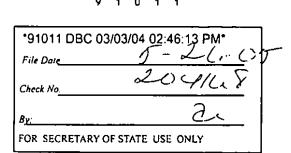
•	Office of the Secretary of State	
	CORPORATION ANNUAL REPORT FOR THE YEAR	2005
	: January 1 - March 1 • Filing Fee: \$50.00	

(FORM MUST BE TYPED IN B. I. Corporate ID No. 91011	2. Name of Corpo	ration Apartments for Tenar	its, Inc.		
3. Street Address Principal Busine	ess Office		City	State	Zip
445 DEXTER STREET			CENTRAL FALLS	RI	02863-
4. Business Phone No.		5. State of Incorporati	οπ		6. SIC Code
4017238730		RHODE ISLAN	D		8888
7. Brief Description of the Character IN HOLD ST					
8. NAMES AND ADDRESS President Name James Ruthowski Street Address 445 Dexter Street	ES OF THE OFF	TCERS ("X" BOX FOR A	TTACHMENT) TILL IN SPACES Vice President Name Robert Charette Street Address 445 Dexter Street	S BEFORE USING AT	TTACHMENTS
City	State	Zip	City	State	Zip
Central Falls	RI	02863	Central Falls	RI	02863
Secretary Name			Treasurer Name		50 3
Robert Poirer			Linda Cipriano		
Street Address			Street Address		## <u></u>
445 Dexter Stree			445 Dexter Street		$\sim$
City	State	Zip	Ciry	State	O Zip
Central Falls	RI	02863	Central Falls	RI	02863
9. NAMES AND ADDRESS Director Name	ES OF THE DIR	ECTORS ("X" BOX FOR	ATTACHMENT) TILL IN SPAC	ES BEFORE USING	ATTACHNIENTS
James Ruthowski			Robert Charette		<b>√</b>
Street Address			Street Address		- m
445 Dexter Street			445 Dexter Street		
City	State	Zip	City	State	Zip
Providence	RI	02863	Providence	RI	02863
Director Name Norm DeGuilio			<i>Director Name</i> Robert Poirier		
Street Address 445 Dexter Street			Sircei Address 445 Dexter Street		
City	State	Zip	City	State	Zip
Providence	RI	02863	Providence	RI	02863
10. SHARES AUTHORIZE AUTHORIZED SHARES	D ("X" BOX FOR	ATTACHMENT)	11. SHARES ISSUED ("X" BO. ISSUED SHARES	X FOR ATTACHMEN	ם מי
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
2,000 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



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 helpin are true and correct.

Signature of Officer

Date

The Name of Officer

Title of Officer

Form 630 12/01

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

			2004
PROFIT	CORPORATION ANNIIAI	REPORT FOR THE YEAR	2004

FORM MUST BE TYPED IN BL I. Carparate ID No.	2. Name of Corpor	ration			
91011		Apartments for Tenants,	Inc.		
3. Street Address Principal Busine	us Office		City	State	Zip
445 DEXTER STREET			CENTRAL FALLS	RI	02863-
1. Business Phone No.		5. State of Incorporation			6. SIC Code
4017238730		RHODE ISLAND			8888
7. Brief Description of the Charac TI INVEST IN HOLD ST					
8. NAMES AND ADDRESS	ES OF THE OFF	ICERS ("X" BOX FOR ATTA	ACHMENT)   FILL IN SPACES  Vice President Name	BEFORE USING AT	TACHMENTS
James Ruthowski			Robert Charette		
Sircet Address			Sireet Address		•
445 Dexter Street			445 Dexter Street		
City	State	Zip	City	State	Zip
Central Falls	RI	02863	Central Falls Treasurer Name	RI	02863
Robert Poirer			Linda/Cipriano		
Street Address			Sirect Address		•
445 Dexter Stree			445 Dexter Street		
Sirv	State	Zip	City	State	Zip
Central Falls	RI	02863	Central Falls	RI	02863
9. NAMES AND ADDRESS	es of the dir	ECTORS ("X" BOX FOR AT	TACHMENT) T FILL IN SPAC	ES BEFORE USING	ATTACHMENTS
James Ruthowski			Robert Charette		
Street Address			Street Address	•	
445 Dexter Street			445 Dexter Street		
City	State	Zip	Cirv	State	`Zip
Providence	RI	02863	Providence	RI	02863
Director Name Linda Cipriano			Director Name Robert Poirier		
Street Address			Sircei Address		
445 Dexter Street			445 Dexter Street		
City	State	Zip	City	State	Zip
Providence	RI	02863	Providence	RI	02863
10. SHARES AUTHORIZE	D ("X" BOX FOR	ATTACHMENT) 🗆	11. SHARES ISSUED ("X" BO.	X FOR ATTACIIMEN	ח 🗆
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
2,000 NO PAR VALUE			100	Common	·No par value



