

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 BIACK) 1. Corporate ID No. 2. Name of Corporation 76809 BENEFIT REALTY, INC 5. State of Incorporation RHODE ISLAND 7. Hirtof Description of the Character of Business Conducted in Rhode Island
TO CARRY ON AND CONDUCT THE BUSINESS OF OWNING, OPERATING, LEASING OR MANAGING REAL ESTATE. ☐ FILL IN SPACES BEFORE USING ATTACHMENTS 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) Vice President Name President Name Street Address Zip State BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name 11 Street Address Street Address Ζip Zip Street Address Street Address Clty State State Zip 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Sene Par Value 2,000 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	2.16 05
Check No.	1156
Ву::	<u>a</u>
F	OR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affir including any accompanying schedules and	
contained herein are true and correct.	to 2/12/05
Signature of Officer  Will, in O	Date 1'
Print or Type Name of Officer President	
Title of Officer	Form 630 Rev. 12/03



# 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

<b>PROFIT</b>	CORPORATION	I	NNUAL REPORT FOR THE YEAR	2004
Filing Period:	January 1 - March 1 •		Filing Fee: \$50.00	

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NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT)   FILL IN SPACES BEFORE USI  State	zφ zφ zφ O 2 f 89 sing attachments
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2,000 NO PAR VALUE 200 Cumm	on wore



(FORM MUST BE TYPED OR PRINTED IN BLACK)

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

rth Main Street, Providence. RI 02903-1335 401-222-3040

STOP PIT ISE READ INSTRUCTIONS

1. Corporate ID No.	2. Name of Corporation				
76809	BENEFIT REALT	TY, INC.			
3. Street Address Principal Business 9 4. Business Pharle No. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4.	TT STr	etT 5. State of Incorporation	Providence	r R.J.	02904 6. SIC Code
7. Brief Description of the Character o	f Rusiness Conducted in Rhi	RHODE ISLAND			5538
A 1 ( ) A			AL ESTATE	_	
8. NAMES AND ADDRESS	ES OF THE OFFICE	RS (*X* BOX FOR ATTACHA		= ORE USING ATTACHME	ENTS
street Widness // IAM 49 CIR		jvi	Street Address		
LAVWICK Secretary Name	CUIT Dr State PII	U 2809	City Treasurer Name	State	Zip 
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Director Name			Director Name	•	•
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City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED AUTHORIZED SHARES	("X" BOX FOR ATTACH	MENT)	11. SHARES ISSUED (*X* 8	OX FOR ATTACHMENT)	
Number of Shares	Class/Sertes	Par Value	Number of Shares	Class/Series	Par Value
2,000 NO PAR VALUE			200	COMMON	None

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

	* 7 6 8 0 9 *	Under penalty of perjury, I declare and affirm that I have exam this report, including any accompanying schedules and stateme	
File Date:	2/20/03	that all statements footbalned herein are true and correct.	20
Check No.:	1079	Signature of Officer Date	
By:	of STATE USE ONLY	Print or Type Name of Officer  President	
ON SECRETARY (	or since out one	Title of Officer Form 630	0 12

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. 2. Name of Corporation BENEFIT REALTY, INC. 76809 Providence Sier RI 3. Street Address Principal Business Office **RHODE ISLAND** 5538 And RIAL MAN AGE 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name Street Address Clty ZIp 9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name 10 me Street Address Street Address City State Zip City Zip Director Name Director Name Street Address Street Address City State Zip City State ZIP 10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Series Par Value Number of Shares 2,000 NO PAR VALUE

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



By:

FOR SECRETARY OF STATE USE ONLY

Signature of Officer

Date

Date

Print or Type Name of Officer

Title of Officer

that all statements contained herein are true and correct

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and

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. <b>76809</b>	2. Name of Corpora BENEFIT F	tion REALTY, INC.		•	
4 Rusiness Phone No	e FIT ST 21 - 505	RHODE ISL	Providence AND	State RIT	02904 6. 55538
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Cleant Address	PESSES OF THE OFF	S	TACHMENT) FILL IN SPACE  Vice President Name  Street Address	S BEFORE USING ATTA	CHMENTS
W Arwick	State RI	- ZIP 0288	City	State	Zip
Secretary Name  5 heri J. C	ATES		Treasurer Name  UIIIAM  Street Address  C1	OATTS rcu,T Dr siai2T CES BEFORE USING ATT	iù
City  LATWICK  9. NAMES AND ADDR  Director Name  NO N	ESSES OF THE DIR	Zip  O L PP  ECTORS (*X* BOX FOR	Director Name	SIAIZ T CES BEFORE USING ATT	OLSIG OLSIG FACHMENTS
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 AUTHORI	ZED ("X" BOX FOR ATT	CACHMENT)	11. SHARES ISSUED	(*X* BOX FOR ATTACHMEN	T)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
2,000 SHS NO	PAR VALUE		200	Comm	or pone
This report must be si	<b>igned in ink</b> by eit	her the President, V	 ice President, Secretary, As	sistant Secretary, Trea	surer, Receiver or Trus

	* 7 6 8 0 9 *
'ile Date:	2/20
Theck No.:	1023

FOR SECRETARY OF STATE USE ONLY

Onder penalty of perjury, I declare and attitut that I have examined
this report, including any accompanying schedules and statements, and
that all statements contained herein are true and correct.
Wilhan: Clates 1/25/200,
Signature of Officer Date
DILLIAN OATES
Print or Type Name of Officer
President
Title of Officer

