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.	2. Name of Corporation			
76809	BENEFIT REALTY, INC.			
3. Street Address Principal Business Office: 4 Benefit ST	City: Providence	State: RI	Zip: 02904	
4. Business Phone No.: 521-5050	5. State of Incorporation: RHODE ISLAND		6. SIC Code: 5538	

7. Brief 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.

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

President Name: William OATES			Vice President Name:		
Street Address: 49 Circuit Dr.			Street Address:		
City: Warwick	State: RI	Zip: 02889	City:	State:	Zip:
Secretary Name: Sheri J OATES			Treasurer Name: William OATES		
Street Address: 270 Groveland Ave			Street Address: 49 Circuit Dr.		
City: Warwick	State: RI	Zip: 02886	City: Warwick	State: RI	Zip: 02889

9. NAMES AND ADDRESSES OF THE DIRECTORS: ***("X" BOX FOR ATTACHMENT)*** ☐ **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)*** ☐ **11. SHARES ISSUED** ***("X" BOX FOR ATTACHMENT)*** ☐

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	*Class/Series*	*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

[redacted] [redacted]

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.

William Oates 2/12/05
Signature of Officer *Date*

William OATES
Print or Type Name of Officer

President
Title of Officer

[redacted]

File Date 2.16.05
Check No. 11526
By:

FOR SECRETARY OF STATE USE ONLY

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.	2. Name of Corporation			
76809	BENEFIT REALTY, INC.			
3. Street Address Principal Business Office		City	State	Zip
4 Benefit Street		Providence	R.I.	02904
4. Business Phone No.	5. State of Incorporation			6. SIC Code
401-521-5050	RHODE ISLAND			5538

7. Brief 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.

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

President Name			Vice President Name		
William OATES					
Street Address			Street Address		
49 Circuit Drive					
City	State	Zip	City	State	Zip
Warwick	RI	02889			
Secretary Name			Treasurer Name		
Sheri OATES			William OATES		
Street Address			Street Address		
1181 Warwick Ave Apt 215			49 Circuit Drive		
City	State	Zip	City	State	Zip
Warwick	RI	02889	Warwick	RI	02889

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	State	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*	*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

[redacted]

* 7 6 8 0 9 *

File Date FILED

Check No. JAN 21 2004

By: By

FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

William Oates 1/15/04
Signature of Officer *Date*

William OATES
Print or Type Name of Officer

President / Treasurer
Title of Officer

Form 630 Rev. 12/03

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

STOP
PLEASE READ INSTRUCTIONS

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.: 76809
2. Name of Corporation: BENEFIT REALTY, INC.
3. Street Address Principal Business Office: 4 Benefit Street — City: Providence — State: R.I. — Zip: 02904
4. Business Phone No.: 401-521-5050
5. State of Incorporation: RHODE ISLAND
6. SIC Code: 5538
7. Brief Description of the Character of Business Conducted in Rhode Island: OWN AND MANAGE REAL ESTATE

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

President Name: William OATS
Street Address: 49 Circuit Drive
City: Warwick — State: R.I — Zip: 02889

Vice President Name:
Street Address:
City — State — Zip

Secretary Name: Sheri OATES
Street Address: 1181 Warwick Ave. APT 21 South
City: Warwick, — State: RI — Zip: 02889

Treasurer Name: William OATES
Street Address: 49 Circuit Drive
City: Warwick — State: R.I. — Zip: 02889

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

Director Name: None
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
2,000	NO PAR VALUE	

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

ISSUED SHARES

Number of Shares	Class/Series	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

[redacted]

* 76809 *

File Date: 2/20/03

Check No.: 1079

By: R

FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

William Oates — 1/20/03
Signature of Officer — *Date*

William OATES
Print or Type Name of Officer

President
Title of Officer

5

Form 630 12/02

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

STOP
PLEASE READ INSTRUCTIONS

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.: 76809
2. Name of Corporation: BENEFIT REALTY, INC.
3. Street Address Principal Business Office: 4 Benefit Street — City: Providence — State: RI — Zip: 02904
4. Business Phone No.: 401-521-5050
5. State of Incorporation: RHODE ISLAND
6. SIC Code: 5538
7. Brief Description of the Character of Business Conducted in Rhode Island: OWN AND MANAGE REAL ESTATE

