

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222.3040

Matthew A. Brown, Secretary of State

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PROFIT CORPO			T FOR THE YEAR	200	5		
(FORM MUST BE TYPED OR PRI							
1. Corporate ID No.	2. Name of Gorpora			•			
125013		Pevelopment Group	T.		1 9/2		
3. Street Address Principal Business 1481 Atwood A			City Johnston	State RI	02919		
4. Bustness Phone No.		5. State of Incorporation			6. SIC Code		
(401) 861-7788		RHODE ISLAND	1				
7. Brief Description of the Characte TO ENGAGE IN THE BI	r of Business Conducted USINESS OF BUYIN	in Rhode Island G. SELLING, DEVELOPIN	IG, TRANSFERRING, I.EASING	AND/OR RENTING RE	AL ESTATE		
8. NAMES AND ADDRESSE	S OF THE OFFICE	RS: ("X" BOX FOR ATT	ACHMENT) 📋 FILL IN SI	ACES BEFORE USIN	G ATTACHMENTS		
President Name			Vice President Name				
Richard J. Co.	lardo, Sr.		Richard J.	Colardo, Jr.			
Street Address 1481 Atwood Av	enue		Street Address 1481 Atwood	Avenue			
City	State	Zip	City	State	Zip		
Johnston	RI	02919	Johnston	RI	02919		
Secretary Name	•• d• • • • • • • • • • • • • • • • • •		Treasurer Name				
Richard J. Col	ardo, Sr.		Richard J. Cola	rdo. Jr.			
Street Address			Street Address				
1481 Atwood Av		Ta	1481 Atwood Avenue				
Johnston	State RI	Ζφ 02919	City	State	Zψ		
9. NAMES AND ADDRESSE			Johnston TACHMENT) FILL IN	RI spaces before usi	I 02919 NG ATTACHMENTS		
Director Name Richard J. Col		,	Director Name				
Street Address	urdo, br.		Street Address	Colardo, Jr.			
1481 Atwood Av	enue		1481 Atwood	Avenue			
Johnston	State RI	<i>Ζψ</i> 02919	Johnston	State RI	^{Ζίρ} 02919		
Director Name	.		Director Name				
			•				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
10. SHARES AUTHORIZED AUTHORIZED SHARES	("X" BOX FOR A	 TTACHMENT)	11. SHARES ISSUED (".	 X" BOX FOR ATTACI	HMENT) [
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Scries	Par Value		
8,000 NO PAR VALUE			100	Class A	no par		
				1	pur		
This report must be	signed in ink by a	ither the President Vice	President, Secretary, Assistan	Secretary Treasurer	Receiver or Trustee		
tina report must be	Signed in the by c	Amer the Freshdent, vice	Tresident, peeretary, Assistan	Cociotaly, ficasuloi,	According 1103000		
			Under penalty of perio	ury. I declare and affirm t	hat I have examined this repo		

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report including any accompanying selfeduler and statements, and that all statement contained herein are told and edited.
Signature of Officer Dutc Richard J. Colardo, Sr.
Print or Type Name of Officer President
Title of Officer



