



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. 109310		2. Name of Corporation PARKS LITTLE HOUSE CORPORATION			
3. Street Address Principal Business Office 1340 Main Road			City Tiverton	State RI	Zip 02878
4. Business Phone No 401-624-6613		5. State of Incorporation RHODE ISLAND		6. SIC Code 5538	
7. Brief Description of the Character of Business Conducted in Rhode Island OWNERSHIP AND OPERATION 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 Christine W. Parks			Vice President Name Diana P. Hughes		
Street Address 19 Lafayette Street			Street Address 32 Juniper Rd.		
City Fairhaven	State MA	Zip 02719	City Bloomfield	State CT	Zip 06002
Secretary Name Jeremiah R. Leary			Treasurer Name Christine W. Parks		
Street Address 1340 Main Road			Street Address 19 Lafayette Street		
City Tiverton	State RI	Zip 02878	City Fairhaven	State MA	Zip 02719
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Christine W. Parks			Director Name		
Street Address 19 Lafayette Street			Street Address		
City Fairhaven	State MA	Zip 02719	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
4,000 COMM NO PAR VALUE			<del>4,000</del> NONE	<del>COMM</del>	

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



File Date 1/18/05  
Check No. 195  
By: DA  
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.

Diana P. Hughes 1/13/05  
Signature of Officer Date  
Diana P. Hughes  
Print or Type Name of Officer  
vice president  
Title of Officer



**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. <b>109310</b>		2. Name of Corporation <b>PARKS LITTLE HOUSE CORPORATION</b>			
3. Street Address Principal Business Office <b>1340 Main Road</b>			City <b>Tiverton</b>	State <b>RI</b>	Zip <b>02878</b>
4. Business Phone No. <b>508-984-4623</b>		5. State of Incorporation <b>RHODE ISLAND</b>		6. SIC Code <b>5538</b>	
7. Brief Description of the Character of Business Conducted in Rhode Island <b>OWNERSHIP AND OPERATION OF REAL ESTATE.</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>Christine W. Parks</b>			Vice President Name <b>Christine W. Parks</b>		
Street Address <b>19 Lafayette Street</b>			Street Address <b>19 Lafayette Street</b>		
City <b>Fairhaven</b>	State <b>MA</b>	Zip <b>02719</b>	City <b>Fairhaven</b>	State <b>MA</b>	Zip <b>02719</b>
Secretary Name <b>Jeremiah R. Leary</b>			Treasurer Name <b>Christine W. Parks</b>		
Street Address <b>1340 Main Road</b>			Street Address <b>19 Lafayette Street</b>		
City <b>Tiverton</b>	State <b>RI</b>	Zip <b>02878</b>	City <b>Fairhaven</b>	State <b>MA</b>	Zip <b>02719</b>
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <b>Christine W Parks</b>			Director Name		
Street Address <b>19 Lafayette Street</b>			Street Address		
City <b>Fairhaven</b>	State <b>MA</b>	Zip <b>02719</b>	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"/>					
AUTHORIZED SHARES					
Number of Shares		Class/Series	Par Value		
<b>4,000 COMM NO PAR VALUE</b>					
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
ISSUED SHARES					
Number of Shares		Class/Series	Par Value		
<b>240</b>		<b>COMM</b>	<b>No Par Value</b>		

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



\* 1 0 9 3 1 0 \*

File Date 1-8-04  
Check No. 185  
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.

Christine W Parks 1/6/04  
Signature of Officer Date  
**Christine W. Parks**  
Print or Type Name of Officer  
**President**  
Title of Officer



**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. **109310** 2. Name of Corporation **PARKS LITTLE HOUSE CORPORATION**  
3. Street Address Principal Business Office **5 Kempton Place** City **Little Compton** State **RI** Zip **02837**  
4. Business Phone No. **(401) 635-8343** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **5538**  
7. Brief Description of the Character of Business Conducted in Rhode Island **Real Estate**

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

President Name <b>Christine W. Parks</b>	Vice President Name <b>NONE</b>
Street Address <b>19 Lafayette St</b>	Street Address
City <b>Fairhaven</b> State <b>MA</b> Zip <b>02719</b>	City State Zip
Secretary Name <b>Jeremiah R. Leary</b>	Treasurer Name <b>NONE</b>
Street Address <b>1340 main Rd</b>	Street Address
City <b>Tiverton</b> State <b>RI</b> Zip <b>02878</b>	City State Zip

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

Director Name <b>Christine W. Parks</b>	Director Name
Street Address <b>19 Lafayette St</b>	Street Address
City <b>Fairhaven</b> State <b>MA</b> Zip <b>02719</b>	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  
**4,000 COMM NO PAR VALUE**

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

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**240 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: 1-13-03  
Check No.: 176  
By: [Signature]

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: Christine W. Parks Date: 1/10/03  
Print or Type Name of Officer: Christine W. Parks  
Title of Officer: President



