



## 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 OR PRINTED IN BLACK)

1. Corporate ID No 112506		2. Name of Corporation Associates in Residential Living, Inc.			
3. Street Address Principal Business Office 1414 Atwood Avenue			City Johnston	State RI	Zip 02919
4. Business Phone No. 273-6800		5. State of Incorporation RHODE ISLAND			6. SIC Code 5538
7. Brief Description of the Character of Business Conducted in Rhode Island OWNERSHIP AND DEVELOPMENT 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 Alfred Carpionato			Vice President Name Alfred Carpionato		
Street Address 1414 Atwood Avenue			Street Address 1414 Atwood Avenue		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Secretary Name Alfred Carpionato			Treasurer Name Alfred Carpionato		
Street Address 1414 Atwood Avenue			Street Address 1414 Atwood Avenue		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
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
100 NO PAR VALUE			110	Common	no par value

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



\*112506\*

File Date	6-1-05
Check No.	6459
By:	2
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

Alfred Carpionato

Print or Type Name of Officer

President

Title of Officer



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

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President Name Alfred Carpionato			Vice President Name Alfred Carpionato		
Street Address 1414 ATwood Avenue			Street Address 1414 ATwood Avenue		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Secretary Name Alfred Carpionato			Treasurer Name Alfred Carpionato		
Street Address 1414 ATwood Avenue			Street Address 1414 Atwood Avenue		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
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
100 NO PAR VALUE			100	common	no par value

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



\* 1 1 2 5 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.

Signature of Officer

Alfred Carpionato

Print or Type Name of Officer

President

Title of Officer

Date

2/11/04

File Date 3/9/04

Check No. 00006096

By: [Signature]

FOR SECRETARY OF STATE USE ONLY



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 OR PRINTED IN BLACK)

1. Corporate ID No. 112506  
2. Name of Corporation Associates In Residential Living, Inc.  
3. Street Address Principal Business Office  
1414 Atwood Avenue  
4. Business Phone No. 273-6800  
5. State of Incorporation RHODE ISLAND  
7. Brief Description of the Character of Business Conducted in Rhode Island

City Johnston State RI Zip 02919  
6. SIC Code 5538

ownership and development of real estate

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

President Name Alfred Carpionato  
Street Address 1414 Atwood Avenue  
City Johnston State RI Zip 02919  
Secretary Name Alfred Carpionato  
Street Address 1414 Atwood Avenue  
City Johnston State RI Zip 02919

Vice President Name Alfred Carpionato  
Street Address 1414 Atwood Avenue  
City Johnston State RI Zip 02919  
Treasurer Name Alfred Carpionato  
Street Address 1414 Atwood Avenue  
City Johnston State RI Zip 02919

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

Director Name  
Street Address  
City State Zip  
Director Name  
Street Address  
City State Zip

Director Name  
Street Address  
City State Zip  
Director Name  
Street Address  
City State Zip

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

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
100 NO PAR VALUE

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

ISSUED SHARES  
Number of Shares Class/Series Par Value  
100 common no par value

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



\* 1 1 2 5 0 6 \*

File Date: 4-30-03

Check No.: 10980

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] Date 5-24-03

Alfred Carpionato

Print or Type Name of Officer

President

Title of Officer

5



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. **112506**  
2. Name of Corporation **Associates in Residential Living, Inc.**  
3. Street Address Principal Business Office  
**1414 Atwood Avenue**  
4. Business Phone No. **273-6800**  
5. State of Incorporation **RHODE ISLAND**

City **Johnston** State **RI** Zip **02919**  
6. SIC Code **5538**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Ownership and development of real estate**

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

President Name  
**Alfred Carpionato**  
Street Address  
**1414 Atwood Avenue**  
City **Johnston** State **RI** Zip **02919**

Vice President Name  
**Alfred Carpionato**  
Street Address  
**1414 Atwood Avenue**  
City **Johnston** State **RI** Zip **02919**

Secretary Name  
**Alfred Carpionato**  
Street Address  
**1414 Atwood Avenue**  
City **Johnston** State **RI** Zip **02919**

Treasurer Name  
**Alfred Carpionato**  
Street Address  
**1414 Atwood Avenue**  
City **Johnston** State **RI** Zip **02919**

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

Director Name  
Street Address  
City State Zip

Director Name  
Street Address  
City State Zip

Director Name  
Street Address  
City State Zip

Director Name  
Street Address  
City State Zip

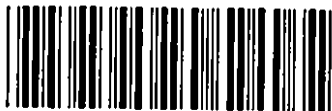
10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
**100 NO PAR VALUE**

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

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**100 common no par value**

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



\* 1 1 2 5 0 6 \*

File Date: **3/18/02**

Check No.: **002760**

By: **AS**

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 **Alfred Carpionato** Date **3-5-02**  
Print or Type Name of Officer

President

Title of Officer

5



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.  
**112506**

2. Name of Corporation  
**Associates in Residential Living, Inc.**

3. Street Address Principal Business Office  
**1414 Atwood Avenue**

City State Zip  
**Johnston RI 02919**

4. Business Phone No.  
**273-6800**

5. State of Incorporation  
**RHODE ISLAND**

6. SIC Code  
**5538**

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

**ownership and development of real estate**

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

President Name  
**Alfred Carpionato**

Vice President Name  
**Alfred Carpionato**

Street Address  
**1414 Atwood Avenue**  
City State Zip  
**Johnston RI 02919**

Street Address  
**1414 Atwood Avenue**  
City State Zip  
**Johnston RI 02919**

Secretary Name  
**Alfred Carpionato**

Treasurer Name  
**Alfred Carpionato**

Street Address  
**1414 Atwood Avenue**  
City State Zip  
**Johnston RI 02919**

Street Address  
**1414 Atwood Avenue**  
City State Zip  
**Johnston RI 02919**

**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

**100 NO PAR VALUE**

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

ISSUED SHARES

Number of Shares Class/Series Par Value

**100 COMMON no par value**

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



\* 1 1 2 5 0 6 \*

3/2

File Date: \_\_\_\_\_

10227

Check No.: \_\_\_\_\_

22

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.

Signature of Officer

**Alfred Carpionato**

Print or Type Name of Officer

**President**

Title of Officer

Date

2-8-01