dec. 28, 200

Henry V. Rosciti
Print or Type Name of Officer

President

Title of Officer

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Filing	Period:	[anuary]	l-March 1	•	Filing Fee: \$50.00	

(FORM MUST B	E TYPED	IN	BLACK)
I. Corporate ID N	o.		

34904

2. Name of Corporation

ROSCITÍ ASSOCIATES, INC.

3. Street Address Principal Business Office 139 King Philip Street

Johnston

RI

02919

4. Business Phone No.

(401) 351-6681

5. State of Incorporation RHODE ISLAND

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

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

StreP A Press Box 19120

Street Andress 19120

cinJohnston

cinJohnston

sæ1

02,919

City Johnston

z/02919

smanthony F. Rosciti

Treatment V. Rosciti

. StreePartiess BOX 19120

StreB ADlessBox 19120

School I

022@19

cm Johnston

RI State

z/92919

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

Strep AdvessBox 19120

StreePt/Des Box 19120

CuyJohnston

State

02/919

CiryJohnston

State RI ZI02919

Director Name

Director Name

Street Address

Street Address

City

CITY

State

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

Zip

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

AUTHORIZZED SHARES

Number of Shares

Class/Series

Par Value

ZIP

ISSUED SHARES . Number of Shares

Class/Series

Par Value

200

600 COMM NO PAR VALUE

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

Print of 15 10 9/20 GO TANTICET

Title of Officer



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

02919

RΙ

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

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

(FORM MUST BE TYPED IN BLACK)

3. Street Address Principal Business Office

139 King Philip Street

1. Corporate ID No. 34904

2. Name of Corporation
ROSCITI ASSOCIATES, INC.

Business Phone No. (401) 351-6681	L	5. State of Incorporat RHODE ISLA			6. SIC Code 5553
Brief Description of the Charac Dealing in rea		d in Rhode Island			
B. NAMES AND ADDRI	ESSES OF THE OF	FICERS ("X" BOX FOR AT	TACHMENT) FILL IN SPAC	ES BEFORE USING ATTA	CHMENTS
Henry V. Rosci	iti		Anthony F.	Rosciti	
treet Address			Street Address		
P.O. Box 19120)		P.O. 19120		
lity	State	Zip	City	State	Zip
Johnston	RI	02919	Johnston	RI	02919
ecretary Name			Treasurer Name		
Anthony F. Ros	sciti		Henry V. Ro	sciti	
treet Address			Street Address		
P.O. Box 19120			P.O. Box 19	120	
City	State	Zip	City	State	Zip
Johnston	RI	02919	Johnston	RI	02919
9. NAMES AND ADDRI Director Name	ESSES OF THE DI	RECTORS ("X" BOX FOR	ATTACHMENT) FILL IN SPA Director Name	CES BEFORE USING AT	TACHMENTS
Henry V. Rosci	.ti		Anthony F. Street Address	Rosciti	
P.O. Box 19120)		P.O. Box 19	120	
lity	State	Zip	City	State	Zip
Johnston Director Name	RI	02919	Johnston Director Name	RI	02919
itreet Address			Street Address		
City	State	Zip	City	State	Zip
IO. SHARES AUTHORIZ	ZED ("X" BOX FOR A	TTACHMENT)	11. SHARES ISSUEI	O ("X" BOX FOR ATTACHME	NT)
Number of Shares	Class/Series	Par Value	Number of Shures	Class/Series	Par Value
600 SHS NO PAR	VAL COM		•		
			200	Common	No Par Value

Johnston

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



File Date:	FILED	
Check No.:	MAR 0 3 2000	
_	By CC15058	
By: FOR SECRET	ARY 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

Henry V. Rosciti

Print or Type Name of Officer

President

Title of Officer



Date



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

STOP PILAM RIAD INMEGLIONS

(FORM MUST BE TYPED IN BLACK) 2. Name of Corporation 1. Corporate ID No. ROSCITI ASSOCIATES, INC. 34904 3. Street Address Principal Business Office 139 King Philip Street.
4. Business Phone No. 02919 Johnston 6. SIC Code 5. State of Incorporation RHODE ISLAND 5553 7. Brief Description of the Character of Business Conducted in Rhode Island Dealing in real property.

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) (FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Henry_V._Rosciti_ Anthony_F._Rosciti Street Address _P_O__19120_ —Anthony-F. Rosciti Street Address <u>.Henry_V__Rosciti</u> Street Address P.O._Box_19120 -P-O-Box-19120-State Zip Zip Johnston 02919. 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) L. FILL IN SPACES BEFORE USING ATTACHMENTS Director Name ___Anthony_F__Rosciti Henry-V. Rosciti Chy P.O. Box-19120 _P.O._Box_19120_ StateJohnston..... Street Address Street Address State Zio City State Zio 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ('X' BOX FOR ATTACHMENT) AUTHORIZED SHARES ESSUED SHARES Number of Shares Number of Shares Class/Series Class/Series 600 SHS NO PAR VAL COM

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

	* 3 4 9 0 4 *	
File Date:	2-19-99	
	12596	
By:	RY 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 Dose 2/9/99
Date