**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. 109310 2. Name of Corporation PARKS LITTLE HOUSE CORPORATION  
3. Street Address Principal Business Office 5 Kempton Place City Little Compton State RI Zip 02837  
4. Business Phone No. 401-635-8343 5. State of Incorporation RHODE ISLAND 6. SIC Code 5538  
7. Brief Description of the Character of Business Conducted in Rhode Island Real Estate

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

President Name <u>Christine W. Parks</u>	Vice President Name <u>none</u>
Street Address <u>19 Lafayette St.</u>	Street Address
City <u>Fairhaven</u> State <u>MA</u> Zip <u>02719</u>	City State Zip
Secretary Name <u>none</u>	Treasurer Name <u>none</u>
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 <u>Diana Hughes</u>	Director Name <u>Ann Parks</u>
Street Address <u>32 Juniper rd</u>	Street Address <u>103 Loud rd</u>
City <u>Bloomfield</u> State <u>CT</u> Zip <u>06002</u>	City <u>Fairport</u> State <u>NY</u> Zip <u>14610</u>
Director Name <u>Sarah Stoltz</u>	Director Name <u>Mary Staley</u>
Street Address <u>28679 Sanderson rd</u>	Street Address <u>68 Danbury Circle So</u>
City <u>Trappe</u> State <u>MD</u> Zip <u>21673</u>	City <u>Rochester</u> State <u>NY</u> Zip <u>14618</u>

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

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
4,000 COMM NO PAR VALUE

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

ISSUED SHARES  
Number of Shares Class/Series Par Value  
120 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 0 9 3 1 0 \*

File Date: 6-25-02  
Check No.: 178  
By: [Signature]

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 Christine W. Parks Date 6/22/02  
Print or Type Name of Officer Christine W. Parks  
Title of Officer President



**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. **109310** 2. Name of Corporation **PARKS LITTLE HOUSE CORPORATION**  
3. Street Address Principal Business Office **1340 Main Road** City **Tiverton** State **RI** Zip **02878**  
4. Business Phone No. **401-624-6613** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **5538**  
7. Brief Description of the Character of Business Conducted in Rhode Island

**Residential Real Estate Operators**

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

President Name	Christine W. Parks	Vice President Name	Christine W. Parks
Street Address	19 Lafayette Street	Street Address	19 Lafayette Street
City	Fairhaven	City	Fairhaven
State	MA	State	MA
Zip	02719	Zip	02719
Secretary Name	Jeremiah R. Leary	Treasurer Name	Christine W. Parks
Street Address	1340 Main Road	Street Address	19 Lafayette St
City	Tiverton	City	Fairhaven
State	RI	State	MA
Zip	02878	Zip	02719

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

Director Name	Christine W. Parks	Director Name	
Street Address	19 Lafayette Street	Street Address	
City	Fairhaven	City	
State	MA	State	
Zip	02719	Zip	
Director Name		Director Name	
Street Address		Street Address	
City		City	
State		State	
Zip		Zip	

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

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
**4,000 COMM NO PAR VALUE**

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

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**240 common \$5,000**

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



\* 1 0 9 3 1 0 \*

File Date: 1/22  
Check No.: 156  
By: [Signature]

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: Christine W Parks Date: 1/17/01  
Print or Type Name of Officer: Christine W. Parks  
Title of Officer: President



**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. **109310** 2. Name of Corporation **PARKS LITTLE HOUSE CORPORATION**  
3. Street Address Principal Business Office **1340 Main Road** City **Tiverton** State **RI** Zip **02878**  
4. Business Phone No. **401-624-6613** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **5538**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Residential Real Estate Operators**

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

President Name <b>Christine W. Parks</b>	Vice President Name <b>Christine W. Parks</b>
Street Address <b>19 Lafayette Street</b>	Street Address <b>19 Lafayette Street</b>
City <b>Fairhaven</b> State <b>MA</b> Zip <b>02719</b>	City <b>Fairhaven</b> State <b>MA</b> Zip <b>02719</b>
Secretary Name <b>Jeremiah R. Leary</b>	Treasurer Name <b>Christine W. Parks</b>
Street Address <b>1340 Main Road</b>	Street Address <b>19 Lafayette Street</b>
City <b>Tiverton</b> State <b>RI</b> Zip <b>02878</b>	City <b>Fairgaven</b> State <b>MA</b> Zip <b>02719</b>

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

Director Name <b>Christine W. Parks</b>	Director Name
Street Address <b>19 Lafayette Street</b>	Street Address
City <b>Fairhaven</b> State <b>MA</b> Zip <b>02719</b>	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

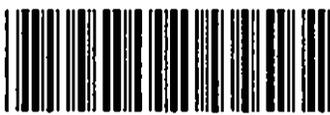
**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
**4,000 COMM NO PAR VALUE**

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

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**NONE**

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



\* 1 0 9 3 1 0 \*

File Date: 9/15

Check No.: 36368

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 of Officer [Signature] Date 9/13/00

**Jeremiah R. Leary**

Print or Type Name of Officer

**Secretary**

Title of Officer