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

Filing Period: January 1 -			OKI I OK IIII			<u></u>		
FORM MUST BE TYPED IN B								
1. Corporate 1D No.	2. Name of Corpo		2000 TO					
126611		Y ROCK INVE	STMENTS, INC.	Υ.		(m)		
3. Street Address Principal Business Office 29 GREENOUGH PLACE			City NEWPORT		State RI	2ip 02840		
4. Business Phone No.		5. State of Incorpo	pration		<u> </u>	6. SIC Code 6130		
401 847-4450 RHODE ISLA								
7. Brief Description of the Cha		Conducted in Rhode Islan	nd .					
SECURITIES TRAD 8. NAMES AND ADDRESSE	S VE LITE VELLA.	EDS /"Y" PAY SAR ATTA	CHMENT) THE LIN SP.	ACES REF	ORE USING ATTA	CHMENTS		
	2 OF THE OFFIC	ERS (A BOX POR ALLA	Vice President Name	ACID DLI	old: called At IA	CHALL		
President Name	אלים							
ANDREW NICOLETT	LA		Street Address	NONE				
Street Address 216 GRAY CRAIG	ROAD		Sireel Address					
City	State	Zip	City		State	Zip		
MÍDDLETOWN	RI	02842						
Secretary Name			Treasurer Name NONE					
Street Address	· -		Street Address					
					-			
City	State	Zip	City		State	Zip		
9. NAMES AND ADDRESSE	 ES OF THE DIREC	TORS ("X" BOX FOR A	I TACHMENT) ☐ FILL IN S	SPACES BE	I FORE USING AT	TACHMENTS		
Director Name			Director Name					
NONE			•	NONE				
Street Address	· · · · · · · · · · · · · · · · · · ·		Street Address	···				
ance nas-ess								
City	State	Zip	City	City State		Zip		
Director Name			Director Name		L			
NONE			NONE	NONE				
Street Address			Street Address					
City	State	Zip	City		State	Zip		
	1				!	<u> </u>		
10. SHARES AUTHORIZED	("X" BOX FOR ATTA	(CHMENT) 🔲	11. SHARES ISSU	JED ("X" BO	OX FOR ATTACHME	(ז'א		
AUTHORIZED SHARES			ISSUED SHARES					
Number of Shares	Class/Series	Par Value	Number of Shares		Class/Series	Par Value		
5,000	COMMON		.01	5,000	COMMON		.01	
					 			
This report must be signed	in ink by either	the President, Vice	Under penalty of this report, incl	of perjury, uding any	I declare and affin	m that I have exam	nined	
101	1 1		and that all stat	cmentscor	lained herein are	yrue and correct.		

File Date 112/22/04 Check No. 2659 FOR SECRETARY OF STATE USE ONLY

Signature Policer
ANDREW NICOLETTA

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

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, R1 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 IN BLACK) 1 Corporate ID No. 2. Name of Corporation 126611 CRANBERRY ROCK INVESTMENTS, INC. 3. Street Address Principal Business Office. City State 29 GREENOUGH PLACE NEWPORT 02840 RI 4. Rusiness Phone No. 5. State of Incorporation 6, SIC Code 401 847-4450 RHODE ISLAND 6130 7. Artef Description of the Character of Business Conducted in Rhode Island SECURITIES TRADING 8. NAMES AND ADDRESSES OF THE OFFICERS ("X BOX FOR ATTACHMENT) THE LET SPACES BEFORE USING ACTACHMENTS President Name Vice President Name ANDREW NICOLETTA NONE Street Address Street Address 216 GRAY CRAIG ROAD City State Zip City State ZIp MIDDLETOWN RI 02842 Secretary Name Treasurer Name NONE NONE Street Address Street Address State Zip City State Zip2. NAMES AND ADDRESSES OF THE DIRECTORS TX BOX FOR MINCHARMS | TILL IN SPACES BEFORE USING ATTACHMENTS Director Name NONE NONE Street Address Street Address City 2ip State City State Zip Director Name Director Name NONE NONE Street Address Street Address City State Zip City State Zip 10. SHARES ALTHORIZED ("X" BOX FOR ATTACHMENT) DESTARTES ESSECUTE TO SECUTION TO SECUTE SERVICE SERVI **AUTHORIZED SHARES** ISSUED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value 5,000 COMMON .01 5,000 COMMON .01 This report must be signed in Ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

THE Date 2704

Check No. 444

By: 0.

FOR SECRETUREY OF STATE USE ONLY

Under penalty of peniury, I declare and affirm this report, including any agrompanying scheened that all statements contained herein are tr	dules and statements
Signature of Officer	Date
ANDREW NICOLETTA	
Print or Type Name of Officer	
PRESIDENT	
Title 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 OR PRINTED IN BLACK)

1. Corporate ID No. 126611

2. Name of Corporation

3. Street Addre	rss Principal Business Office	•
29	GREENOVEH	PL
4. Business Ph	one No.	•

Cranberry Rock Investments, Inc.

rief Description of the Character of Busir	ness Conducted in Rhode Island
KINDWCIAN.	INVESTMENTS

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

Street Address

Zip

Treasurer Name

Street Address

City

City

State

City

State

State

Z,ip

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

Director Name

WEST ANSCEWE, NICOLETTA

Zip

Street Address

City

State

ZIP

Director Name

Street Address

Director Name

Street Address

Street Address

City

State

City

State

2,1p

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

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

ESSUED SHARES

Number of Shares

Class/Series

Par Value

5,000 \$.01 PAR VALUE

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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

Hare and affirm that I have examined agrompanying schedules and statements, and ed herein are true and correct.

Print or Type Name of Officer

Title of Officer

Form 630 12/02