Henry V. Rosciti
Print or Type Name of Officer

President

Title of Officer



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

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

STO	
PLEASE R INSTRUCT	1088

	uary 1-March 1	Filing Fee:	330.00			Tarkerious
(FORM MUST BE TYPED II						
1. Corporate ID No. 34904	2. Name of Corpora					•
3. Street Address Principal Bu	ROSCITI	ASSOCIATE	S, INC.	T City		ZIp
139 King Phil				Johnston	RI	02919
		T 5. State of 1	ncorporation -			6. SIC Code
4. Rusiness Phone 50 - 668	1		•			•
7. Brief Description of the Chi Dealing in re	aracter of Business Conducted al property.	in Rhode Island				
	RESSES OF THE OFF	ICERS ("X" BOX	FOR ATTACE			
President Name				Vice President Name	:.:	
Henry V Rosc	iti		 	Anthony F. Ros	9C1U1	
Street Address	_				•	
P.O. Box 1912		- Tzip		P.O. Box 19120	State	
City	State	1 '	919	Johnston	RI	02919
Johnston			••••	Treasurer Name		
Secretary Name	naiti			Henry V. Rosc:	iti	
Anthony F. Ro				Street Address		
	0			P.O. Box 19120	n	
P.O. Box 1912 City	State	ZIP		City	State	Zip
•	RI	1	919	Johnston	RI	02919
Johnston	DRESSES OF THE DIR			· · · · · · · · · · · · · · · · · · ·		
Director Name	OKESSES OF THE DIM	201010	<u> </u>	· Director Name		
Henry V. Rosc	iti			Anthony F. Ros	sciti	
Street Address		·		Street Address		
P.O. Box 1912	:0			P.O. Box 1912	0	
City	State	Zip	 	i City	State	Zip
Johnston	RI	02	919	: Johnston	l _{RI}	02919
Director Name	I.,		••••••	Director Name		
				•		
Street Address				Street Address		
				;		
City	State	Zip		City	State	Zip
	•	!				Ì
10. SHARES AUTHO	RIZED ("X" BOX FOR AT	TACHMENT) (11. SHARES ISSUED	("X" BOX FOR ATTACHMEN	7)
AUTHORIZED SHARES				ZSUED SHARES		
Number of Shares	Class/Series	Par Value	1	Number of Shares	Class/Series	Par Value
600	Common	No Par	Value	200	Common	No Par Value
			 			
			İ		,	
(<u>, </u>	 				. 	
This report must be	signed in ink by eit	her the Presid	lent, Vice	President, Secretary, As	ssistant Secretary, Treas	urer, Receiver or Truste
•			1			
				•		
			}			
				linder nenalty of	perjury, I declare and affire	m that I have examined
			1			nedules and statements, and
	00		Į.		s contained herein are true	
515.	. Y 8			11	211	
File Date:	· · · · · · · · · · · · · · · · · · ·	•		Henry	N. Ofosu	3/2/98
781		ſ		Signature of Officer		Date
Check No.:			ļ	. Henry V. R	losciti	 .
100				Print or Type Name of	Officer	