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

President Name: William OATES
Street Address: 49 Circuit Drive
City: Warwick — State: R.I. — Zip: 02889

Vice President Name:
Street Address:
City — State — Zip:

Secretary Name: Sheri J. OATES
Street Address: 100 Beacon Avenue
City: Warwick — State: R.I. — Zip: 02889

Treasurer Name: William OATES
Street Address: 49 Circuit Drive
City: Warwick — State: RI — Zip: 02889

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

Director Name: None
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
2,000	NO PAR VALUE	

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

ISSUED SHARES

Number of Shares	Class/Series	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 *

File Date: 1-3-02

Check No.: 1050

By: JL

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.

William Oates 1/1/2002
Signature of Officer — Date

William OATES
Print or Type Name of Officer

President
Title of Officer

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

STOP
PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.: 76809
2. Name of Corporation: BENEFIT REALTY, INC.
3. Street Address Principal Business Office: 4 Benefit Street — City: Providence — State: RI — Zip: 02904
4. Business Phone No.: 401 521-5050
5. State of Incorporation: RHODE ISLAND
6. SIC Code: 5538
7. Brief Description of the Character of Business Conducted in Rhode Island: OWN AND MANAGE REAL ESTATE

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

President Name: William Oates
Street Address: 49 Circuit Drive
City: Warwick — State: RI — Zip: 02889

Vice President Name:
Street Address:
City — State — Zip:

Secretary Name: Sheri J. Oates
Street Address: 82 Vohlander Street
City: Warwick — State: RI — Zip: 02889

Treasurer Name: William Oates
Street Address: 49 Circuit Drive
City: Warwick — State: RI — Zip: 02889

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

Director Name: None
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
2,000 SHS	NO PAR VALUE	

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

ISSUED SHARES

Number of Shares	Class/Series	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

[redacted]

76809

File Date: 2/20

Check No.: 1023

By: [redacted]

FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

William Oates — 1/25/2001
Signature of Officer — *Date*

William Oates
Print or Type Name of Officer

President
Title of Officer

Form 630 12/00

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

STOP
PLEASE READ INSTRUCTIONS

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

Filing Period: January 1–March 1 • Filing Fee: $50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.: 76809
2. Name of Corporation: BENEFIT REALTY, INC.
3. Street Address Principal Business Office: 4 Benefit Street; City: Providence; State: RI; Zip: 02904
4. Business Phone No.: 401-521-5050
5. State of Incorporation: RHODE ISLAND
6. SIC Code: 5538
7. Brief Description of the Character of Business Conducted in Rhode Island: OWN AND MANAGE REAL ESTATE

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

President Name: William OATES
Street Address: 49 Circuit Drive
City: Warwick State: RI Zip: 02889

Vice President Name:
Street Address:
City State Zip

Secretary Name: Sheri J. OATES
Street Address: 82 Von Lander ST.
City: Warwick State: RI Zip: 02889

Treasurer Name: William OATES
Street Address: 49 Circuit Dr.
City: Warwick State: RI Zip: 02889

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

Director Name: None.
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
2,000 SHS	NO PAR VALUE	

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

ISSUED SHARES

Number of Shares	Class/Series	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

[redacted]

* 7 6 8 0 9 *

[redacted]

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.

