



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. 72213		2. Name of Corporation MT Professional Offices, Inc.			
3. Street Address Principal Business Office 1200 Reservoir Avenue			City Cranston	State RI	Zip 02920
4. Business Phone No. (401) 946-3030		5. State of Incorporation RHODE ISLAND			6. SIC Code 5553
7. Brief Description of the Character of Business Conducted in Rhode Island OWNERSHIP AND DEVELOPMENT 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 Angelo R. Marocco			Vice President Name Ronald Tagliaferri		
Street Address 1200 Reservoir Avenue			Street Address 1200 Reservoir Avenue		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Secretary Name Angelo R. Marocco			Treasurer Name Ronald Tagliaferri		
Street Address 1200 Reservoir Avenue			Street Address 1200 Reservoir Avenue		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			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) <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
1,000 COMM NO PAR VALUE			1,000	Common	No Par Value

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



72213

File Date 1-18-05
Check No. 2495
By: zc
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.

Ronald Tagliaferri January 14, 2005
Signature of Officer Date

RONALD TAGLIAFERRI

Print or Type Name of Officer

VICE PRESIDENT

Title of Officer



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

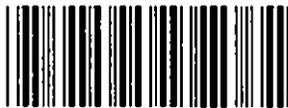
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

Form with sections 1-11: Corporate ID No, Name of Corporation, Street Address, Business Phone No, State of Incorporation, Brief Description of Business, Names and Addresses of Officers (President, Vice President, Secretary, Treasurer), Names and Addresses of Directors, Shares Authorized, Shares Issued.

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



* 7 2 2 1 3 *

File Date: 1-12-04
Check No: 2375
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: Ronald Tagliaferri
Date: January 9, 2004
Print or Type Name of Officer: Ronald Tagliaferri
Title of Officer: Vice President



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. **72213**
2. Name of Corporation **MT Professional Offices, Inc.**
3. Street Address Principal Business Office
1200 Reservoir Avenue
4. Business Phone No. **(401) 946-3030**
5. State of Incorporation **RHODE ISLAND**
7. Brief Description of the Character of Business Conducted in Rhode Island
Ownership and development of real estate

City **Cranston** State **RI** Zip **02920**
6. SIC Code **5553**

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

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name **Angelo R. Marocco**
Street Address **1200 Reservoir Avenue**
City **Cranston** State **RI** Zip **02920**
Secretary Name **Angelo R. Marocco**
Street Address **1200 Reservoir Avenue**
City **Cranston** State **RI** Zip **02920**

Vice President Name **Ronald Tagliaferri**
Street Address **1200 Reservoir Avenue**
City **Cranston** State **RI** Zip **02920**
Treasurer Name **Ronald Tagliaferri**
Street Address **1200 Reservoir Avenue**
City **Cranston** State **RI** Zip **02920**

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

FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name
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
1,000 COMM NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
1,000 Common No par value

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



* 7 2 2 1 3 *

File Date: 1-14-03
Check No.: 2062
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] January 13, 2003
Signature of Officer Date
Ronald Tagliaferri
Print or Type Name of Officer
Vice President
Title of Officer



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. **72213**
2. Name of Corporation **MT Professional Offices, Inc.**
3. Street Address Principal Business Office
1200 Reservoir Avenue
4. Business Phone No. **(401) 946-3030**
5. State of Incorporation **RHODE ISLAND**
7. Brief Description of the Character of Business Conducted in Rhode Island

City **Cranston** State **RI** Zip **02920**
6. SIC Code **5553**

Ownership and development of real estate

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

President Name **Angelo R. Marocco**
Street Address **1200 Reservoir Avenue**
City **Cranston** State **RI** Zip **02920**

Vice President Name **Ronald Tagliaferri**
Street Address **1200 Reservoir Avenue**
City **Cranston** State **RI** Zip **02920**

Secretary Name **Angelo R. Marocco**
Street Address **1200 Reservoir Avenue**
City **Cranston** State **RI** Zip **02920**

Treasurer Name **Ronald Tagliaferri**
Street Address **1200 Reservoir Avenue**
City **Cranston** State **RI** Zip **02920**