President

Title of Officer



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

PROFIT CORPORATION ANNUAL REPORT 1997

Groups Month R. Type Dis BLACK) 3. Stores Address Principles of Office 3. Stores Address Principles Service of Recognitions 34904 ROSCITT ASSOCIATES, INC. 3. Stores Address Principles of the Comparation (ADI) 4. Resulters Principles 5553 75553	PROFIT CORP			EPORT 1997		STOP: PEFANERLAD INSTRUCTIONS BEFORE
3. Steet Address Principal Business Office 1.39 King Phillip Street 4.0000 4.011 453-4000 5553 3. Steet of Incorporation RI 5. Steet of Incorporation Pealing in real property 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) Principal Name Henry V. Rosciti Steet Address P.O. Box 19120 City Johnston RI 02919 1. Tresture Name P.O. Box 19120 City Johnston RI 02919 1. Tresture Name P.O. Box 19120 City Johnston RI 02919 1. Tresture Name P.O. Box 19120 City Johnston RI 02919 1. Tresture Name P.O. Box 19120 City Johnston RI 02919 1. Tresture Name P.O. Box 19120 City Johnston RI 02919 3. Tresture Name Renry V. Rosciti Steet Address P.O. Box 19120 City Johnston RI 02919 3. Tresture Name Renry V. Rosciti Steet Address P.O. Box 19120 City Johnston RI 02919 3. The Renry V. Rosciti Steet Address P.O. Box 19120 City Johnston RI 02919 3. The Renry V. Rosciti Steet Address P.O. Box 19120 City Johnston RI 02919 3. The Renry V. Rosciti Steet Address P.O. Box 19120 City Johnston RI 02919 3. The Renry V. Rosciti Steet Address P.O. Box 19120 City Johnston RI 02919 3. The Renry V. Rosciti Steet Address Renry V. Rosciti Steet Address Renry V. Rosciti Steet Address P.O. Box 19120 City Johnston RI 02919 3. The Renry V. Rosciti Steet Address Renry V. Rosciti Steet Address Renry V. Rosciti Steet Address Renry V. Rosciti Steet Address Renry V. Rosciti Steet Address Renry V. Rosciti Steet Address Renry V. Rosciti Steet Address Renry V. Rosciti Steet Address Renry V. Rosciti Steet Renry V. Rosciti Steet Renry V. Rosciti Steet Renry V. Rosciti Steet Renry V. Rosciti Steet Renry V. Rosciti Steet Renry V. Rosciti Steet Renry V. Rosciti Steet Renry V. Rosciti Steet Renry V. Rosciti Steet Renry V. Rosciti Steet Renry V. Rosciti Steet Renry V. Rosciti Steet Renry V. Rosciti Steet Renry V. Rosciti Steet Renry V. Rosciti Steet Renry V. Rosciti Steet Renry V. Rosciti Steet Renry V. Rosciti Steet Address Renry V. Rosciti Steet Renry V. Rosciti Steet Renry V. Rosciti Steet Renry V. Rosciti Steet Renry V. Rosciti Steet Renr			· · - · ·			COMPLETING
4 Balantes Floore So. 4 Balantes Floore So. 4011 453-4000 55553 5. But Possiphine of the Character of Balances Conducted in Bhode Island Dealing in real property 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) President Name Henry V. Rosciti 5. State Address P. O. Box 19120 Crey Johnston RI O2919 Johnston RI O2		ROSCITI ASS	SOCIATES, INC.	City	State	Zıp
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) President Name Nearry V. Rosciti Street Address P.O. Box 19120 P.O. Box 19	4. Business Phone No. (401) 453-4000 7. Brief Description of the Character o	f Business Conducted in	71	Johnston	RI	6 SIC Code
Henry V. Rosciti Sizet Address P.O. Box 19120 City Dohnston RI 02919 Johnston RI 02919 P.O. Box 19120 City State Lip City State Lip Johnston RI 02919 Johnsto	_		CERS ("X" BOX FOR ATTACH	iment)		
Street Address P. O. Box 19120 City Johnston RI 02919 Tresture Name Anthony F. Rosciti Street Address P. O. Box 19120 City Johnston RI 02919 Tresture Name Henry, V. Rosciti Street Address P. O. Box 19120 City State City Johnston RI 02919 Johnston RI 02919 Johnston RI 02919 Johnston RI 02919 Johnston RI 02919 Anthony F. Rosciti Street Address P. O. Box 19120 City State Anthony F. Rosciti Street Address P. O. Box 19120 City State Anthony F. Rosciti Street Address P. O. Box 19120 City State Zip Johnston RI 02919 Authory State Zip Johnston RI 02919 Johnston RI 02919 Authory State Zip Johnston RI 02919 Johnston RI 02919 Authory State Zip Johnston RI 02919 Director Name RI 02919 Johnston RI 02919 Authory State Zip City State Zip Zip City State Zip Zip Zip Zip Zip Zip Zip	President Name			Vice President Name		
City State Zip Johnston RI 02919 Johnston RI 02919 Secretary Name Anthony F. Rosciti Street Address P.O. Box 19120 City State Zip Johnston RI 02919 Johnston RI 02919 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name Henry, V. Rosciti Street Address P.O. Box 19120 City State Zip Johnston RI 02919 Johnston RI 02919 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name Henry, V. Rosciti Street Address P.O. Box 19120 City State Zip Johnston RI 02919 Johnston RI 02919 Johnston RI 02919 Johnston RI 02919 Johnston RI 02919 Johnston RI 02919 Street Address Street Address Street Address Street Address Street Address Street Add				Anthony F. Rosci	ti	
Johnston RI 02919 Johnston RI 02919 Secretary Name Anthony F. Rosciti Street Address P.O. Box 19120 P.O. Box 19120 P.O. Box 19120 P.O. Box 19120 P.O. Box 19120 P.O. Box 19120 P.O. Box 19120 P.O. Box 19120 P.O. Box 19120 P.O. Box 19120 P.O. Box 19120 P.O. Box 19120 P.O. Box 19120 P.O. Box 19120 P.O. Box 19120 P.O. Box 19120 P.O. Box 19120 P.O. Box 19120 P.O. Box 19120 State P.O. Box 19120 State P.O. Box 19120 State P.O. Box 19120 State P.O. Box 19120 State P.O. Box 19120 State P.O. Box 19120 State P.O. Box 19120 State P.O. Box 19120 State P.O. Box 19120 State P.O. Box 19120 State P.O. Box 19120 State P.O. Box 19120 State P.O. Box 19120 State P.O. Box 19120 State P.O. Box 19120 City St		64.44	71-		Ca.u.	7:-
Anthony F. Rosciti Sitest Address P.O. Box 19120 P.O. Box 19120. P.O. Box 19120	Johnston			Johnston		•
City State Zip Johnston RI 02919 Johnston. RI 02919 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name Henry, V. Rosciti Street Address P.O. Box 19120 City State Zip City State Zip Johnston RI 02919 Johnston RI 02919 Johnston RI 02919 Director Name Street Address Authorizity Shares Class/Stries Par Value 600 Common No Par Value 200 Common No Par Value	Anthony F. Rosciti		·	Henry V. Rosciti		
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT") Director Name Henry, V. Rosciti Street Address P.O. Box 19120 City State Zip City State Director Name P.O. Box 19120 City State Zip City State Director Name Street Address City State Zip City State Zip 10. SHARES AUTHORIZED AND ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES Number of Shares Number of Shares Class/Series Par Value 600 Common No Par Value 200 Common No Par Value		State	Zip	P.O. Box 19120_	State	Zıp
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name Henry, V. Rosciti Street Address P.O. Box 19120 City State Zip City State Zip Johnston RI 02919 Johnston RI 02919 Director Name Street Address City State Zip City State Zip Octor Name Street Address Street Address Street Address City State Zip City State Zip Octor Name Street Address City State Zip City State Zip Octor Name Street Address City State Zip City State Zip Octor State Zip City State Zip 10. SHARES AUTHORIZED AND ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value 600 Common No Par Value 200 Common No Par Value	Johnston	RI	02919	Johnston	RI	02919
Street Address P.O. Box 19120 City State Zip Johnston RI 02919 Johnston RI 02919 Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address Street Address City State Zip 10. SHARES AUTHORIZED AND ISSUED ("x" BOX FOR ATTACHMENT) AUTHORIZED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value Common No Par Value		ES OF THE DIREC	CTORS ("X" BOX FOR ATTA	CHMENT)		
Johnston RI 02919 Johnston RI 02919 Street Address Street Address City State Zip City State Zip ON STATE Zip City State Zip ON SHARES AUTHORIZED AND ISSUED (*X* BOX FOR ATTACHMENT) AUTHORIZED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value 600 COmmon No Par Value 200 Common No Par Value			·		iti	
Street Address Street Address City State Zip City State Zip 10. SHARES AUTHORIZED AND ISSUED (*X* BOX FOR ATTACHMENT) AUTHORIZED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value 600 Common No Par Value 200 Common No Par Value		* State	Z 1 p		State	Zip
City State Zip City State Zip 10. SHARES AUTHORIZED AND ISSUED (*x* BOX FOR ATTACHMENT) AUTHORIZED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value 600 Common No Par Value 200 Common No Par Value		RI	02919		RI	02919
10. SHARES AUTHORIZED AND ISSUED (*X* BOX FOR ATTACHMENT) AUTHORIZED SHARES Number of Shares Class/Series Par Value Sumber of Shares Common No Par Value 200 Common No Par Value	Street Address			Street Address		
AUTHORIZED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value Common No Par Value 200 Common No Par Value		State	Zip	City	State	<u>-</u>
Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value 600 Common No Par Value 200 Common No Par Value		AND ISSUED (*x	(* BOX FOR ATTACHMENT)	ISSLIED SHARES	· • ·	•
COMMENT THE TAIL VALUE		Class/Series	Par Value	•	Class/Series	Par Value
This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trust	600	Common	No Par Value	200	Common	No Par Value
	This report must be signe		er the President, Vice I	resident, Secretary, Assista	nt Secretary, Treasur	er, Receiver or Truste

