

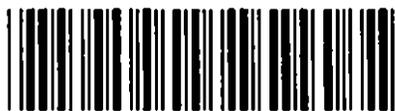


PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 124705		2. Name of Corporation New England Retail Properties, Inc.			
3. Street Address Principal Business Office 1160 Silas Deane Highway			City Wethersfield	State CT	Zip 06109
4. Business Phone No. (860) 529-9000		5. State of Incorporation CONNECTICUT			6. SIC Code 5520
7. Brief Description of the Character of Business Conducted in Rhode Island SALE AND LEASING 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 Mark C. D'Addabbo			Vice President Name Matthew J. Halprin		
Street Address c/o New England Retail Properties, Inc.			Street Address 1160 Silas Deane Highway		
City Wethersfield	State CT	Zip 06109	City	State	Zip
Secretary Name Matthew J. Halprin			Treasurer Name N/A None		
Street Address c/o New England Retail Properties, Inc. 1160 Silas Deane Highway, Suite 409			Street Address		
City Wethersfield	State CT	Zip 06109	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name N/A None			Director Name N/A None		
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
5,000 COMM NO PAR VALUE			NONE		

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



File Date 1/28/05
Check No. 10568
By: DA
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 Mark C. D'Addabbo Date 1/24/05
Print or Type Name of Officer
Mark C. D'Addabbo
Title of Officer
President



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. 124705		2. Name of Corporation New England Retail Properties, Inc.			
3. Street Address Principal Business Office 1160 SILAS DEANE HIGHWAY			City WETHERSFIELD	State CT	Zip 06109-
4. Business Phone No. 8605299000		5. State of Incorporation CONNECTICUT		6. SIC Code 5520	
7. Brief Description of the Character of Business Conducted in Rhode Island SALE AND LEASING 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 Mark C. D'Addabbo			Vice President Name Matthew J. Halprin		
Street Address c/o New England Retail Properties, Inc., 1160 S.			Street Address c/o New England Retail Properties, Inc., 1160 S.		
City Wethersfield	State CT	Zip 06109	City Wethersfield	State CT	Zip 06109
Secretary Name Matthew J. Halprin			Treasurer Name N/A none		
Street Address c/o New England Retail Properties, Inc., 1160 S.			Street Address c/o New England Retail Properties, Inc., 1160 S.		
City Wethersfield	State CT	Zip 06109	City Wethersfield	State CT	Zip 06109
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name N/A none			Director Name N/A none		
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
5,000 COMM NO PAR VALUE			NONE		

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



1 2 4 7 0 5

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: Matthew J. Halprin Date: 10/4/04
Matthew J. Halprin
Print or Type Name of Officer
Vice President
Title of Officer

124705 FBC 10/04/04 11:45:24 AM

File Date: OCT 12 2004

Check No.: By 10430

By: [Signature]

FOR SECRETARY OF STATE USE ONLY



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. **124705** 2. Name of Corporation **New England Retail Properties, Inc.**
3. Street Address Principal Business Office **1160 Silas Deane Highway**
4. Business Phone No. **860-529-9000** 5. State of Incorporation **CONNECTICUT**
7. Brief Description of the Character of Business Conducted in Rhode Island
Commercial Real Estate

City **Wethersfield** State **CT** Zip **06109**
6. SIC Code **5520**

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

President Name **Mark C. D'Addabbo**
Street Address **1160 Silas Deane Highway, Suite 409**
City **Wethersfield** State **CT** Zip **06109**

Vice President Name **Matthew J. Halprin**
Street Address **1160 Silas Deane Highway, Suite 409**
City **Wethersfield** State **CT** Zip **06109**

Secretary Name **Regina D. Schuch**
Street Address **9 Centerbrook Drive**
City **Farmington** State **CT** Zip **06032**

Treasurer Name **None**
Street Address
City State Zip

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

Director Name **Mark C. D'Addabbo**
Street Address **1160 Silas Deane Highway, Suite 409**
City **Wethersfield** State **CT** Zip **06109**

Director Name **None**
Street Address
City State Zip

Director Name **None**
Street Address
City State Zip

Director Name **None**
Street Address
City State Zip

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
5,000 COMM 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



* 1 2 4 7 0 5 *

File Date: 2-6-03
Check No.: 9584
By: UP

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 Regina D. Schuch Date 2/15/03
Print or Type Name of Officer Regina D. Schuch
Title of Officer Secretary