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

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
1,000 COMM NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
1,000 Common No par value

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



* 7 2 2 1 3 *

File Date: 7-19-02
Check No.: 2202
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] July 17, 2002
Signature of Officer Date

Ronald Tagliaferri
Print or Type Name of Officer

Vice President
Title of Officer

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. **72213** 2. Name of Corporation **MT Professional Offices, Inc.**

3. Street Address Principal Business Office **1200 Reservoir Avenue** City **Cranston** State **RI** Zip **02920**
4. Business Phone No. **(401) 946-3030** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **5553**

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

Ownership and development of real estate

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

President Name Angelo R. Marocco Street Address 1200 Reservoir Avenue City Cranston State RI Zip 02920 Secretary Name Angelo R. Marocco Street Address 1200 Reservoir Avenue City Cranston State RI Zip 02920	Vice President Name Ronald Tagliaferri Street Address 1200 Reservoir Avenue City Cranston State RI Zip 02920 Treasurer Name Ronald Tagliaferri Street Address 1200 Reservoir Avenue City Cranston State RI Zip 02920
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9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name 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
1,000 SHS COMM NO PAR VAL

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

ISSUED SHARES
Number of Shares Class/Series Par Value
1,000 Common No par value

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



* 7 2 2 1 3 *

File Date: 1/30
Check No.: 20415
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] January 29, 2001
Signature of Officer Date

Ronald Tagliaferri
Print or Type Name of Officer
Vice President
Title of Officer



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. **72213** 2. Name of Corporation **MT Professional Offices, Inc.**

3. Street Address Principal Business Office **1200 Reservoir Avenue** City **Cranston** State **RI** Zip **02920**
4. Business Phone No. **(401) 946-3030** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **5553**

7. Brief Description of the Character of Business Conducted in Rhode Island
Ownership and development of real estate

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

President Name Angelo R. Marocco Street Address 1200 Reservoir Avenue City State Zip Cranston RI 02920	Vice President Name Ronald Tagliaferri Street Address 1200 Reservoir Avenue City State Zip Cranston RI 02920
Secretary Name Angelo R. Marocco Street Address 1200 Reservoir Avenue City State Zip Cranston RI 02920	Treasurer Name Ronald Tagliaferri Street Address 1200 Reservoir Avenue City State Zip Cranston RI 02920

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

Director Name	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)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
1,000 SHS COMM NO PAR VAL

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

ISSUED SHARES
Number of Shares Class/Series Par Value
1,000 Common No par value

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



* 7 2 2 1 3 *

File Date: 2-1-00
Check No.: 1935
By: AMF

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.

Ronald Tagliaferri February 1, 2000
Signature of Officer Date
Ronald Tagliaferri
Print or Type Name of Officer
Vice President
Title of Officer

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **1999**
Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 72213		2. Name of Corporation MT Professional Offices, Inc.	
3. Street Address Principal Business Office 1200 Reservoir Avenue		City Cranston	State RI
4. Business Phone No. (401) 946-3030		5. State of Incorporation RHODE ISLAND	6. SIC Code 5553
7. Brief Description of the Character of Business Conducted in Rhode Island Ownership and development of real estate.			
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name Angelo R. Marocco		Vice President Name Ronald Tagliaferri	
Street Address 1200 Reservoir Avenue		Street Address 1200 Reservoir Avenue	
City Cranston	State RI	City Cranston	State RI
Zip 02920		Zip 02920	
Secretary Name Angelo R. Marocco		Treasurer Name Ronald Tagliaferri	
Street Address 1200 Reservoir Avenue		Street Address 1200 Reservoir Avenue	
City Cranston	State RI	City Cranston	State RI
Zip 02920		Zip 02920	
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)			
AUTHORIZED SHARES			
Number of Shares	Class/Series	Par Value	
1,000 SHS COMM NO PAR VAL			
11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)			
ISSUED SHARES			
Number of Shares	Class/Series	Par Value	
1,000	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: Feb 11 99
Check No.: 1817
By: ID

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.