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

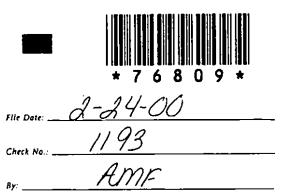
James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

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INSTRU	CHOXY

Filing Period: January 1-March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation BENEFIT REALTY, INC. 76809 S. State of Incorporation 5538 RHODE ISLAND OFFICERS ("X" BOX FOR ATTACHMENT. PACES BEFORE USING ATTACHMENTS Street Address Zip City FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Street Address Zip City State City State Director Name Director Name Street Address Street Address City State 210 Zip City State 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) KSUED) SHARES **AUTHORIZED SHARES** Class/Series Number of Shares Par Value Number of Shares Class/Series 2,000 SHS NO PAR VALUE

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



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

Print or Type Name of Officer

Title of Officer



James R. Langevin, 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

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(FORM MUST BE TYPED IN BLACK) 1 Corporate ID No. 76809 3. Street Address Principal Business Office THE OFFICERS (X" BOX FOR ATTACHM . Street Address City 9. NAMES AND ADDRESSES OF THE DIRECTORS Street Address . Street Address City Director Nam Director Name Street Address City City Zip 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Series Number of Shares Par Value 2,000 SHS 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: Wash 99
Check No.: 169
By: \_\_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined



James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998 Filing Period: January 1-March 1 • Filing Fee: \$50.00

STOP PILASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 76809 BENEFIT REALTY, INC. 3. Street Address Principal Business Office 5538 NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) Vice President Name Street Address Director Name Street Address City City Director Name Director Name Street Address Street Address City State 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) . AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Series Par Value Number of Shares 200 COMMON NONE 2,000 SHS NO PAR VALUE

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

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File Date:	89.11.6	
Check No.:	1080	
Ву:	$-10^{\circ}$	
FOR SECRETA	RY 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

Date

Date

Rufit or Type Name of Officer

Title of Officer



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-277-3040

#### PROFIT CORPORATION ANNUAL REPORT

Filing Period: January 1-March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK) 1. Carparate ID No. 2. Name of Corporation 76809 BENEFIT REALTY, INC. 3. Street Address-Hylncipal Busingss Office rovidence Vice President Name Street Address Zip 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name Street Address City State Zip City Zip Director Name Director Name Street Address Street Address City Zip 10. SHARES AUTHORIZED AND ISSUED ("X" BOX FOR ATTACHMENT)

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

ISSUED SHARES

Number of Shares

700

	* 7 6 8 0 9 *
File Date:	2-13-97
Check No.:	1085/
Ву:	LP / 18c
FOR SECRETARY	Y OF STATE USE ONLY

Class/Series

AUTHORIZED SHARES

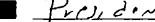
2,000 SHS NO PAR VALUE

Number of Shares

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and

Class/Series





### **PROFIT CORPORATION 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

76809 Address Principal Business		REALTY, INC.	[ατγ •	STATE	ZIP CODE
Ben	efit st	reel	Providen	u RI	02904
RESS PHONE NO.  S. STATE OF INCORPORATION  RHODE ISLAND				5538	
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	This	report must be SIGI	NED IN INK by either t	he r, Receiver or Trustee	

3/21/96 File Date: Check No: By: For Secretary of State Use Only

Date

# 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

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.

0076809 Corporate ID:	Annual Report for the year:
SENEFIT REALTY,	
Name of Corporation:  Business entity organized under the laws of the State of:  For foreign entity, address and telephone number of principal office:	Business Entity is (check one):  [X] Business Corporation (See RIGL Chapter 7-1.1)  [ ] Professional Service Corporation (See RIGL Chapter 7-5.1)
Phone: (	Brief statement of the character of business conducted in Rhode Island:  TO CANY ON AND CODUCT THE BUSINESS  OF OWNING, OPENATING, LIASING ON  MANAGING HIAL ESTATE AND AND  ASPECTS AND SOUNCES AND  TGO 4 - PURPOSEC, THUCK TO
	ES OF THE OFFICERS ARE:
PRESIDENT DATES 4.	STREET ADDRESS  CITY/STATE  ZIP CODE  STREET ADDRESS  CITY/STATE  ZIP CODE  STREET ADDRESS  CITY/STATE  ZIP CODE
TREASURER J. Pegnic 14- TREASURER 49 THE NAME	
NAME WILLIAM DATES 49 NAME Shew J Regine	STREET ADDRESS  CITYSTATE  ZIP CODE  STREET ADDRESS  CITYSTATE  CITYSTATE  ZIP CODE  STREET ADDRESS  CITYSTATE  CITYSTATE  ZIP CODE  ZIP CODE
NUMBER OF SHARES AUTHORIZED (Rider may be attached)	NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)
Number of Shares Class / Series	Number of Shares Class / Series
2000 Common, No PAN	UAR 200 Common No PAU VALu
Date	By: Min Olaka  PRINT OR TYPE NAME OF OITHCER SIGNING  TITLE OF OFFICER SIGNING  PRESIDENT TYPES OF OFFICER SIGNING  PRESIDENT TYPES OF OFFICER SIGNING
DESIGNATED REGISTE	RED AGENT FOR SERVICE OF PROCESS:
PLEASE NOTE: If the registered office and/or registered agent indic	cated below is incorrect. Form 0 must be filed

WILLIAM F. DATES 49 CIRCUIT DRIVE WARWICK F

RI 02889-1208

FILED

FEB 2 2 1995

By DOH 1017