

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

Flung Period: January 1 - 1 (FORM MUST BE TYPED IN BL	ACK)	•		· · ·		
1. Carparate ID No. 111006	2. Name of Corporation	ANAGEMENT INC.				
3. Street Address Principal Busine	1	MAGEMENT INC.	City	State	Zip	
245 ALLENS AVENUE	33 Office		PROVIDENCE	RI	102905-	
4. Business Phone No.	 	5. State of Incorporation	: TROVIDENCE		16 SIC Code	
4.014470847 RHODE ISLAND					9811	
7. Brief Description of the Charac	ter of Rusiness Conducti	1				
TO PROVIDE MANAGEMEN						
8 NAMES AND ADDRESS	ES OF THE OFFICE	DS WIND ROY FOR ATTA	CHARNT THE TANGE	ACEC REPORT HEING A	TACHMENTS	
President Name	ES OF THE OFFICE	William Kon will my	Vice President Name	ACED DEFORE COMOA	1 ACTIVICIONS	
Geraldine Tapalian			.Geraldine Tapalian			
Street Address			Street Address			
98 Pleasant Street						
City	State	Zip	City	State	Zip	
Seekonk	Ma 02771		· ·			
<i>Secretary Name</i> Geraldine Tapalian			Treasurer Name Geraldine Tapalian			
		 	* Street Address			
Street Address			1			
City	State	ĮΖip	· City	State	Zip	
0	i	1				
9. NAMES AND ADDRESS	ES OF THE DIRECT	TORS C'X" BOX FOR AT	TACHMENTO THE FILL IN	SPACES BEFORE USING	ATTACHMENTS	
Director Name	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	4 m	Director Name			
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Street Address	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		Street Address .			
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City	State	Zip	·City	State	Zip	
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Director Name	• • • • • • • • •		· Director Name			
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Street Address			-Street Address			
City	State	ZIp	City	State	{Zip	
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10. SHARES ÁUTHORIZE	D. C'X" BOX FOR ATT	ACIMENTO II	11. SHARES ISSUED (*2)	C' BOX FOR ATTACIONE	vo	
AUTHORIZED SHARES			ISSUED SHARES			
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1,000 \$1.00 PAR VALUE			100	Comm	,\$1.00	
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This report must be signed	<mark>l in ink</mark> by either tl	he President, Vice Pre	sident, Secretary, Assi.	stant Secretary, Treas	urer, Receiver or Trustee	
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1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	20	MAD O o oo	Under negative of ne	rjury, I declare and affirm	that I have examined	
		MAR 2,8 201		g any accompanying sche		
111006 DBC 03/02/05	40:25:20 AM	By Ami		nts contained herein are tr		
111000 DBC 03/02/03	10.33.38 MW	3-011	/), ^//	1-0-0		
File Date		11200	- Lewis	int y apple	<u>~</u>	
Charle No.		100010	Strature of Officer	~ ' // [_]	Date	
Check No.			Kralding	LARRICAY	.	
Ву:		l _	Print or Type Name of	Officer"		
FOR SECRETARY OF STATE	INE ONLY					
FOR SECRETARY OF STATE	USE ONLT .		Title of Officer	·	Form 630 12/01	



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

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

PRÖFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

(FORM MUST BE TYPED IN BLACK) I. Corporate ID No. 2. Name of Corporation SARASOTA MANAGEMENT INC. 111006 3. Street Address Principal Business Office State 245 ALLENS AVENUE **PROVIDENCE** RI 02905-6. SIC Code 4. Business Phone No. 5. State of Incorporation 9811 4014470847 RHODE ISLAND 7. Brief Description of the Character of Business Conducted in Rhode Island TO PROVIDE MANAGEMENT SERVICES TO BUSINESSES. 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Geraldine Tapalian . Same Street Address Street Address 98 Pleasant Street Cty State Zы City State ZIP Seekonk R.I. 02903 Secretary Name Treasurer Name Same Same Street Address Street Address City State Zip City State Zφ 9. NAMES AND ADDRESSES OF THE DIRECTORS CX BOX FOR ATTACHMENT | FILL IN SPACES BEFORE USING ATTACHMENTS None . Street Address Street Address Chy State · Ctty Zφ Žip Director Name Director Name Street Address Street Address Cry State Zip 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. STLARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES AUTHORIZED SHARES Class/Series Par Value Number of Shares Class/Series Par Value Number of Shares \$1.00 1,000 \$1.00 PAR VALUE 100 Comm 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. *111006 DBC 02/20/04 02:23:28 PM* - 2-04 Dette Check Na. Gérladine Tapalian Print or Type Name of Officer By: President FOR SECRETARY OF STATE USE ONLY Title of Officer Form 630 12/01



Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

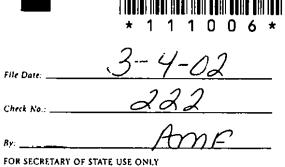
Filing Period: January 1 - March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK) 2. Name of Corporation 1. Corporate ID No. *111006* SARASOTA MANAGEMENT INC. 3. Street Address Principal Business Office City State Zф 245 ALLENS AVENUE **PROVIDENCE** RI 02905-4. Business Phone No. 5. State of Incorporation 6. SIC Code 447 0847 **RHODE ISLAND** 9811 7 Brid Description of the Character of Business Conducted in Rhode Island
TO PROVIDE MANAGEMENT SERVICES TO BUSINESSES. 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) [] FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Geraldine Tapalian Same Street Address Street Address 98 Pleasant St State Ctty ZΦ Seekonk MA 02771 ecresary Name Treasurer Name Same Same Street Address Street Address State Chy State Zip Zφ City 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) 🔲 FILL IN SPACES BEFORE USING ATTACHMENTS 🗀 Director Name Director Name None Street Address Street Address City State Zip •City Sate Zф Director Name Director Name Street Address Street Address State City State Ziz 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) **AUTHORIZED SHARES** ISSUED SHARES Par Value Class/Series Par Value Number of Shares Class/Series Number of Shares No Par / OO 1,000 \$1.00 PAR VALUE 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, *111006 DBC1/17/031:18:22 PM* 30103 22/23 File Date Signature of Officer Date Check No. Geraldine Tapalian Print or Type Name of Officer President FOR SECRETARY OF STATE USE ONLY Title of Officer Form 630 12/01

Edward S. Inman, 111, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002 Filing Period: January 1-March 1 • Filing Fee: \$50.00

401-222-3040

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(FORM MUST BE TYPED IN BL	ACK)					
1. Corporate ID No.	2. Name of Co.	rporation		••		
111006		OTA MANAG	SEMENT INC.			
3. Street Address Principal Busines.				City	State D.T.	zı _r 02905
245 Allens A	ave			Providence	RI	
f. Business Phone No. 401 – 447 – 084°	7	5.	State of Incorporation			6. SIC Code 9811
401-447-004. Brief Description of the Characti		read in Chada is	RHODE ISLAND			9011
Entertainment		cteu in Knode is	ana			
BITCEL CATHMEN. B. NAMES AND ADDRES		OFFICERS ('X" BOX FOR ATTACH	MENT) FILL IN SPACES RE	EFORE USING ATTA	CHMENTS
resident Name				Vice President Name		
Gerald	dine B. T	apalia	ı	None		
treet Address				Street Address		
98 Plea	asant St.			•		
Seekonk	State	MA Zij	02771	City	State	Zip
	•					
ecretary Name				-Treasurer Name		
treet Address				Street Address		
ity	State	Zij	,	City	State	Zip
					_	
NAMES AND ADDRES	SSES OF THE D	DIRECTORS	("X" BOX FOR ATTA	•	BEFORE USING AT	TACHMENTS
Director Name				Director Name		
treet Address				Street Address		
City	State	Zip	•	City	State	Zip
Director Name				···		
irector Name				Director Name		
reet Address				Street Address		
lity	State	Zip		City	State	Zip
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)			ソ・	11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)		
UTHORIZZED SHARES				ISSUED SHARES		
luinber of Shares	Class/Serles	Par	Value	Number of Shares	Class/Series	Par Value
1,000 \$1.00 PAR VALUE				100	COMM	\$1.00
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his report must be sign	ed in ink by	either the	President, Vice P	resident, Secretary, Assist	ant Secretary, Trea	surer, Receiver or T
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Under penalty of perjury, I declare and affire	m that I have examined
this report, including any accompanying sch	
that sil statements contained bytein are spue	and correct.
Signature of Officer	Date
Geraldine B. Tapalian	
Print or Type Name of Officer	



(FORM MUST BE TYPED IN BLACK)

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001 Filing Period: January 1-March 1 • Filing Fee: \$50.00

1. Corporate ID No. 111006	2. Name of Corpora SARASOTA	MANAGEMENT INC.			
3. Street Address Principal Business Office			City	State	Zip
245 Alle	ens Ave		Providence	R.I.	02905
4. Business Phone No.		5. State of Incorporation			6. SIC Code
(401) 44	17-0847	RHODE ISLAND			9811
7. Brief Description of the Charac	ter of Business Conducted I	n Rhode Island			
Entertainme	ent				
		ICERS ("X" BOX FOR ATTACH)	(ENT) FILL IN SPACES B	EFORE USING ATTAC	HMENTS
President Name			Vice President Name		
Geraldine B. Street Address	Tapalian		Same Street Address		
98 Pleasant	st.				
City	State	Zip	City	State	Zip
Seekonk	Ma	02771			
Secretary Name			Treasurer Name	• •	
SAME			SAME		
Street Address			Street Address		
City	State	Zip	· City	State	Zip
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 AUTHORIZ	ED (*x* box for att	ACHMENT)	11. SHARES ISSUED (*x	* BOX FOR ATTACHMEN	T)
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	· Par Value
stamper of shares			100	Common	N= Da
·	D VALUE				
1,000 \$1.00 PA	R VALUE		100	Collinion	No Par



File Date:	4.10.01	
Check No.:	123	
	IND	
FOR SECRETARY C	F 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. Title of Officer