

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 IN BLACK)

1. Corporate ID No. 126611		2. Name of Corporation CRANBERRY ROCK INVESTMENTS, INC.			
3. Street Address Principal Business Office 29 GREENOUGH PLACE			City NEWPORT	State RI	Zip 02840
4. Business Phone No. 401 847-4450		5. State of Incorporation RHODE ISLAND			6. SIC Code 6130
7. Brief Description of the Character of Business Conducted in Rhode Island SECURITIES TRADING					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name ANDREW NICOLETTA			Vice President Name NONE		
Street Address 216 GRAY CRAIG ROAD			Street Address		
City MIDDLETOWN	State RI	Zip 02842	City	State	Zip
Secretary Name			Treasurer Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 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

File Date 12/22/04

Check No. 2659

By: W.

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.

X

Signature of Officer

Date

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, 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 IN BLACK)

1. Corporate ID No. 126611		2. Name of Corporation CRANBERRY ROCK INVESTMENTS, INC.			
3. Street Address Principal Business Office 29 GREENOUGH PLACE			City NEWPORT	State RI	Zip 02840
4. Business Phone No. 401 847-4450		5. State of Incorporation RHODE ISLAND			6. SIC Code 6130
7. Brief Description of the Character of Business Conducted in Rhode Island SECURITIES TRADING					
8. NAMES AND ADDRESSES OF THE OFFICERS (X BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name ANDREW NICOLETTA			Vice President Name NONE		
Street Address 216 GRAY CRAIG ROAD			Street Address		
City MIDDLETOWN	State RI	Zip 02842	City	State	Zip
Secretary Name NONE			Treasurer Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS (X BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name NONE			Director Name NONE		
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
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

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

ANDREW NICOLETTA

Print or Type Name of Officer

PRESIDENT

Title of Officer

Form 630 12/01

File Date 8-27-04
Check No. 4414
By [Signature]
FOR SECRETARY OF STATE USE ONLY



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



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. 126611 2. Name of Corporation Cranberry Rock Investments, Inc.
3. Street Address Principal Business Office 29 GREENOUGH PL
4. Business Phone No. 401-647-4456 5. State of Incorporation RHODE ISLAND
7. Brief Description of the Character of Business Conducted in Rhode Island
FINANCIAL INVESTMENTS

City Newport State RI Zip 02840
6. SIC Code 6130

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

President Name ANDREW F. NICOLETTA
Street Address 216 GRAY CRANE RD
City MIDDLETOWN State RI Zip 02842
Secretary Name

Vice President Name
Street Address
City State Zip
Treasurer Name

Street Address
City State Zip

Street Address
City State Zip

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

Director Name ANDREW F. NICOLETTA
Street Address SHANK
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
5,000 \$0.01 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 2 6 6 1 1 *

File Date: 1.29.03

Check No.: 1457

By: UP

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 ANDREW F. NICOLETTA Date 1-28-03

Print or Type Name of Officer

Title of Officer PER S