*91011	DBC 0303/04/02 70:13 PM*
Check No.	JUN 0 9 2004
By:	By M33401
FOR SEC	RETARY 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 downined herein are true and correct. yre of Officer Form 630 12/01

401.222.3040



EOD THE VEAD 2003

FORM MUST BE TYPED IN BL i. Corporate ID No. *91011*	2. Name of Corpor	ation Apartments for Tenar	nts, Inc.		
3. Street Address Principal Busine	•	•	City	State	Zip
445 DEXTER STREET			CENTRAL FALLS	RI	02863-
4. Business Phone No.		5. State of Incorporat	ion		6. SIC Code
4017238730		RHODE ISLAN	ID		8888
7. Brief Description of the Charac TI INVEST IN HOLD ST					
8. NAMES AND ADDRESS. President Name	ES OF THE OFF	ICERS ("X" BOX FOR A	ITTACHMENT) TILL IN SPAC	es before using at	TTACHMENTS
James Ruthowski			Alido Baldera		
Street Address			Street Address		-
445 Dexter St.			445 Dexter St.		
City	State	Zip	Cîry	State	Zip
Central Falls	RI	02863	Central Falls	RI	02863
Secretary Name			Treasurer Name		
Robert Poirer			Linda Cipriano		
Sircei Address			Street Address	-	
445 Dexter St.			445 Dexter St.		
City	State	2ip	City	State	Zip
Central Falls	RI	02863	Central Falls	RI	02863
9. NAMES AND ADDRESS Director Name	ES OF THE DIR	ECTORS ("X" BOX FO	RATTACHMENT)   FILL IN SPA	CES BEFORE USING	ATTACHMENTS
James Ruthowski			Alido Baldera		
Sircei Address			Sireei Address		
445 Dexter St.			445 Dexter St.		
Cin <sup>,</sup>	State	Zip	City	State	Zip
Central Falls	RI	02863	Central Falls	RI	02863
Director Name	K.I	02003	Director Name		02000
Linda Cipriano			Robert Poirier		
Sircei Address			Sircei Address		
445 Dexter St.			445 Dexter St.		
City	State	Zip	City	State	Zip ·
Central Falls	RI	02863	Central Falls	RI	02863
10. SHARES AUTHORIZE		_	11. SHARES ISSUED ("X" E ISSUED SHARES	BOX FOR ATTACHMEN	$\sigma$
AUTHORIZED SHARES	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
AUTHORIZED SHARES Number of Shares	CIMSISETIM				

	•	9	1	0	1	1	*	
**91011* 1	/21/0	31	1:4:	į:39	ρĄ	۸ <u>ځ</u>		
File Date		3,	١.	<u>{</u>	<u>.</u> ن	<u>ک</u>		
Check No.		8	1	<u>)(</u>	2			_
<i>B<sub>Y</sub>.</i>			ll	)_				
FOR SECRET	ARY C	)F ST	ATE	E U\$	ΕО	NLY		-

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 perein are true and correct. Signature of Officer Form 630 12/01

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

91011

Community Apartments for Tenants, Inc.

3. Street Address Principal Business Office

Zip

445 Dexter Street

S. State of Incorporation

RI

02863

4. Business Phone No.

6. SIC Code

(401) 723-8730

**RHODE ISLAND** 

8888

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

Acquire, own, develop and operate housing projects for low income families.

