



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. 70605		2. Name of Corporation GOLDMAN FINANCIAL SERVICES, INC.			
3. Street Address Principal Business Office 6 BLACKSTONE VALLEY PLACE, SUITE 206			City LINCOLN	State RI	Zip 02865-
4. Business Phone No.		5. State of Incorporation RHODE ISLAND			6. SIC Code 7880
7. Brief Description of the Character of Business Conducted in Rhode Island TO INVEST AND HOLD STOCK IN CORPORATIONS, PARTNERSHIPS AND OTHER BUSINESS VENTURES.					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Richard P. Goldman			Vice President Name .		
Street Address 6 Blackstone Valley Place, Suite 206			Street Address . None		
City Lincoln	State RI	Zip 02865	City .	State .	Zip .
Secretary Name Richard P. Goldman			Treasurer Name Richard P. Goldman		
Street Address 6 Blackstone Valley Place, Suite 206			Street Address . 6 Blackstone Valley Place, Suite 206		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Richard P. Goldman			Director Name . None		
Street Address 6 Blackstone Valley Place, Suite 206			Street Address .		
City Lincoln	State RI	Zip 02865	City .	State .	Zip .
Director Name None			Director Name . None		
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
200	NO PAR VALUE		100	Common	No Par

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



7 0 6 0 5

70605 DBC 01/24/05 12:27:51 PM

File Date 8/23/05

Check No. 9285 C 75141

By: Emc

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]
Signature of Officer
Richard P. Goldman
Print or Type Name of Officer
President
Title of Officer

8/23/05
Date



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. 70605		2. Name of Corporation Goldman Financial Services, Inc.			
3. Street Address Principal Business Office 6 Blackstone Valley Place, Suite 206			City Lincoln	State RI	Zip 02865
4. Business Phone No. None		5. State of Incorporation Rhode Island		6. SIC Code 7880	
7. Brief Description of the Character of Business Conducted in Rhode Island TO INVEST AND HOLD STOCK IN CORPORATIONS, PARTNERSHIPS AND OTHER BUSINESS VENTURES					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Richard P. Goldman			Vice President Name None		
Street Address 6 Blackstone Valley Place, Suite 206			Street Address		
City Lincoln	State RI	Zip 02865	City	State	Zip
Secretary Name Richard P. Goldman			Treasurer Name Richard P. Goldman		
Street Address 6 Blackstone Valley Place, Suite 206			Street Address 6 Blackstone Valley Place, Suite 206		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Richard P. Goldman			Director Name None		
Street Address 6 Blackstone Valley Place, Suite 206			Street Address		
City Lincoln	State RI	Zip 02865	City	State	Zip
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES					
Number of Shares		Class/Series	Par Value		
8,000 NO PAR VALUE					
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES					
Number of Shares		Class/Series	Par Value		
100		Common	No Par		

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



7 0 6 0 5

FILED

File Date: JUN 23 2004

Check No.:

By: *[Signature]*

FOR SECRETARY OF STATE USE ONLY

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

[Signature] 7/9/04
Signature of Officer Date

Richard P. Goldman
Print or Type Name of Officer

President
Title of Officer



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. **70605** 2. Name of Corporation **GOLDMAN FINANCIAL SERVICES, INC.**
3. Street Address Principal Business Office **6 Blackstone Valley Place, Suite 206** City **Lincoln** State **RI** Zip **02865**
4. Business Phone No. **None** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7880**

7. Brief Description of the Character of Business Conducted in Rhode Island
To invest and hold stock in corporation and other business ventures

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

President Name Richard Goldman	Vice President Name None
Street Address 6 Blackstone Valley Place, Suite 206	Street Address
City Lincoln State RI Zip 02865	City State Zip
Secretary Name Richard Goldman	Treasurer Name Richard Goldman
Street Address 6 Blackstone Valley Place, Suite 206	Street Address 6 Blackstone Valley Place, Suite 206
City Lincoln State RI Zip 02865	City Lincoln State RI Zip 02865

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

Director Name Richard Goldman	Director Name None
Street Address 6 Blackstone Valley Place, Suite 206	Street Address
City Lincoln State RI Zip 02865	City State Zip
Director Name None	Director Name None
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
200 NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
200 Common No Par

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



* 7 0 6 0 5 *

File Date: 6-5-03
Check No.: 2498
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: [Signature] Date: 6/4/03
Richard Goldman, President
Print or Type Name of Officer