Ronald Tagliaferri January 28, 1999
Signature of Officer Date
Ronald Tagliaferri
Print or Type Name of Officer
Vice President
Title of Officer



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. **72213** 2. Name of Corporation **MT Professional Offices, Inc.**
3. Street Address Principal Business Office **1200 Reservoir Avenue** City **Cranston** State **Rhode Island** Zip **02920**
4. Business Phone No. **(401) 946-3030** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **5553**

7. Brief Description of the Character of Business Conducted in Rhode Island
Ownership and development of real estate

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

President Name Angelo R. Marocco Street Address 1200 Reservoir Avenue City Cranston State Rhode Island Zip 02920	Vice President Name Ronald Tagliaferri Street Address 1200 Reservoir Avenue City Cranston State Rhode Island Zip 02920
Secretary Name Angelo R. Marocco Street Address 1200 Reservoir Avenue City Cranston State Rhode Island Zip 02920	Treasurer Name Ronald Tagliaferri Street Address 1200 Reservoir Avenue City Cranston State Rhode Island Zip 02920

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

Director Name 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	Class/Series	Par Value
Number of Shares		
1,000 SHS COMM NO PAR VAL		

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

ISSUED SHARES	Class/Series	Par Value
Number of Shares		
1,000	Common	No par value

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



* 7 2 2 1 3 *

File Date: 1.22.98
Check No.: 1693
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.

Ronald Tagliaferri January 21, 1998
Signature of Officer Date

Ronald Tagliaferri
Print or Type Name of Officer

Vice President
Title of Officer



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. **72213** 2. Name of Corporation **MT Professional Offices, Inc.**
3. Street Address Principal Business Office **1200 Reservoir Avenue** City **Cranston** State **RI** Zip **02920**
4. Business Phone No. **946-3030** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **5553**

7. Brief Description of the Character of Business Conducted in Rhode Island
ownership and development of real estate

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

President Name Angelo R. Marocco	Vice President Name Ronald Tagliaferri
Street Address 1200 Reservoir Avenue	Street Address 1200 Reservoir Avenue
City State Zip Cranston RI 02920	City State Zip Cranston RI 02920
Secretary Name Angelo R. Marocco	Treasurer Name Ronald Tagliaferri
Street Address 1200 Reservoir Avenue	Street Address 1200 Reservoir Avenue
City State Zip Cranston RI 02920	City State Zip Cranston RI 02920

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

Director Name	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 AND ISSUED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 SHS COMM NO PAR VAL			1,000	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: 2-11-97
Check No.: 1591
By: ICP

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.

Angelo R. Marocco
Signature of Officer
Date Feb 7, 1997
Angelo R. Marocco
Print or Type Name of Officer
President
Title of Officer

PROFIT CORPORATION ANNUAL REPORT

1996



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

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

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. 72213		2. NAME OF CORPORATION MT Professional Offices, Inc.	
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 1200 Reservoir Avenue		CITY Cranston	STATE RI
4. BUSINESS PHONE NO. (401) 946-3030		5. STATE OF INCORPORATION RHODE ISLAND	6. ZIP CODE 02920
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND Ownership and development of real estate			

8. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME Angelo R. Marocco			VICE PRESIDENT NAME Ronald Tagliaferri		
STREET ADDRESS 1200 Reservoir Avenue			STREET ADDRESS 1200 Reservoir Avenue		
CITY Cranston	STATE RI	ZIP CODE 02920	CITY Cranston	STATE RI	ZIP CODE 02920
SECRETARY NAME Angelo R. Marocco			TREASURER NAME Ronald Tagliaferri		
STREET ADDRESS 1200 Reservoir Avenue			STREET ADDRESS 1200 Reservoir Avenue		
CITY Cranston	STATE RI	ZIP CODE 02920	CITY Cranston	STATE RI	ZIP CODE 02920

9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME			DIRECTOR NAME		
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
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
1,000 SHS	COMM NO PAR VAL		1,000	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.

File Date: 1/19/96
Check No: 1473
By: [Signature]

[Signature]
Signature of Officer
Angelo R. Marocco
Print or Type Name of Officer
President
Title of Officer
January 17, 1996
Date

ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.