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

President Name

Kenneth Castle

Street Address

Secretary Name

Street Address

445 Dexter Street

445 Dexter Street

Alido Baldera

Central Falls

RI

02863

Alido Baldera Street Address

Central Falls

445 Dexter Street

Central Falls

RI

02863

Treasurer Name

Linda Cipriano

Street Address

445 Dexter Street

Central Falls

RΙ

02863

Central Falls

RI

02863

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

Kenneth Castle

Street Address

445 Dexter Street

Central Falls Director Name

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

State

RΙ

RI

02863

Alido Baldera

Street Address

445 Dexter Street

Central Falls

RΙ

Zip 02863

Director Name

Linda Cipriano

Central Falls

**AUTHORIZED SHARES** 

Number of Shares

445 Dexter Street

Class/Series

02863

Par Value

Street Address

City

State

Zip

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

2,000 NO PAR VALUE

100

No par value

Common

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

Kenneth R. Castle
Print or Type Name of Officer

President Title of Officer د <del>دهه</del> ه

Form 630 12/01

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

PROFIT	CORPORATION	ANNUAL RI	EPORT	FOR	THE	YEAR	2001
Filing Period	l: [anuary 1-March 1 •	Filing Fee: \$50.00					

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

2,000

91011

2. Name of Corporation

3. Street Address Principal Husiness 445 Dexter Street			Central Falls	State RI	ď2863
4. Business Phone No.		S. State of Incorporation	ort.		6. SIC Code
(401) 723-8730 7. Brief Description of the Character	· ·				8888
Acquire, own, develop	and operate ho	using projects for	low-income families.		
8. NAMES AND ADDRESS President Name Kenneth Castle	SES OF THE OFF	ICERS (*x* box for att.	ACHMENT) FILL IN SPACES BI Vice President Name Alido Baldera	EFORE USING ATTA	CHMENTS
Street Address			Street Address		
445 Dexter Street			445 Dexter Stree	t	
City Central Falls	State RI	21p 02863	City Central Falls	State RI	Zip 02863
Secretary Name Alido Baldera		,	Theasurer Name Linda Cipriano		
Street Address			Street Address		
445 Dexter Street	:		445 Dexter Stree	t	
City	State	Zip	City	State	Zip
Central Falls	RI	02863	Central Falls	RI	02863
9. NAMES AND ADDRESS	SES OF THE DIR	ECTORS ("X" BOX FOR A	TTACHMENT) FILL IN SPACES	BEFORE USING ATT	ACHMENTS
Director Name Kenneth Castle			Director Name Alido Baldera		
Street Address 445 Dexter Street	<u>.</u>		Street Address 445 Dexter Stree	t	
City	State	Zip	City	State	Zip
Central Falls	RI	02863	Central Falls	RI	02863
Director Name	•		Director Name		,
Linda Cipriano Street Address			Street Address		
445 Dexter Street	Z State	Z.tp	City	State	ZIp
Central Falls	RI	02863			
10. SHARES AUTHORIZES	D ("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED (*X ISSJEDSHARES	* BOX FOR ATTACHMEN	(T)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value

Community Apartments for Tenants, Inc.

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

No Par Value

100

<b></b>	FILED
File Date: Check No.:	APR 18 2001
By:	Ву 500

Common

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.