William Oates 2/15/00
Signature of Officer *Date*

William OATES
Print or Type Name of Officer

Vice President WO
Title of Officer

File Date: 2-24-00

Check No.: 1193

By: AMF

FOR SECRETARY OF STATE USE ONLY

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 1999

Filing Period: January 1–March 1 • Filing Fee: $50.00

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.: 76809
2. Name of Corporation: BENEFIT REALTY, INC.
3. Street Address Principal Business Office: 4 Benefit Street; City: Providence; State: RI; Zip: 02904
4. Business Phone No.: 401-521-5050
5. State of Incorporation: RHODE ISLAND
6. SIC Code: 6538
7. Brief Description of the Character of Business Conducted in Rhode Island: OWN AND MANAGE REAL ESTATE

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

President Name: William Oates
Street Address: 49 Circuit Drive
City: Warwick; State: RI; Zip: 02889

Vice President Name:
Street Address:
City: State: Zip:

Secretary Name: Sheri J. Oates
Street Address: 82 Vohlanden Street
City: Warwick; State: RI; Zip: 02889

Treasurer Name: William Oates
Street Address: 49 Circuit Drive
City: Warwick; State: RI; Zip: 02889

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

Director Name: None
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
2,000 SHS	NO PAR VALUE	

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

ISSUED SHARES

Number of Shares	Class/Series	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 *

File Date: Mar 2, 99

Check No.: 1169

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.

William Oates 2/25/99
Signature of Officer *Date*

William 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
401-277-3040

STOP
PLEASE READ
INSTRUCTIONS

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998

Filing Period: January 1–March 1 • Filing Fee: $50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.: 76809
2. Name of Corporation: BENEFIT REALTY, INC.
3. Street Address Principal Business Office: 4 Benefit Street — City: Providence — State: R.I — Zip: 02904
4. Business Phone No.: 401-521-5050
5. State of Incorporation: RHODE ISLAND
6. SIC Code: 5538
7. Brief Description of the Character of Business Conducted in Rhode Island: OWN And MANAGE REAL ESTATE

8. NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)*

President Name: William OATES
Street Address: 49 CIRCUIT Drive
City: WARWICK — State: RI — Zip: 02889

Vice President Name:
Street Address:
City — State — Zip:

Secretary Name: Sheri J. OATES
Street Address: 152 COUNTRY CLUB DRIVE
City: WARWICK — State: R.I. — Zip: 02888

Treasurer Name: William OATES
Street Address: 49 CIRCUIT Drive
City: WARWICK — State: R.I. — Zip: 02889

9. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)*

Director Name: None
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
2,000 SHS	NO	PAR VALUE

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

ISSUED SHARES

Number of Shares	Class/Series	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 *

File Date: 2.11.98
Check No.: 1086
By: KP

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.

William Oates — 2/10/98
Signature of Officer — *Date*

William 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
401-277-3040

STOP: PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

PROFIT CORPORATION ANNUAL REPORT 1997

Filing Period: January 1–March 1 • Filing Fee: $50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.: 76809
2. Name of Corporation: BENEFIT REALTY, INC.
3. Street Address Principal Business Office: 4 Benefit Street — City: Providence — State: RI — Zip: 02904
4. Business Phone No.: 401-521-5050
5. State of Incorporation: RHODE ISLAND
6. SIC Code: 5538
7. Brief Description of the Character of Business Conducted in Rhode Island: Own and Manage Real Estate

8. NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)*

President Name: William Oates
Street Address: 49 Circuit Drive
City: Warwick — State: RI — Zip: 02889

Vice President Name:
Street Address:
City — State — Zip

Secretary Name: Sheri J. Oates
Street Address: 505 West Shore Rd. Apt 108
City: Warwick — State: RI — Zip: 02889

Treasurer Name: William Oates
Street Address: 49 Circuit Drive
City: Warwick — State: RI — Zip: 02889

9. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)*

Director Name: None
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 AND ISSUED *("X" BOX FOR ATTACHMENT)*

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	*Class/Series*	*Par Value*	*Number of Shares*	*Class/Series*	*Par Value*
2,000 SHS 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 examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer — Date: 2/10/97

William Oates
Print or Type Name of Officer

President
Title of Officer

File Date: 2-13-97
Check No.: 10551
By: ICP / EC
FOR SECRETARY OF STATE USE ONLY

PROFIT CORPORATION ANNUAL REPORT

1996

Filing Period: January 1–March 1
Filing Fee: $50.00

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

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO.	2. NAME OF CORPORATION
76809	BENEFIT REALTY, INC.