Corporate ID: 0072213 Annual Report for the year: 1995

Name of Corporation: MT Professional Offices, Inc.

Business entity organized under the laws of the State of: Rhode Island
 For foreign entity, address and telephone number of principal office:

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

Phone: ()
 Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):
1200 Reservoir Avenue
Cranston, RI 02920
 Phone: (401) 946-3030

Brief statement of the character of business conducted in Rhode Island: ownership and development of real estate.

THE NAMES OF THE OFFICERS ARE:

PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
Angelo R. Marocco	1200 Reservoir Avenue	Cranston, RI	02920
VICE PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
Ronald Tagliaferri	1200 Reservoir Avenue	Cranston, RI	02920
SECRETARY	STREET ADDRESS	CITY/STATE	ZIP CODE
Angelo R. Marocco	1200 Reservoir Avenue	Cranston, RI	02920
TREASURER	STREET ADDRESS	CITY/STATE	ZIP CODE
Ronald Tagliaferri	1200 Reservoir Avenue	Cranston, RI	02920

THE NAMES OF THE DIRECTORS ARE:

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
1,000	Common	1,000	Common

Date February 20, 19 95

By: *Angelo R. Marocco*
 PRINT OR TYPE NAME OF OFFICER SIGNING
President
 TITLE OF OFFICER SIGNING

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.

ANGELO R. MAROCCO
 1200 RESERVOIR AVENUE
 CRANSTON RI 02920

FILED
 FEB 21 1995
 BY AMT # 29 1273

Filing Fee \$50.00
Payable to:
Secretary of State

PLEASE TYPE or PRINT
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

File Annually
LLC: Sept. 1 - Nov. 1
CORP: Jan. 1 - March 1

Corporate ID: 0072213 Annual Report for the year: 1994

Name of Business Entity: MT Professional Offices, Inc.

Business entity organized under the laws of the State of Rhode Island

Business Entity is (check one):

Federal Taxpayer Identification Number: [REDACTED]

- Business Corporation (See RIGL Chapter 7-1.1)
- Professional Service Corporation (See RIGL Chapter 7-5.1)
- Limited Liability Company (See RIGL 7-16)

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

Name, title and mailing address of contact person to whom communications may be directed:

Angelo R. Marocco, President
1200 Reservoir Avenue
Cranston, RI 02920

Phone: ()

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

1200 Reservoir Avenue
Cranston, RI 02920

Brief statement of the character of business conducted in Rhode Island:
ownership and development of real
estate

Date of Organization 4/21/93

Phone: (401) 946-3030

Date of Qualification to do business in Rhode Island (if foreign entity):

THE NAMES OF THE OFFICERS ARE:

OFFICER TYPE	NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<input checked="" type="checkbox"/> PRESIDENT (Check One)	Angelo R. Marocco	1200 Reservoir Ave.	Cranston, RI	02920
<input checked="" type="checkbox"/> VICE PRESIDENT (Check One)	Ronald Tagliaferri	1200 Reservoir Ave.	Cranston, RI	02920
<input checked="" type="checkbox"/> SECRETARY (Check One)	Angelo R. Marocco	1200 Reservoir Ave.	Cranston, RI	02920
<input checked="" type="checkbox"/> TREASURER (Check One)	Ronald Tagliaferri	1200 Reservoir Ave.	Cranston, RI	02920

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED (If Applicable)

NUMBER 1,000

CLASS Common

SERIES --

PAR VALUE OR WITHOUT PAR No Par Value

NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)

NUMBER 1,000

CLASS Common

SERIES --

PAR VALUE OR WITHOUT PAR No Par Value

FILED
FEB 22 1994
BY 124873

Date 2/15/94, 19 94

By Angelo R. Marocco

Angelo R. Marocco

PRINT OR TYPE NAME OF OFFICER SIGNING

President

TITLE OF OFFICER SIGNING

Form 31 194

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form LLC 3 must be filed.

ANGELO R. MAROCCO
105 SOCKANOSSET CROSS ROAD
CRANSTON RI 02920