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. **70605** 2. Name of Corporation **Goldman Financial Services, Inc.**
3. Street Address Principal Business Office **6 Blackstone Valley Place, Suite 206** City **Lincoln** State **RI** Zip **02865**
4. Business Phone No. 5. State of Incorporation **Rhode Island** 6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island
to invest and hold stock in corporation and other business ventures

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

President Name Richard Goldman	Vice President Name NONE
Street Address 6 Blackstone Valley Place, Suite 206	Street Address
City Lincoln State RI Zip 02865	City State Zip
Secretary Name Richard Goldman	Treasurer Name Richard Goldman
Street Address 6 Blackstone Valley Place, Suite 206	Street Address 6 Blackstone Valley Place, Suite 206
City Lincoln State RI Zip 02865	City Lincoln State RI Zip 02865

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

Director Name Richard Goldman	Director Name NONE
Street Address 6 Blackstone Valley Place, Suite 206	Street Address
City Lincoln State RI Zip 02865	City State Zip
Director Name NONE	Director Name NONE
Street Address	Street Address
City State Zip	City State Zip

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

AUTHORIZED SHARES	Class/Series	Par Value
200	No Par Value	

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

ISSUED SHARES	Class/Series	Par Value
200	common	No Par Val

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

File Date: 4-19-02
Check No.: 2324
By: AMF

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: 4/16/02
Print or Type Name of Officer: Richard Goldman
Title of Officer: President



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **70605** 2. Name of Corporation **GOLDMAN FINANCIAL SERVICES, INC.**

3. Street Address Principal Business Office **100 Hoffman Avenue** City **Cranston** State **RI** Zip **02920**
4. Business Phone No. **401-944-7061** 5. State of Incorporation **RHODE ISLAND** 6. **7880**

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

to invest and hold stock in corporations, partnerships and other business ventures

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

President Name Carole Fields Goldman	Vice President Name NONE
Street Address 100 Hoffman Avenue	Street Address
City State Zip Cranston RI 02920	City State Zip
Secretary Name Carole Fields Goldman	Treasurer Name Carole Fields Goldman
Street Address 100 Hoffman Avenue	Street Address 100 Hoffman Avenue
City State Zip Cranston RI 02920	City State Zip Cranston RI 02920

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

Director Name Carole Fields Goldman	Director Name One Director
Street Address 100 Hoffman Avenue	Street Address
City State Zip Cranston RI 02920	City State Zip
Director Name One Director	Director Name One Director
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
200 NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
200 common No Par Value

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



* 7 0 6 0 5 *

File Date: 1/2/2001
Check No.: 7816

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

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

Carole Fields Goldman 2-10-01
Signature of Officer Date
Carole Fields Goldman
Print or Type Name of Officer
President
Title of Officer



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. **70605** 2. Name of Corporation **GOLDMAN FINANCIAL SERVICES, INC.**
3. Street Address Principal Business Office **100 Hoffman Avenue** City **Cranston** State **RI** Zip **02920**
4. Business Phone No. **401-944-7061** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7880**

7. Brief Description of the Character of Business Conducted in Rhode Island
to invest and hold stock in corporations, partnerships and other business ventures

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

President Name Carole Fields Goldman	Vice President Name NONE
Street Address 100 Hoffman Avenue	Street Address
City Cranston State RI Zip 02920	City State Zip
Secretary Name Carole Fields Goldman	Treasurer Name Carole Fields Goldman
Street Address 100 Hoffman Avenue	Street Address 100 Hoffman Avenue
City Cranston State RI Zip 02920	City Cranston State RI Zip 02920

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

Director Name Carole Fields Goldman	Director Name One Director
Street Address 100 Hoffman Avenue	Street Address
City Cranston State RI Zip 02920	City State Zip
Director Name One Director	Director Name One Director
Street Address	Street Address
City State Zip	City State Zip

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

AUTHORIZED SHARES	Class/Series	Par Value
200 NO PAR VALUE		

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

ISSUED SHARES	Class/Series	Par Value
200	common	No Par Value

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

FILED

File Date: AUG 28 2000
Check No.: By 67219
By: _____

RECEIVED
SECRETARY OF STATE

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.

