

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
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1. Corporate ID No 2. Name of Corporation 112506 Associates in Residential Living, II			Inc				
Street Address Principal Bu		es in Residential Living					
1414 Atwood			Johnston	State RI	<i>Ζφ</i> 02919		
. Business Phone No.		5. State of Incorpo.			6. SIC Code		
273-6800		RHODE ISL	AND		5538		
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. NAMES AND ADDRI	ESSES OF THE OFF	CERS: ("X" BOX FOR	ATTACHMENT)	N SPACES BEFORE USI	NG ATTACHMENTS		
resident Name			Vice President Name				
Alfred Carpi	onato			Alfred Carpionato			
1414 Atwood	Avenue		Street Address 1414 Atwood Av	renue			
iry	State	Zip	City	State	Zip		
Johnston	RI	02919	Johnston	RI	02919		
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,.	کر	1	Alfred Carpionato Print or Type Name of Officer				
y:							
	OF STATE USE ONLY		President				



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

Matthew A. Brown, Secretary of State PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR _______2004

	ry 1 - March 1 • F OR PRINTED IN BLACK)	iling Fee: \$50.00				
1. Corporate ID No.	2. Name of Corpora					
112506	Associates	in Residential Living, I	nc			
3. Street Address Principal 1414 Ats	wood Avenue		Johnston	State RI	^{Zip} 02919	
4. Business Phone No. 273-6800		5. State of Incorporati			6. SIC Code	
7. Brief Description of the C	haracter of Rusiness Conductor	RHODE ISLA	ND		5538	
	AND DEVELOPMENT OF I					
8. NAMES AND ADD! President Name	RESSES OF THE OFFICE	RS: ("X" BOX FOR A		N SPACES BEFORE USI	NG ATTACHMENTS	
· · · · ·	Carpionato		Vice President Name Alfred Carpionato			
Street Address 1414 ATV	wood Avenue		Street Address 1414 ATWOOD A			
City To be at as	State	Zip 02010	: City	State	Zip	
Johnstor Secretary Name	n RI	02919	Johnston	RI	^{zip} 02919	
•	Carpionato		Treasurer Name Alfred Carps	ionato		
Street Address	vood Avenue		Street Address			
City 1414 AIV	Istate	To a	1414 Atwood			
Johnstor		^{z_{iρ}} 02919	Johnston	State RI	^{Zip} 02919	
. NAMES AND ADDE	RESSES OF THE DIRECT	ORS: ("X" BOX FOR	ATTACHMENT) " [] FILL	IN SPACES BEFORE US		
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Street Address			Street Address			
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Director Name	L	J	Director Name			
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	* 1 1 2 5 0	6_*	including any acoo	ppanying schedules and sta	atements, and that all statements	
File Date 390	J		contained Verein at	e true and correct.	2/4/1	
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Check No. 1000	6046	.	Alfred Ca	rpionato	Dayt	
By: & ,			Print or Type Name	<u> </u>		
FOR SECRETARY OF STATE LISE ONLY			President			

Title of Officer

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.

Edward S. Inman, III. Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

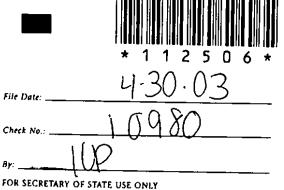
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

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

2. Name of Corporation



112506	Associate	s in Residential Living, Inc			
3. Street Address Principal Busin	ess Office	The transfer that the same of	City	State	7 1-
1414 Atwood A	venue	5. State of Incorporation	Johnston	RI	02919
273-6800		•			6. SIC Gode
7. Brief Description of the Chara	ter of Business Conducted	RHODE ISLANI In Rhode Island	,		5538
ownership and	development	of real estate			
8. NAMES AND ADDR	ESSES OF THE OF	FICERS ("X" BOX FOR ATTAC	CHMENT) FILL IN SPACES Vice President Name	S BEFORE USING ATTA	ACHMENTS
Alfred Carpion	nato		Alfred Car	rnionato	
Street Address			Street Address	pronaco	
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Johnston	RI	02919	Johnston		2.1p
Secretary Name	• •		Treasurer Name	. RI.	02919
Alfred Carpior	nato		Alfred Carp	nionato	
Street Address			Street Address	Tollato	
1414 Atwood Av	renue		1414 Atwo	od Avenue	
City	State	Zip	City	State	Zip
Johnston	RI	02919	Johnston	RI	02919
9. NAMES AND ADDRE Director Name	SSES OF THE DIR	ECTORS (*X* BOX FOR ATT	ACHMENT) FILL IN SPAC Director Name	ES BEFORE USING AT	TACHMENTS
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 AUTHORIZI	ED (*X* BOX FOR ATT	ACHMENT)	11. SHARES ISSUED (4	"X" BOX FOR ATTACHMEN	τ ⁾ .
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	•
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TOO NO PAR VALUE			100	common	no par value
his report must be sign	e d in ink hv eith	er the President Vice t	Procident Constant to		urer, Receiver or Trustee
			resident, secretary, Assi	stant Secretary, Treas	urer, Receiver or Trustee
j i i i i	e t 1687 il e 16 ironi nijil oni	IN SIII ISBI			



Under penalty of perjury, I declare and affirm that I have examined this coport, including any accompanying schoolies and statements, and that all statements complined herein are true and correct. Alfred Carpionato Print or Type Name of Officer

President

Title of Officer

Form 630 12/02

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

(FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 112506 Associates in Residential Living, Inc. 3. Street Address Principal Business Office City State Zip 1414 Atwood Avenue Johnston RI 02919 4. Business Phone No. S. State of Incorporation 6. SIC Code 273-6800 **RHODE ISLAND** 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 Vice President Name Alfred Carpionato Alfred Carpionato Street Address · Street Address 1414 Atwood Avenue 1414 Atwood Avenue Johnston RI Johnston RI 02919 Secretary Name Treasurer Name Alfred Carpionato Alfred Carpionato Street Address · Street Address 1414 Atwood Avenue 1414 Atwood Avenue Johnston RI 02919 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 Cin State ZIp Director Name Director Name Street Address Street Address City City State 21p 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ESSUED 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



File Date:	_
Check No.: 002760	
By:	
FOR SECRETARY OF STATE USE ONLY	

I have examined schooling schoolles and statements, and to herein are true and correct. Alfred Carpionato

Print or Type Name of Officer

President Title 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. Corpo	112506	2. Name of Corpo ASSOCISI	_{ration} :es in Residentia	Living, Inc.		
3. Street	Address Principal Business	Office		City	State	Zip
4. Busin	1414 AtWOOD	d Avenue	5. State of incorporation	Johnston	RI	02919 6. SIC Code
7. Brief L	273–6800 Description of the Characte	r of Business Conducted	RHODE ISLA In Rhode Island	N D		5538
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treet Ad	dress			Street Address		
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lity	1414 Atwood	Avenue	Zip	1414 Atwood		
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FOR SECRETARY OF STATE USE ONLY

have examined Alfred Carpionato

President Title of Officer