Henry V. Rosciti President
Title of Officer

Henry IV

that all statements contained herein are true and correct.

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and

6/14/97

Date

PROFIT CORPORATION ANNUAL REPORT

For Secretary of State Use Only

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.	2. NAME OF CORPORATION				
34904	ROSCITI	ASSOCIATES,	INC.		
3. STREET ADDRESS PRINCIPAL BUSINESS OFFIC	1		an	STATE	ZIP COOE
139 King Philip	n Stroot		Johnston	RI	02919
4. BUSINESS PHONE NO.		5. STATE OF INCORPORATION			6 SIC CODE
		RHODE I	SLAND		1
(401) 453-4000					5553
7, BAREF DESCRIPTION OF THE CHARACTER OF BU	isiness conducted by RHODE isla	ND	<u> </u>		
Dealing in real	l property				
PRESIDENT RIME ROSE ROSCITI	8 NAM	ES AND ADDR	VICE PRESIDENT NAME	FFICERS	
street ADDRESS 139 King Philij	Street	:	STREET ADDRESS		
OTY	STATE	ZIP CÖO€	ατν	STATE	2P C00E
Johnston	RI	1	1		
SECRETARY NAME		 	TREASURER HAME		
Rose Rosciti					•
STREET ADDRESS	· - · · · · · · · · · · · · · · · · · ·		STREET ADDRESS		
139 King Phili	·	1 2/P CODE	GIY	STATE	1 ZIP COOF
Johnston	STATE	ar wike	an an an an an an an an an an an an an a	JIMIE	Mr With
201119COU	TO STATE OF A MANAGEMENT	E C. A N D. A D. D. S	ECCEC OF THE D		
OFFICTION NAME	action in the second	The same of the sa	DIRECTOR NAME	ت منظما بحاميبه عدا المالية	قاء بغيف أربييت فرياد بيقيم يقتدر بريلاني
Rose Rosciti		•	Į.		
STREET ADORESS	·····		STREET ADORESS		
139 King Phili	p Street				
άn	STATE	21º COOE	ατγ	STATE	ZIP COOE
Johnston	RI				
DIRECTOR NAME			DRECTOR NAME		,
STREET AUTORESS			STREET ADDRESS		
STREET AUGRESS			STEEL POSITION		
air	TSIATE	72₽ C00€	απν	STATE	ZIP COOE
			1	in .	
	10 5 1	ARES AUTHOR	IZEO ANDLISSUE		
معلقاتك منسامات متعملات كالبادر عاد	AUTHORIZED SHARES	A RES A GIRO	The state of the s	ISSUED SHARES	لأرزف فالقشد بالمعمة للبياد
HUMBER OF SHARES	CLASS / SERIES	PAR VALUE	MUMBER OF SHARES	QLASS / SERIES	PARVALUE
		•	200	Common n/a	No Par Value
600 SHS NO	PAR VAL COM				<u> </u>
				··	
				<u>l</u>	<u> </u>
	This	report must be SI	GNED IN INK by either t	he	
Presid	dent, Vice Presider	nt, Secretary, Assis	stant Secretary, Treasure	r, Receiver or Truster	9
 -			report, includin		affirm that I have examined this edules and statements, and that and correct.
· · · · · · · · · · · · · · · · · · ·					_
File Date: 6-10)-96)01)D	•	Signature of O		· · · · · · · · · · · · · · · · · · ·
Check No:	100		Rose Ros	sciti	
SHOURING.	•		Print or Type N	ame of Officer	
By: Y	J.D.	:	Preside	nt	6-4-96