Carole Fields Goldman 9-5-0
Signature of Officer Date
Carole Fields Goldman
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. **70605** 2. Name of Corporation **GOLDMAN FINANCIAL SERVICES, INC.**
3. Street Address Principal Business Office **100 Hoffman Avenue** City **Cranston** State **RI** Zip **02920**
4. Business Phone No. **401-944-7061** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7880**

7. Brief Description of the Character of Business Conducted in Rhode Island
to invest and hold stock in corporations, partnerships and other business ventures

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

President Name Carole Fields Goldman	Vice President Name NONE
Street Address 100 Hoffman Avenue	Street Address
City State Zip Cranston RI 02920	City State Zip
Secretary Name Carole Fields Goldman	Treasurer Name Carole Fields Goldman
Street Address 100 Hoffman Avenue	Street Address 100 Hoffman Avenue
City State Zip Cranston RI 02920	City State Zip Cranston RI 02920

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

Director Name Carole Fields Goldman	Director Name One Director
Street Address 100 Hoffman Avenue	Street Address
City State Zip Cranston RI 02920	City State Zip
Director Name One Director	Director Name One Director
Street Address	Street Address
City State Zip	City State Zip

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

AUTHORIZED SHARES	Class/Series	Par Value
200 NO PAR VALUE		

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

ISSUED SHARES	Class/Series	Par Value
200	common	No Par Value

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

FILED

File Date: JUL 20 1999

Check No.: _____
By: CE [Signature]

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.

Carole F. Goldman 3-8-99
Signature of Officer Date

Carole F. Goldman
Print or Type Name of Officer

President
Title of Officer

ATTACHMENT TO 1999 ANNUAL REPORT

NAME OF CORPORATION: Goldman Financial Services, Inc.

CORPORATE ID: 70605

Additional Officer:

Assistant Secretary:

Richard W. Zacks
123 Dyer Street
Providence, RI 02903



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. **70605** 2. Name of Corporation **Goldman Financial Services, Inc.**
3. Street Address Principal Business Office **6 Blackstone Valley Place, Suite 206** City **Lincoln** State **Rhode Island** Zip **02865**
4. Business Phone No. **(401)-334-2323** 5. State of Incorporation **Rhode Island** 6. SIC Code **7880**

7. Brief Description of the Character of Business Conducted in Rhode Island
to invest and hold stock in corporations, partnerships and other business ventures

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

President Name Carole Fields Goldman			Vice President Name		
Street Address 100 Hoffman Avenue, Unit 14			Street Address		
City	State	Zip	City	State	Zip
Cranston	RI	02920			
Secretary Name Carole Fields Goldman			Treasurer Name Carole Fields Goldman		
Street Address 100 Hoffman Avenue, Unit 14			Street Address 100 Hoffman Avenue, Unit 14		
City	State	Zip	City	State	Zip
Cranston	RI	02920	Cranston	RI	02920

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

Director Name Carole Fields Goldman			Director Name		
Street Address 100 Hoffman Avenue, Unit 14			Street Address		
City	State	Zip	City	State	Zip
Cranston	RI	02920			
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
200	Common/No Par Value	

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

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
200	Common	No Par Value

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

Richard W. Zacks, 123 Dyer Street, Providence, RI 02903

FILED

File Date: JUN 24 1998
Check No.: By CESS91
By: _____

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.

Carole Fields Goldman 6-24-98
Signature of Officer Date
Carole Fields Goldman
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. 70605
2. Name of Corporation Goldman Financial Services, Inc.
3. Street Address Principal Business Office 6 Blackstone Valley Place, Suite 206
City Lincoln State Rhode Island Zip 02865
4. Business Phone No. (401)-334-2323
5. State of Incorporation Rhode Island
6. SIC Code 7880

7. Brief Description of the Character of Business Conducted in Rhode Island
to invest and hold stock in corporations, partnerships and other business ventures

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

President Name Carole Fields Goldman			Vice President Name		
Street Address 100 Hoffman Avenue, Unit 14			Street Address		
City Cranston	State RI	Zip 02920	City	State	Zip
Secretary Name Carole Fields Goldman			Treasurer Name Carole Fields Goldman		
Street Address 100 Hoffman Avenue, Unit 14			Street Address 100 Hoffman Avenue, Unit 14		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920

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

Director Name Carole Fields Goldman			Director Name		
Street Address 100 Hoffman Avenue, Unit 14			Street Address		
City Cranston	State RI	Zip 02920	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
200	Common/No Par Value		200	Common	No Par Value

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

Richard W. Zacks, 123 Dyer Street, Providence, RI 02903

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.