KOUNER B. Gane	3/06/01	
Signature of Officer	Date	

Common

*/	- 4- 1-	ъ	Castle	_
Kenn	ern.	Ю.	Casti	2

Print or Type Name of Officer

President

Title of Officer

Form 630 12/96

No Par Value

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

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

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLAC	(K)				
1. Corporate ID No.	2. Name of Corporati	on	-	• -	
91011	Community	Apartments for	Tenants, Inc.		
3. Street Address Principal Business C	Office		City	State	Zip
14 Moore Street			Central Falls	RI	02863
4. Business Phone No.		S. State of Incorporation	1		6. SIC Code
(401) 723-8730  7. Brief Description of the Character of Acquire, own, develop			D low-income families.		
8. NAMES AND ADDRESS President Name Kenneth Castle	ES OF THE OFFIC	CERS (*x* box for atta	CHMENT) FILL IN SPACES BEI Vice President Name Alido Baldera	FORE USING ATTA	ACHMENTS
Street Address 14 Moore Street			Street Address 14 Moore Street		
Cuy Central Falls	State R I	<sup>ZIp</sup> 02863	Cuy Central Falls	State RI	<sup>ZIP</sup> 02863
Secretory Name Kenneth Castle	, .	•	Treasurer Name Linda Cipriano	• • • • • • • • • • • • • • • • • • • •	
Street Address 14 Moore Street			Street Address 14 Moore Street		
City	State	Zip	City	State	ZIp
Central Falls	RI	02863	Central Falls	RI	02863
9. NAMES AND ADDRESS Director Name Kenneth Castle	ES OF THE DIRE	CTORS (*X* BOX FOR AT	TACHMENT) FILL IN SPACES B Director Name Alido Baldera	EFORE USING AT	TACHMENTS
Street Address 14 Moore Street			Street Address 14 Moore Street		
CNy Central Falls	State RI	Zip 02863	City Central Falls	State R I	<i>Zip</i> 02863
Director Name Linda Cipriano	• •	· · ·	Director Name	•••	•••••
Street Address			Street Address		
14 Moore Street					
City	State	Zip	City	State	Zip
Central Falls	RI	02863			
10. SHARES AUTHORIZED SHARES	) ("X" BOX FOR ATTA	СНМЕЙТ)	11. SHARES ISSUED ("X" )	BOX FOR ATTACHME.	(דא
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
2,000 SHS 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

ile Date: _	* 9 1 0 1 1 * FILED						
heck No.:	MAR 03 2000						
By:	By 68 628929						
OR SECRE	TARY 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 between are true and correct.

KENNETH P. CASTLE	2/7/00	
gnature of Officer	Date	
V		

Kenneth R. Castle

Print or Type Name of Officer

President

Title of Officer



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

1999

#### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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

THURM MUST BE TYPED IN BLAC	K)				
1. Co 91014 No.	<sup>2</sup> .Community	*Apartments for Ten	ants, Inc.		· · · · · · · · · · · · · · · · · · ·
3. Street Address Principal Business O	ffice		' City	State	. Zip
14 Moore Street		_	Central Falls	RI	02863
4. Business Phone No.		5 RHODE1SEA	ND	•	v 6. si <b>ggoo</b>
(401) 723-8730 7. Brief Description of the Character of Acquire, own, develop			low-income families.		
8. NAMES AND ADDRESS President Name Kenneth Castle	ES OF THE OFFI	CERS ("X" BOX FOR ATTA	CHMENT) FILL IN SPACES BE Vice President Name Alido Baldera	FORE USING ATTA	CHMENTS
Street Address			Street Address	-	-
14 Moore Street	•		14 Moore Stree	t	
City Central Falls	State RI	zip 02863	Central Falls	State RI	<sup>Zip</sup> 02863
Secretary Name	••	• • • • • • • • • • • • • • • • • • • •	Treasurer Name	l	••• • • • • • • • • • • • • • • • • • •
Alido Baldera		_	: Linda Cipriano	_	
Street Address		· –	Street Address		
14 Moore Street	•		14 Moore Stree		
City Company 1 To 3 1 o	, State	. Zip.	Control Follo	State RI	j Zip
Central Falls	RI	02863	Central Falls	-	
9. NAMES AND ADDRESS  Director Name  Kenneth Castle	ES OF THE DIRE	CTORS (*X* BOX FOR AT	TACHMENT) FILL IN SPACES  Director Name Alido Baldera	BEFORE USING ATT	ACHMENTS
Street Address			Street Address		· <b>-</b>
14 Moore Stree	t		14 Moore Street		_
City	State	Zip	' City	State	Zip
Central Falls	RI · ·	02863	Central Falls	RI	02863
Director Name			Director Name		
Linda Cipriano Street Address		-	Street Address		•
14 Moore Stree	t		<u> </u>		
City	State	Zip	City	State	Zip
Central Falls 10. SHARES AUTHORIZED	RI	02863	11. SHARËS ISSUED (Fx-	nov con aminorio	
AUTHORIZED SHARES	LA BUATURALIA	IURMENI/	SUID SHARES 155UED ("X"	BUA FUK ATTACHMEN	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	- Par Value
•			the second second	,	• • • • • • • • • • • • • • • • • • • •

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



2,000 SHS NO PAR VALUE

Check No .: 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.