Title of Officer

Date

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

Corporate ID: 003	COMPLETED IN FULL OR TH	Annual Report for the Year: 19	Ġ.E
Name of Corporation:	ROSCITI ASSOCIAT		
			_
Business entity orgai laws of the State of 1.1)	nized under the : Rhode Island	Business Entity is (check one): [X] Business Corporation (See)	RIGL Chapter 7-
For foreign entity, a telephone number of p	address and principal office:	<pre>{</pre>	ration (See RIGL
		Brief statement of the character conducted in Rhode Island:	of business
Phone: ()		Dealing in real property	
Address and telephone office of business er (Provide street addressed King Philip Street Johnston, RI 02919	ntity in Rhode Island ess - Not P.O. Box):		
Phone: (401) 421-8030			
	THE NAMES (OF THE OFFICERS ARE:	<u> </u>
PRESIDENT	Street Address	City/State	Zip Code
Rose Rosciti, 139 Kin VICE PRESIDENT	g Philip Street, Johnst Street Address	con, Rhode Island City/State	Zip Code
SECRETARY	Street Address	CICY/SCACE	Zip Code
Rose Rosciti, 139 Kin FREASURER	g Philip Street, Johnst Street Address	on, Rhode Island City/State	Zip Code
	THE NAMES O	P THE DIRECTORS ARE:	
AME	Street Address	City/State	Zip Code
VAME	Street Address	City/State	Zip Code
Rose Rosciti, 139 Kin NAME	g Philip Street, Johnst Street Address	on, Rhode Island City/State	
NAME			Zip Code
	Street Address	City/State	Zip Code
NUMBER OF SHARES AUTH (Rider may be attache	ORIZED d)	NUMBER OF SHARES ISSUED (Rider may be attached)	AND OUTSTANDING
Number of Shares	Class/Series	Number of Shares	Class/Series
500	common	200 commo	n
·		P. P. T	<u> </u>
Date March 21,	,19_95	By: 1002 1 1 Addr. L.	,
Date March 21,	,19_95	Rose Rosciti Print or Type Name of Office	
Date March 21,	,19_95		

Richard A. Licht One Park Row Providence, RI 02903

FILED

78742

Filing Fee \$50.00 Payable to: Secretary of State

PLEASE TYPE OR PRINT 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 File Annually CORP: Jan. 1 - March 1

Corporate ID:_	0034904	Annual Report for the Year:	1994
Name of Busines	BB Entity: ROSCITI ASSOCIA	ATES, INC.	
	y organized under the ate of: Rhode Island	Business Entity is (check one [X] Business Corporation (S): ee RIGL Chapter 7-
Federal Taxpaye	er Identification	[] Professional Service Co Chapter 7-5.1)	rporation (See RIGL
	rity, address and	[] Limited Liability Compa	ny (See RIGL 7-16)
telephone numbe	er of principal office:	Name, title and mailing addre to whom communications may be	directed:
		Joseph DeAngelis One Park Row	
Phone:		Providence, RI 02903	
office of busing (Provide street 139 King Philip		Brief statement of the charac conducted in Rhode Island: Dealing in real property	ter of business
Johnston, RI (Phone: 401-35	V	Date of Organization: June	21. 1985
		Date of Qualification to do b Island (if foreign entity):	usiness in Rhode
-	THE NAMES (OF THE OFFICERS ARE:	
O Chief Executi	ive Officer or X President (C	heck One) Street Address C	ity/State Zip Code
Rose Rosciti, 1 O Chief Operati	139 King Philip Street, Johns ing Officer or X V. President		ity/State Zip Code
Henry Rosciti. Custodian of	139 King Philip Street, John Records or X Secretary (Chec		ity/State Zip Code
Rose Rosciti.	139 King Philip Street. Johns	ton, Rhode Island	
	ial Officer or X Treasurer (C 139 King Philip Street, John	heck One) Street Address C	ity/State Zip Code
	THE NAMES O	F THE DIRECTORS ARE:	
Name		Street Address C	ity/State Zip Code
<u>Henry Rosciti.</u> Name	139 King Philip Street, John		ity/State Zip Code
Rose Rosciti,	139 King Philio Street, Johns	ton. Rhode Island	
Name		Street Address C	ity/State Zip Code
Name		Street Address C	ity/State Zip Code
Name		Street Address C	ity/State Zip Code
NUMBER OF SHARE	ES AUTHORIZED (If Applicable)	NUMBER OF SHARES I	SSUED AND OUTSTANDING
NUMBER	600	NUMBER 20	0
CLASS	common	CLASS co	amon
SERIES	n/a	SERIES n/	a
PAR VALUE OR WITHOUT PAR	No par value	PAR VALUE OR WITHOUT PAR NO	par value
Date 2/17/	94	By: Pose Posi	2
	ያ ያ መመመር ያ ያ ያ ያ ያ ያ ያ ያ ያ ያ ያ ያ ያ ያ ያ ያ ያ ያ ያ	Rose Rosciti Print or Type Name of O	fficar Signing
	PLD CA IM	President	rrrer arduing
	1768 2 4 1994 by 90 Choch + 693	Title of Officer Signing	
		SIDENT AGENT FOR SERVICE OF PRO	CESS:

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 34904 Annual Report for the year 1993

FIRST: The name of the corporation is Rosciti Associates, Inc.

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

THIRD: Character of business, briefly stated, is dealing in real property.

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

FIFTH: Business address in Rhode Island: 139 King Philip Street, Johnston, RI 02909.

SIXTH: Names and address of its directors and officers:

<u>Name</u>	<u>Office</u>	Address
Henry Rosciti	Director	139 King Philip St. Johnson, RI
Rose Rosciti	Director	Same as above
Henry V. Rosciti	President	Same as above
Anthony F. Rosciti	Vice President	Same as above
Anthony F. Rosciti	Secretary	Same as above
Henry V. Rosciti	Treasurer	Same as above

SEVENTH: Number of Shares	authorized:		that shares are without
No of Shares	Class	<u>Series</u>	par value
600	common	n/a	No par value
EIGHTH: Number of Shares	issued:		Par Value or statement that shares are without
No of Shares	Class	Series	par value

200 common n/a No par value

Dated: December 1, 1993

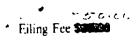
ROSCITI ASSOCIATES, INC.
(Name of Corporation)

By: Year Village Henry W. Rosciti, President

(Report must be signed by an officer) Title: President

Roc'd & Piled DEC 3 1993 AM 16608

Filing Fee \$50.00		596 Jm 243		To be filed annually between January 1st and March 1st
	State of ?	, `	and Providence Plant	ations
		100 NORTI	H MAIN STREET RHODE ISLAND 02903	
Corporate ID	34904		Annual Report for th	1992 e year
	e name of the cor	•		
SECOND: I	t is incorporated	under the laws of	Rhode Island	
	aracter of busine	•		•
Fourth: I	f foreign corpora	tion, address of its p	rincipal office	
FIFTH: Bus	siness address in l	Rhode Island		
139Kin	gPhilipSt:	reet,Johnsto	n, RI02909	
Sixth: Na	mes and addresse	es of its directors and		(Attach rider if necessary)
HenryV1	Rosciti	Director	139KingPhilipSt.	., Johnston, RI
AnthonyF.	Rosciti	Director	139 King Philip St	., Johnston, RI
***************************************		Director		
Henry V. J	Rosciti	President	139 King Philip St	, Johnston, RI
AnthonyF.	. Rosciti	Vice Preside	ent139 King Philip St	, Johnston, RI
Anthony F.	. Rosciti	Secretary	139 King Philip St	., Johnston, RI
Henry V. J	Rosciti	Treasurer	139 King Philip St	, Johnston, RI
SEVENTH:	Number of Share	es authorized:		Par Value or statement that shares are without
No. of Shares 600		Class Common	PASTD	per value No Par Value
			JAN 2 4 1992	
Еіднтн: N	lumber of Shares	issued:	SEC'Y OF STATE	Par Value or statement that shares are without
No. of Shares 200	<u>:</u> .	Class Common	Series	par value No Par Value
DatedJanua:	ry13,	199.2	ROSCITI ASSOCIATES (Name of Corporation) By Lewy	. INC.
(Report	t must be signed by	an officer)	Henry V. Rosciti,	President



State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

34904		Annual Donort for th	1991
Corporate ID		Annual Report for in	e year
	•		
ROSCITI ASSOCIATE	ES, INC.		
		Rhode Island	
SECOND: It is incorporated	d under the laws of		
THIRD: Character of busing dealing in real p	•		
FOURTH: If foreign corpor	ration, address of its	principal office	
FIFTH: Business address in	Rhode Island		
5 Benefit Street,	Providence, R	Rhode Island 02904	
SIXTH: Names and addres	ses of its directors an		(Attach rider if necessary)
Henry V. Rosciti	Director	139 King Philip St	Johnston, RI
Anthony F. Rosciti	Director	139 King Philip St	Johnston, RI
	Director		
Henry V. Rosciti	President	139 King Philip St	Johnston, RI
Anthony F. Rosciti	Vice Presid	dent139 King Philip St	., Johnston, RI
Anthony F. Rosciti	Secretary	139 King Philip St	Johnston, RI
Henry V. Rosoiti	Treasurer	139-King-Philip-St	., Johnston, RI
SEVENTH: Number of Sha		raid	Par Value or statement that shares are without
No. of Shares 600	Class Common		par value No Par Value
000	COMMOT	JAN 1 4 1991	NO IUI VUIU
		SEC'Y OF STATE	
EIGHTH: Number of Share	es issued:		Par Value or statement that shares are without
No. of Shares	Class	Series	par value
200	Common		No Par Value
January 14.	91	ROSCITI ASSOCIATES	, INC.
Dated	19	(Name of Corporation)	
		By Henry O. Ros	e
(Renort must be signed b	v an officer)	TitleHenry V. Rosciti,	President
January 14, Dated (Report must be signed b	91 19	By Henry O. Ros	est