Carole F. Goldman 12-17-97
Signature of Officer Date

Carole F. Goldman
Print or Type Name of Officer

Secretary
Title of Officer

File Date:

Check No.:

By:

FOR SECRETARY OF STATE USE ONLY

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV.

DEC 17 9 00AM 1997

FILED

DEC 17 1997

By: 12-17-97
63
45653

PROFIT CORPORATON 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. 2. NAME OF CORPORATION
70605 Goldman Financial Services, Inc.

3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE CITY STATE ZIP CODE
6 Blackstone Valley Place, Suite 206 Lincoln Rhode Island 02865

4. BUSINESS PHONE NO. 5. STATE OF INCORPORATION 6. SIC CODE
(401)-334-2323 Rhode Island 7880

7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND
to invest and hold stock in corporations, partnerships and other business ventures

8. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME			VICE PRESIDENT NAME		
Carole Fields Goldman					
STREET ADDRESS			STREET ADDRESS		
100 Hoffman Avenue, Unit 14			100 Hoffman Avenue, Unit 14		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
Cranston	RI	02920			
SECRETARY NAME			TREASURER NAME		
Carole Fields Goldman			Carole Fields Goldman		
STREET ADDRESS			STREET ADDRESS		
100 Hoffman Avenue, Unit 14			100 Hoffman Avenue, Unit 14		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
Cranston	RI	02920	Cranston	RI	02920

9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME			DIRECTOR NAME		
Carole Fields Goldman					
STREET ADDRESS			STREET ADDRESS		
100 Hoffman Avenue, Unit 14					
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
Cranston	RI	02920			
DIRECTOR NAME			DIRECTOR NAME		
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE

10. SHARES AUTHORIZED AND ISSUED

NUMBER OF SHARES	AUTHORIZED SHARES CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	ISSUED SHARES CLASS / SERIES	PAR VALUE
200	Common/No Par Value		200	Common/No Par Value	

FILED
DEC 17 1997
OFF # 63
By 145653

Designated Registered Agent:

Richard W. Zacks, 123 Dyer Street, Providence, RI 02903
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:

DEC 17 9 00 AM '97

Check No:

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV.

By:

Carole F. Goldman
Signature of Officer

Carole F. Goldman
Print or Type Name of Officer

Richard W. Zacks
Title of Officer

12-17-97
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, RI 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: 70605

Annual Report for the year: 1995

Name of Corporation: Goldman Financial Services, Inc.

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

Business Entity is (check one):

Business Corporation (See RIGL Chapter 7-1.1)

Professional Service Corporation (See RIGL Chapter 7-5.1)

For Foreign entity, address and telephone number of principal office: N/A

Phone: N/A

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

Address and telephone of the principal office of business entity in Rhode Island (Provide street address-Not P.O. Box):
 1463 Narragansett Boulevard, Cranston, RI 02905
 Phone: 401-781-3140

to invest and hold stock in corporations, partnerships and other business ventures

THE NAMES OF THE OFFICERS ARE:

President	Street Address	City/State	Zip Code
Carole Fields Goldman	1463 Narragansett Boulevard, Cranston, RI 02905		
Assistant Secretary	Street Address	City/State	Zip Code
Richard W. Zacks	123 Dyer Street, Providence, RI 02903		
Secretary	Street Address	City/State	Zip Code
Carole Fields Goldman	1463 Narragansett Boulevard, Cranston, RI 02905		
Treasurer	Street Address	City/State	Zip Code
Carole Fields Goldman	1463 Narragansett Boulevard, Cranston, RI 02905		

THE NAMES OF THE DIRECTORS ARE:

Name	Street Address	City/State	Zip Code
Carole Fields Goldman	1463 Narragansett Boulevard, Cranston, RI 02905		
Name	Street Address	City/State	Zip Code
Name	Street Address	City/State	Zip Code

NUMBER OF SHARES AUTHORIZED (Rider may be attached)		NUMBER OF SHARES OUTSTANDING (Rider may be attached)	
Number of Shares	Class/Series	Number of Shares	Class/Series
200	Common/No Par Value	200	Common/No Par Value

Date 10-18-95

FILED
 OCT 27 1995
 BY QACK# 2851

By: Carole Fields Goldman

Form 31 1/95

PRINT OR TYPE NAME OF OFFICER SIGNING

President
 TITLE OF OFFICER SIGNING

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.
 Richard W. Zacks, 123 Dyer Street, Providence, RI 02903

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
LLC: Sept. 1 - Nov. 1
CORP Jan. 1 - March 1

Corporate ID: 70605 Annual Report for the year: 1994

Name of Business Entity: Goldman Financial Services, Inc.