FOR SECRETARY OF STATE USE ONLY

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 - (FORM MUST BE TYPED OR PR		Filing Fee: \$50.00				
1. Corporate ID No.	2. Name of Corpo	ration				
125013		Development Group				
3. Street Address Principal Business Office 1481 Atwood Avenue		Johnston	State RI	^{Zip} 02919		
4 Business Phone No. (401) 861-7788 5. State of Incorporation RHODE ISLAND				6. SIC Code		
7. Brief Description of the Charact		rd in Rbode Island	NG, TRANSFERRING, LEASING	S AND/OR PENTING REA	AL ESTATE	
		·		SPACES BEFORE USING		
8. NAMES AND ADDRESS President Name	es of the offic	ERS: (A BOA FOR AL	Vice President Name	FRCES BEFORE USING	ATTACHMENTS	
Richard J. C	olardo, Sr	•	Richard J. Co	olardo, Jr.		
Street Address 1481 Atwood	Avenue		Sirrei Address 1481 Atwood	Avenue		
Johnston	State RI	^{Zφ} 02919	^{City} Johnston	State RI	Zip 02919	
Secretary Name Richard J. C	olardo, Sr		Treasurer Name Richard J. Co	olardo, Jr.		
Sirect Address 1481 Atwood Avenue		Street Address 1481 Atwood Avenue				
City Johnston	State RI	7.1p 02919	City Johnston	State RI	Z(p 02919	
9. NAMES AND ADDRESS	ES OF THE DIREC	CTORS: ("X" BOX FOR	ATTACHMENT) FILL IS	N SPACES BEFORE USI	NG ATTACHMENTS	
Director Name	-1		Director Name Richard J. C	olando Ir		
Richard J. C	olardo, Si		Street Address	OTATO, OT.		
1481 Atwood	Avenue	•		Avenue		
City	State	Zip	City	State	Ζφ	
Johnston	J RI	02919	Johnston	RI	02919	
Director Name			Director Name			
Sinvi Address	•		Street Address	<u> </u>	<u> </u>	
City	State	Zip	City	State	Zip	
	1					
10. SHARES AUTHORIZE	D ("X" BOX FOR	ATTACHMENT)	•	("X" BOX FOR ATTACH	IMENT) [
Number of Shares	Class/Series	Par Value	ISSUED SHARES Number of Shares	Class/Series	Par Value	
Tananer by Sinarco	CHARACTES	t me shrief.	Thinks of Journal	Comment of the	,	
8,000 NO PAR VALUE			100	Class A	no par	
This sange must be	a cianad in intri-	e aither the Descident Min	e President, Secretary, Assista	ant Secretary Treasures	Receiver or Trustee	
ims report must t	o signeu in mik 0)	y cimei me riesiuem, VIC	e i residem, accidially, Assisti	inc Secretary, Treasurer,	Medetact of Trades	
1 1 8 8 18	 	150 II(1 110)				
				_		
			Under penalty of pe	rjury, I declare and affirm t	hat I have examined this	
	1 2 5 0 1	-3 *	including any accor	npanying scheduler and sta	tements, and that all state	
2/10/00	1	-	contained heroid are	true and others.	1 A 2/15	
File Date Q 1910	1	<u> </u>	Signature of Officer	TIN WINK	Doro Doro	
Check No. 17256			Richard J.	U	r.	

Print or Type Name of Officer

President

Title of Officer

nan, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335

401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

illng	Period:	January	1-March 1	•	Filing	Fce:	\$50.00
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FORM MUST	BETY	TED OR	PRINTED I	N BLACK
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1. Corporate ID No.

2. Name of Corporation

125013

Poppy Hills Development Group

1481 Atwood Avenue

Johnston

State RI

Zio 02919

4. Business Phone No.

S. State of Incorporation

6. SIC Code

(401) 861-7788

RHODE ISLAND

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

Buying, selling, leasing, holding, and otherwise generally dealing in real property.

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

President Name

Richard J. Colardo, Sr.

Richard J. Colardo, Jr.

Street Address
1481 Atwood Avenue

Street Address

1481 Atwood Avenue

Johnston

State RI

02919

State

Johnston Treasurer Name

RI

02919

Secretary Name Richard J. Colardo, Sr.

Richard J. Colardo, Sr.

Street Address

1481 Atwood Avenue

City Johnston

Street Address

State RI Zip 02919 City Johnston State RT Zip 02919

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

Director Name

Richard J. Colardo, Sr...

Street Address

1481 Atwood Avenue

1481 Atwood Avenue

State Johnston

RI

02919

Street Address 1481 Atwood Avenue

Richard J. Colardo, Jr.

State RI Zip

02919

Johnston

Director Name

Street Address

Street Address

Director Name

City

City

State

Zip

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

8,000 NO PAR VALUE

100

Class A

Under penalty of perjury, I declare and affirm that I have examined

this report. Including any accompanying schedules and statements, and contained therein age true and chr

no par

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 ONL'

Signature of Officer Richard J.

Print or Type Name of Officer President

Title of Officer

Form 630 12/02

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