Form 31 - 1.84

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

34904	PROVIDENCI	E. RHODE ISLAND 02903	1990
Corporate ID	***************************************	Annual Report for the	year
FIRST: The name of the o	corporation is		
ROSCITI ASSOCIA			
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	••••••••••••	Rhode Island	
SECOND: It is incorporate	ed under the laws of		
THIRD: Character of busi	iness, briefly stated, i	S	
dealing in real	property	1	
	· · · · · · · · · · · · · · · · · · ·	2	
FOURTH: If foreign corpo	oration, address of its	principal office	
	···	The state of the s	••••••
		C. C. C. C. C. C. C. C. C. C. C. C. C. C	
139 King Philip	Street, Johnst	on, RI 02909	••••••••••••••••
	••••••		
SIXTH: Names and addre	sses of its directors a	nd officers:	(Attach rider if necessary)
Name	Office	Address (including nu	mber, street, zip code)
Henry V. Rosciti	Director	139 King Philip St.	, Johnston, RI
Anthony F. Rosciti		139 King Philip St.	, Johnston, RI
_	Director		
Henry V. Rosciti	President	139 King Philip St.	, Johnston, RI
Anthony F. Rosciti	Vice Pres	ident 139 King Philip St.	, Johnston, RI
Anthony F. Rosciti	Secretary	139 King Philip St.	, Johnston, RI
Henry V. Rosciti		·	Johnston, RT
neur.yv	Treasurer	139 King Philip Sc.	, comiscon, ki
SEVENTH: Number of Sha	ares authorized:		Par Value or statement that
No of Shares	Class	Series	shares are without par value
600	Common		No Par Value
		DAID	
Eіднтн: Number of Shar	es issued:	PAID	Par Value
		MAR 0 1 1990	or statement that shares are without
No of Shares 200	Class Common	SEC'Y, OF STATE	No Par Value
		SIATE	
January 8,	90	ROSCITI ASSOCIATES,	INC.
Dated	19	(Name of Corporation)	***************************************
		- // \ \ \ \ - \ \	
		By Hung V. Rosciti,	President
(Report must be signed b	y an officer)	Title	LLUDIUCIIC

State of Rhode Island and Frovidence Flantations CORPORATIONS DIVISION 270 WESTMINSTER MALL PROVIDENCE, RHODE ISLAND 02903

D.P.

Corporate ID	34904	************	Annual R	eport for the year	r 1989
FIRST: The na	ime of the corporation	ı is		••••	
ROSC	ITI ASSOCIATES	, INC.		······································	
SECOND: It is	incorporated under th	e laws of	Rhode Island		
holding, fin otherwise de any other la	ancing, mortgad aling in and d wful purpose.	ging, se isposing	elling, improv g of real prop	ing, exchan erty in gen	
FIFTH: Busine	ss address in Rhode Is	land			
139	King Philip St	reet, Jo	ohnston, RI 0	2919	
	s and addresses of its d	lirectors and		dress (including number,	(Attach rider if necessary)
Henry V. Ros	citi	Director	139 King Ph	ilip St., J	ohnston, RI
Anthony F. R	osciti	Director	139 King Ph	ilip St., J	ohnston, RI
		Director			
Henry V. Ros	citi	President	139 King Ph	ilip St., J	ohnston, RI
Anthony F. R	osciti	Vice Presid	lent 139 King Ph	ilip St., J	ohnston, RI
Anthony F. F	osciti	Secretary	139 King Ph	ilip St., J	ohnston RI o
Henry V. Ros	citi	Treasurer	139 King Ph	ilip St., J	ohnston REGRA
SEVENTH: Nu	mber of Shares author	ized:			Par Value RRY OF OF Statements 1500
No. of Shares	Class		PAHD		shares are without SS SS
600	Com	mon	JAN 27 198	9	No Par Vælige
Еіднтн: Nun	ber of Shares issued:		SEC'Y OF ST	ATE	Par Value
No. of Shares	Class		Series		or statement that shares are without par value
200	Com	mon			No Par Value
Dated Janu	ary 10, 19	89	ROSCITI ASSO	CIATES, INC	
		•••••	(Name of Corporation)	.0 - ~	<
			By Henry V. Ros	citi, Presi	.dent
(Report mi	ist be signed by an officer)		Title Ins	•	