Common

2-15.99 PENNETH (K)

Kenneth R. Castle

Print or Type Name of Officer

President

Signature of Officer

Title of Officer



No Par Value

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

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

02863

6. SIC Code

RI

(FORM MUST BE TYPED IN BLACK)

Filing Period: January 1-March 1 • Filing Fee: \$50.00 1. Corporate ID No. 2. Name of Corporation Community Apartments for Tenants, Inc. 91011 3. Street Address Principal Business Office State Zip

Central Falls

400 Dexter Street

4. Business Phone No. S. State of Incorporation RHODE ISLAND (401) 723-8730

7. Brief Description of the Character of Business Conducted in Rhode Island Acquire, own, develop and operate housing projects for low-income familes.

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

President Name Vice President Name Kenneth Castle Alido Baldera

Street Address Street Address 400 Dexter Street 400 Dexter Street City State City

02863 Central Falls 02863 Central Falls Secretary Name

Treasurer, Name Alido Baldera Michael Braet Street Address Street Address

400 Dexter Street 400 Dexter Street

City State Zip City State Zip

02863 02863 Central Falls RT Central Falls RI

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) Director Name Director Name

Kenneth Castle Alido Baldera Street Address Street Address

400 Dexter Street 400 Dexter Street State Zip State

Zio Central Falls Central Falls RI 02863 02863

Director Name Director Name

Michael Braet Street Address Street Address

400 Dexter Street City City Zip State Zip

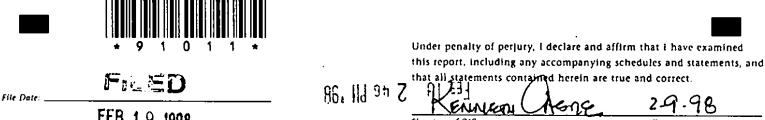
Central Falls RI 02863

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/Serles Par Value

100 2,000 SHS NO PAR VALUE Common No Par Value

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



31418 13 \*Kenneth Castle Print of Type Name of Officer <u>President</u> FOR SECRETARY OF STATE USE ONLY

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 1997

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

Number of Shares

2,000 SHS NO PAR VALUE

2. Name of Corporation

91011

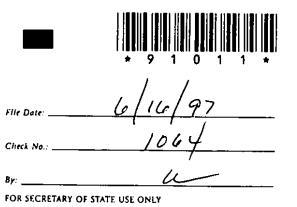
Community Apartments for Tenants, Inc.

3. Street Address Principal Business Office State Zip400 Dexter Street Central Falls RI 02863 4. Business Phone No. S. State of Incorporation 6. SIC Code RHODE ISLAND 401-723-8730 8888 7. Brief Description of the Character of Business Conducted in Rhode Island Acquire, own, develop and operate housing projects for low-income families 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) President Name Vice President Name Kenneth Castle Alido Baldera - William Siemers. Street Address Street Address 400 Dexter Street 400 Dexter Street - 400 Dexter Street State ZIp State ZIp Central Falls RI RI 02863 02863 Central Falls. Secretary Name Treasurer Name Alido Baldera Michael Braet Street Address Street Address 400 Dexter Street 40 Dexter Street City Zip City State Central Falls RI 02863 Central Falls RΙ 02863 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name Director Name Kenneth Castle Alido Baldera Street Address Street Address 400 Dexter Street 400 Dexter Street State Zip State Zip Central Falls RΙ 02863 Central Falls RI 02863 Director Name Director Name William Siemers Michael Braet Street Address Street Address 400 Dexter Street 400 Dexter Street City Zip State Central Falls RΙ 02863 Central Falls RΙ 02863 10. SHARES AUTHORIZED AND ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES

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

Number of Shares

100



Class/Series

Par Value

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

Ditte

Class/Series

Common

Par Value

No par value

Signature of Officer

MICHAEL BRAET

Print or Type Name of Officer

TREASURSC