3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE	CITY	STATE	ZIP CODE
4 Benefit Street	Providence	RI	02904

4. BUSINESS PHONE NO.	5. STATE OF INCORPORATION	6. SIC CODE
401-521-5050	RHODE ISLAND	5538

7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND
Owning, operating, leasing, managing real estate

8. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME	VICE PRESIDENT NAME
William Oates	
STREET ADDRESS: 49 Circuit Drive	STREET ADDRESS:
CITY: Warwick STATE: RI ZIP CODE: 02889	CITY: STATE: ZIP CODE:
SECRETARY NAME: Sheri Oates	TREASURER NAME:
STREET ADDRESS: 505 West Shore Rd Apt 108	STREET ADDRESS:
CITY: Warwick STATE: RI ZIP CODE: 02889	CITY: STATE: ZIP CODE:

9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME	DIRECTOR NAME
William Oates	Sheri Oates
STREET ADDRESS: 49 Circuit	STREET ADDRESS: 505 West Shore Apt 108
CITY: War STATE: RI ZIP CODE: 02889	CITY: Warwick STATE: RI ZIP CODE: 02889
DIRECTOR NAME:	DIRECTOR NAME:
STREET ADDRESS:	STREET ADDRESS:
CITY: STATE: ZIP CODE:	CITY: STATE: ZIP CODE:

10. SHARES AUTHORIZED AND ISSUED

AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
2,000 SHS NO PAR VALUE			200	COMMON	NO PAR VALUE

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.

Signature of Officer

William Oates
Print or Type Name of Officer

President
Title of Officer

Date

File Date: 3/21/96
Check No: 50586
By:

For Secretary of State Use Only

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.

Corporate ID: 0076809 Annual Report for the year: 1995

Name of Corporation: BENEFIT REALTY, INC.

Business entity organized under the laws of the State of: R.I.

For foreign entity, address and telephone number of principal office:

Phone: ( )

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):
4 Benefit Street
Providence, R.I. 02904
Phone: (401 521-5050

Business Entity is (check one):
[X] Business Corporation (See RIGL Chapter 7-1.1)
[ ] Professional Service Corporation (See RIGL Chapter 7-5.1)

Brief statement of the character of business conducted in Rhode Island:
To carry on and conduct the business of owning, operating, leasing or managing real estate and all aspects and services and purposes thereto.

THE NAMES OF THE OFFICERS ARE:

	STREET ADDRESS	CITY/STATE	ZIP CODE
PRESIDENT: William Oates	49 Circuit Drive	Warwick RI	02889
VICE PRESIDENT:	STREET ADDRESS	CITY/STATE	ZIP CODE
SECRETARY: Sheri J. Regine	14 Bluff Ave.	Warwick, RI	02889
TREASURER: William Oates	49 Circuit Dr.	Warwick, RI	02889

THE NAMES OF THE DIRECTORS ARE:

	STREET ADDRESS	CITY/STATE	ZIP CODE
NAME: William Oates	49 Circuit Dr.	Warwick, RI.	02889
NAME: Sheri J Regine	14 Bluff Ave.	Warwick RI	02889
NAME:	STREET ADDRESS	CITY/STATE	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 Par Value	200	Common No Par Value

Date January 1, 19 95

By: William Oates
PRINT OR TYPE NAME OF OFFICER SIGNING: WILLIAM OATES
TITLE OF OFFICER SIGNING: President / Treasurer

Form 31 1/95

DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

WILLIAM F. OATES
49 CIRCUIT DRIVE
WARWICK RI 02889-1203

FILED
FEB 2 ? 1995
By DC # 1017