Business entity organized under the laws of the State of RI

Federal Taxpayer Identification Number: _____

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

Phone: () _____

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):
1463 Narragansett Boulevard
Cranston, RI 02905

Phone (401) 781-3140

Business Entity is (check one):

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

Name, title and mailing address of contact person to whom communications may be directed
Richard W. Zacks, Esq.

Winograd, Shine & Zacks, P.C.
123 Dyer Street
Providence, RI 02903

Brief statement of the character of business conducted in Rhode Island:
to invest and hold stock in corporations,
partnerships and other business ventures

Date of Organization December 14, 1992

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

THE NAMES OF THE OFFICERS ARE:

CHIEF EXECUTIVE OFFICER OR PRESIDENT (Check One):
NAME: Carole Fields Goldman STREET ADDRESS: 1463 Narragansett Blvd., Cranston, RI CITY/STATE: 02905 ZIP CODE: _____

VICE PRESIDENT OR SECRETARY (Check One):
NAME: Richard W. Zacks STREET ADDRESS: 123 Dyer Street, Providence, RI CITY/STATE: 02903 ZIP CODE: _____

CUSTODIAN OF RECORDS OR SECRETARY (Check One):
NAME: Carole Fields Goldman STREET ADDRESS: 1463 Narragansett Blvd., Cranston, RI CITY/STATE: 02905 ZIP CODE: _____

CHIEF FINANCIAL OFFICER OR TREASURER (Check One):
NAME: Carole Fields Goldman STREET ADDRESS: 1463 Narragansett Blvd., Cranston, RI CITY/STATE: 02905 ZIP CODE: _____

THE NAMES OF THE DIRECTORS ARE:

NAME: Carole Fields Goldman STREET ADDRESS: 1463 Narragansett Blvd., Cranston, RI CITY/STATE: 02905 ZIP CODE: _____

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

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

NUMBER OF SHARES AUTHORIZED (If Applicable)		NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)	
NUMBER	<u>200</u>	NUMBER	<u>200</u>
CLASS	<u>Common</u>	CLASS	<u>COMMON</u>
SERIES	<u>No Par Value</u>	SERIES	<u>No Par Value</u>
PAR VALUE OR WITHOUT PAR		PAR VALUE OR WITHOUT PAR	

Date: 1-25-95, 19

By: Carole Fields Goldman
Carole Fields Goldman
PRINT OR TYPE NAME OF OFFICER SIGNING
President
TITLE OF OFFICER SIGNING

Form 31 1/94

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

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

Richard W. Zacks
123 Dyer Street
Providence, RI 02903

KC 2171

Filing Fee \$50.00

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

State of Rhode Island and Providence Plantations

101 mnc

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0070605 Annual Report for the year 1993

FIRST: The name of the corporation is 921210 Corporation

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is to invest and hold stock in corporations, partnerships, and other business ventures

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

FIFTH: Business address in Rhode Island c/o Richard W. Zacks, Esq., 123 Dyer Street, Providence, Rhode Island 02903

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

Name	Office	Address (including number, street, zip code)
Carole Fields Goldman	Director	1463 Narragansett Blvd., Cranston, RI
	Director	
	Director	
Carole Fields Goldman	President	1463 Narragansett Blvd., Cranston, RI
	Vice President	
Carole Fields Goldman	Secretary	1463 Narragansett Blvd., Cranston, RI
Richard W. Zacks	Asst. Sec.	123 Dyer Street, Providence, RI
Carole Fields Goldman	Treasurer	1463 Narragansett Blvd., Cranston, RI

SEVENTH: Number of Shares authorized:

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

FEB 23 1993

EIGHTH: Number of Shares issued:

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

Dated 19 93 921210 Corporation
(Name of Corporation)

By *Carole Fields Goldman*
Title President

(Report must be signed by an officer)