



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 111006		2. Name of Corporation SARASOTA MANAGEMENT INC.			
3. Street Address Principal Business Office 245 ALLENS AVENUE		City PROVIDENCE	State RI	Zip 02905-	
4. Business Phone No. 4014470847		5. State of Incorporation RHODE ISLAND		6. SIC Code 9811	
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) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Geraldine Tapalian			Vice President Name Geraldine Tapalian		
Street Address 98 Pleasant Street			Street Address		
City Seekonk	State Ma	Zip 02771	City	State	Zip
Secretary Name Geraldine Tapalian			Treasurer Name Geraldine Tapalian		
Street Address			Street Address		
City	State	Zip	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			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <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
1,000	\$1.00 PAR VALUE		100	Comm	\$1.00

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



1 1 1 0 0 6

FILED

MAR 28 2005

By

W1372

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.

Geraldine Tapalian
Signature of Officer
Geraldine Tapalian
Print or Type Name of Officer

Title of Officer

Form 630 12/01

111006 DBC 03/02/05 10:35:39 AM

File Date

Check No.

By:

FOR SECRETARY OF STATE USE ONLY



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. 111006		2. Name of Corporation SARASOTA MANAGEMENT INC.		
3. Street Address Principal Business Office 245 ALLENS AVENUE		City PROVIDENCE	State RI	Zip 02905-
4. Business Phone No. 4014470847		5. State of Incorporation RHODE ISLAND		6. SIC Code 9811
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) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Geraldine Tapalian		Vice President Name Same		
Street Address 98 Pleasant Street		Street Address		
City Seekonk	State R.I.	Zip 02903	City	State Zip
Secretary Name Same		Treasurer Name Same		
Street Address		Street Address		
City	State	Zip	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 None		Director Name		
Street Address		Street Address		
City	State	Zip	City	State Zip
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <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
1,000	\$1.00 PAR VALUE		100	Comm \$1.00

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



1 1 1 0 0 6

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.

Geraldine Tapalian
Signature of Officer Date
Geraldine Tapalian
Print or Type Name of Officer
President
Title of Officer

111006 DBC 02/20/04 02:23:28 PM
File Date 3-3-04
Check No. 1214
By: 2
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STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

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)

1. Corporate ID No. *111006*		2. Name of Corporation SARASOTA MANAGEMENT INC.			
3. Street Address Principal Business Office 245 ALLENS AVENUE		City PROVIDENCE	State RI	Zip 02905-	
4. Business Phone No. 447 0847		5. State of Incorporation RHODE ISLAND			6. SIC Code 9811
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) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Geraldine Tapalian		Vice President Name Same			
Street Address 98 Pleasant St		Street Address			
City Seekonk	State MA	Zip 02771	City	State	Zip
Secretary Name Same		Treasurer Name Same			
Street Address		Street Address			
City	State	Zip	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 None		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <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
1,000	\$1.00 PAR VALUE		100	Common	No Par 1.00

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



* 1 1 1 0 0 6 *

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.

Geraldine Tapalian 1/22/03
Signature of Officer Date
Geraldine Tapalian
Print or Type Name of Officer
President
Title of Officer

111006 DBC1/17/031:18:22 PM

File Date 1/30/03

Check No. 1256

By: DA

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STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

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 BE TYPED IN BLACK)

1. Corporate ID No.

111006

2. Name of Corporation

SARASOTA MANAGEMENT INC.

3. Street Address Principal Business Office

245 Allens Ave

City

Providence

State

RI

Zip

02905

4. Business Phone No.

401-447-0847

5. State of Incorporation

RHODE ISLAND

6. SIC Code

9811

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

Entertainment

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

President Name

Geraldine B. Tapalian

Vice President Name

None

Street Address

98 Pleasant St.

Street Address

City

Seekonk

State

MA

Zip

02771

City

State

Zip

Secretary Name

Treasurer Name

Street Address

Street Address

City

State

Zip

City

State

Zip

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

Director Name

Director Name

Street Address

Street Address

City

State

Zip

City

State

Zip

Director Name

Director Name

Street Address

Street Address

City

State

Zip

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

1,000 \$1.00 PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

100

COMM

\$1.00

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



* 1 1 1 0 0 6 *

File Date: 3-4-02

Check No.: 222

By: AME

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.

Geraldine Tapalian 3/4/02
Signature of Officer Date

Geraldine B. Tapalian

Print or Type Name of Officer

President

Title of Officer

5

Form 630 12/01



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **111006** 2. Name of Corporation **SARASOTA MANAGEMENT INC.**

3. Street Address Principal Business Office **245 Allens Ave** City **Providence** State **R.I.** Zip **02905**

4. Business Phone No. **(401) 447-0847** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9811**

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

Entertainment

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

President Name **Geraldine B. Tapalian** Vice President Name **Same**

Street Address **98 Pleasant St.** Street Address

City **Seekonk** State **Ma** Zip **02771** City State Zip

Secretary Name **SAME** Treasurer Name **SAME**
Street Address Street Address

City State Zip City State Zip

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

Director Name Director Name

Street Address Street Address

City State Zip City State Zip

Director Name Director Name

Street Address Street Address

City State Zip City State Zip

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
1,000	\$1.00	PAR VALUE

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

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



* 1 1 1 0 0 6 *

File Date: 4-10-01

Check No.: 103

By: LM

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.

Geraldine Tapalian 4-10-01
Signature of Officer Date

GERALDINE B. TAPALIAN

Print or Type Name of Officer

PRESIDENT

Title of Officer