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION 270 WESTMINSTER MALL PROVIDENCE, RHODE ISLAND 02903

Corporate ID3	4904		Annual Report for	the year 19	88
First: The na	me of the corporation is	••••••		***************************************	••••••••
	ROSCITI ASSOC	CIATES, INC.	··········		••••••
	incorporated under the la				
dealing in an purpose	cter of business, briefly stancing, mortgaging d disposing of re	eal property	in general a	and for any	other lawful
FOURTH: If fo	reign corporation, address	s of its principal of			
FIFTH: Busine	ss address in Rhode Island	i			
1	39 King Philip St	treet, Johns	ton, RI 029	19	•••••••
	and addresses of its direc	ctors and officers:	Address (includin	(Attach r ng number, street, zip code)	rider if necessary)
Henry V. Rosc	iti Dir	ector 139	King Philip	St., Johnst	on, RI
Anthony F. Ro	sciti Dir	ector 139	King Philip	St., Johnst	on, RI
	Dir	ector	•	•	
Henry V. Rosc	iti Pre	sident 139	King Philip	St., Johnst	on, RI
Anthony F. Ro	sciti Vic	e President 139	King Philip	St., Johnst	on, RI
Anthony F. Ro	sciti Sec	retary 139	King Philip	St., Johnst	on, RI
Henry V. Rosc	iti Tre	asurer 139	King Philip	St., Johnst	on, RI
SEVENTH: Nui	mber of Shares authorized	:		Par Va or stateme	
No. of Shares	Class		Series	shares are s	
600	Common	PAID	2	No Par	Value
Еіднтн: Num	ber of Shares issued:	JAN 29 198	88 CKB	Par Va	
No. of Shares	Class	SEC'Y, OF STA	ATSaries	shares are par va	without
200	Common			No Par	Value
DatedJanuary	19 88	ROSCITI (Name of Corp	upl / No	set	>
(Report mu	st be signed by an officer)	Title	VV. Rosciti	, President	

Filing Fee \$15 00			January 1st and March 1st
State of	l Rhode Island	and Providence Plan	ations
	270 WESTI	TIONS DIVISION MINSTER MALL HODE ISLAND 02903	
Corporate ID 34904	PROVIDENCE, R		ne year1987
First: The name of the	corporation is		
ROSC	ITI ASSOCIATES,	INC.	
SECOND: It is incorporate	ed under the laws of	Rhode Island	
dealing in and dispos purpose.	sing of real pro	owning, renting, ling, improving, excoperty in general and	leasing, developing, hanging and otherwise d for any other lawful
· · · · · · · · · · · · · · · · · · ·	•	•	
FIFTH: Business address i	n Rhode Island 13	9 King Philip Street	, Johnston, RI 02919
Sixth: Names and addre	esses of its directors and		(Attach rider if necessary)
Henry V. Rosciti	Director	139 King Philip D	rive, Johnston, RI
Anthony F. Rosciti	Director	139 King Philip D	rive, Johnston, RI
	Director		
Henry V. Rosciti	President	139 King Philip D	rive, Johnston, RI
Anthony F. Rosciti		ent 139 King Philip D	
Anthony F. Rosciti			rive, Johnston, RI
Henry V. Rosciti	Secretary	_	
•••••	Treasurer	139 King Philip D	rive, Johnston, RI
SEVENTH: Number of Sh	ares authorized:		Par Value or statement that shares are without
No. of Shares	Class	Series	par value
600	Common		No Par Value
Еіднтн: Number of Sha		D • • • • • • • • • • • • • • • • • • •	Par Value or statement that shares are without
No. of Shares	Class AP	R 06 ENT BrigN	par value
200	Common	. 1	No Par Value
Dated January 5,	19 87AID	ROSCITI ASSOCIATES, (Name of Corporation)	INC.
	FFR U 2 1987	By I Hun OV . Rasci	£
(0)	SECY OF STA	Henry V. Rosciti,	

(Report must be signed by an officer)

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION 270 WESTMINSTER MALL PROVIDENCE, RHODE ISLAND 02903

Corporate ID349.04.		Annual Report for the year 1986		
First: The name	of the corporation is ROSC	CITI ASSOCIATES, I	NC.	
THIRD: Character proving, exchar in general and	for any other lawful	owning, renting, ing, financing, mealing in and distingtion purpose.	leasing, developing, hold- nortgaging, selling, im- sposing of real property	
FOURTH: It foreig	gn corporation, address of its pi	incipal office		
FIFTH: Business a	ddress in Rhode Island			
	139 King Philip St	eet, Johnston, RI	02919 .	
SIXTH: Names an	d addresses of its directors and		(Attach rider if necessary) Address (including number, street, zip code)	
Henry V. Roscit	Director	139 King Philip	Drive, Johnston, RI	
Anthony F. Rose	citi Director	139 King Philip	Drive, Johnston, RI	
	Director			
Henry V. Roscit	President	139 King Philip	Drive, Johnston, RI	
Anthony F. Rose	vice Preside	ntl39KingPhilip	Drive, Johnston, RI	
Anthony F. Rose	siti Secretary	139KingPhilip.	Drive, Johnston RI	
Henry V. Rosci	tiTreasurer	139KingPhilip.	Drive,Johnston,RI	
SEVENTH: Number	er of Shares authorized:	, Series	Par Value or statement that shares are without par value	
600	Common 01/2		No Par Value	
Еіднтн: Numbei	of Shares issued:		Par Value or statement that	
No. of Shares	Common	Series	shares are without par value	
200	Common		No Par Value	
DatedJanuary FEB (Report must b	() () A00.	ROSCITI ASSOCIATE Name of Corporation) Henry V. Rosci	ES, INC.	