

Office of the Secretary of State

FOR SECRETARY OF STATE USE ONLY

Matthew A. Brown, Secretary of State

Providence, Rl 02903-1335

401.222.3040

#### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

2005

Filing Period: January 1 - M (FORM MUST BE TYPED OR PRIC		ng Fee: \$50.00			<u> </u>	
1. Corporate ID No. 89414						
3. Street Address Principal Business : 3 Cranbervi	office Corre		Barrington	State RI	03806	
1. Business Phone No. (401) 245 - (	2883	5. State of Incorporation RHODE ISLAND	0	-	6. SIC Code 7286	
7. Brief Description of the Character TO PROVIDE CONSULT	of Business Conducted in TING, ADVISORY AND	Rbode Island D ASSET MANAGEMENT	SERVICES.			
8. NAMES AND ADDRESSES Prosident Name Robert J.	~ ·		ICHMENT)   FILL IN SPA	CES BEFORE USING	ATTACHMENTS	
Sirci Addres Cromber	Peterson		Street Address			
CO Bamban	State R	02804	City	State	ZΨ	
Same do	abore	·· <del>·</del>	Treasurer Name Valence m.	Peters		
Street Address			Stron Address 3 Cromben	<u></u> ч (4-		
City	State	Zip	Barnesta	slate R (	02806	
9. NAMES AND ADDRESSES Director Name	OF THE DIRECTO	ŔŚ: <i>("X" BOX FOR AT</i>	TACHMENT)   FILL IN SI  Director Name	PACES BEFORE USIN	G ATTACHMENTS	
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Director Name	•		Director Name		···· <b>·</b>	
Street Address			Street Address			
City	State	Zip	City	Suite	Zip	
10. SHARES AUTHORIZED AUTHORIZED SHARES	("X" BOX FOR A17	TACHMENT)	11. SHARES ISSUED ("X" ISSUED SHARES	BOX FOR ATTACHA	MENT) [	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Scries	Par Value	
1,000 \$1.00 PAR VALUE			100	same	Same	
This report must be	signed in ink by citl	ner the President, Vice P	President, Secretary, Assistant S			
	91 16119 1911 <b>81881 118</b> 11				at I have examined this report	

alenc M. Petersu Print or Type Name of Officer Title of Officer

contained herein are true and correct.



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

### 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)

1. Gorpomic ID No. 名中山	The Brixton Company					
3 Street Address Principal Business Of	Tice O		(مالي)	State	Zip 02-806	
3 Cranbern	1 CONTE	I c c	Bamngron	$\overline{VT}$	6. SIC Code	
C (- 1 - 1 -	0383	Signer of Incorporation Rhode I	sland		7286	
7 Brief Description of the Character of		oode Island				
8. NAMES AND ADDRESSES (	OF THE OFFICERS:	("X" BOX FOR ATTAC		CES BEFORE USING A	FTACHMENTS	
Robert J. F	Paterson		Vice President Name			
Siron Address Cranbe	ry C+	- ,	Street Address			
Barrington	State	02806	Сиу	State	Zψ	
Sportury Name Kobert J.	Paterson	<b></b>	Treasurer Name Value W.	Peterson	•	
Street Address	0 10240		Street Address  50 me as			
sume as	above	la.	Jame a	s above	17/2	
City	State	Zip	City	State	Zíp	
9. NAMES AND ADDRESSES Of Director Name	OF THE DIRECTORS	: :: ("X" BOX FOR ATT	ACHMENT)   FILL IN SPA	ACES BEFORE USING	ATTACHMENTS	
Street Address			Street Address			
Güy	State	Zip	City	State	Zip ·:	
•	i e	<u>l</u>	:		1 ' 1	
Director Name		]	Director Name	<u>ب</u> ــــــــــــــــــــــــــــــــــــ	_	
		<u>J</u>	Director Name Street Address		.]	
Director Name	State	Zilp	<u> </u>		- -	
Director Name Street Address			Sirvei Address	State	- Zip	
Director Name  Street Address  City  10. SHARES AUTHORIZED ( AUTHORIZED SHARES			Street Address  City  11. SHARES ISSUED ("X"	State	- Zip	
Director Name  Street Address  City  10. SHARES AUTHORIZED ( AUTHORIZED SHARES	"X" BOX FOR ATTA	CHMENT)	Sirvet Address  City  11. SHARES ISSUED ("X" ISSUED SHARES	State BOX FOR ATTACHM		
Director Name  Street Address  City  10. SHARES AUTHORIZED ( AUTHORIZED SHARES  Number of Shares	"X" BOX FOR ATTA	CHMENT)	Street Address  City  11. SHARES ISSUED ("X" ISSUED SHARES Number of Shares	State BOX FOR ATTACHM Class/Series	Zip  Zip  Par Value	
Director Name  Street Address  City  10. SHARES AUTHORIZED ( AUTHORIZED SHARES  Number of Shares	Classiscopes	CHMENT)  Par Value  (a.   UL	Street Address  City  11. SHARES ISSUED ("X" ISSUED SHARES Number of Shares	State  BOX FOR ATTACHM!  Gass/Series  S Q VMR	Par Value	
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Director Name  Street Address  City  10. SHARES AUTHORIZED ( AUTHORIZED SHARES  Number of Shares  This report must be si	Class/Series  1. UN Pay V  Igned in ink by eithe	CHMENT)  Par Value  (a.   UL	Street Address  City  11. SHARES ISSUED ("X" ISSUED SHARES Number of Shares  CO  Esident, Secretary, Assistant So  Under penalty of perjury, including any accompany	State  BOX FOR ATTACHM  Class/Series  SA VMR  ccretary, Treasurer, Rec	Par Value	
Director Name  Sirvet Address  City  10. SHARES AUTHORIZED (AUTHORIZED SHARES  Number of Shares  This report must be si	ClassSeries  1. UN Pay V  gned in ink by either	CHMENT)  Par Value  (a.   UL	Street Address  City  11. SHARES ISSUED ("X" ISSUED SHARES Number of Shares  Under penalty of perjury, including any accompany contained herein are true	State  BOX FOR ATTACHM  Class/Series  SA VMR  ccretary, Treasurer, Rec	Par Value  5Q M.Q  Ceiver or Trustee	
Director Name  Street Address  City  10. SHARES AUTHORIZED (AUTHORIZED SHARES Number of Shares  This report must be si	Class/Series  1. UN Pay V  Igned in ink by eithe	CHMENT)  Par Value  (a.   UL	Street Address  City  11. SHARES ISSUED ("X" ISSUED SHARES Number of Shares  Under penalty of perjury, including any accompany contained herein are true  Signature of Officer	State  BOX FOR ATTACHM!  Class/Series  Sa Me  ceretary, Treasurer, Receiving schedules and statem and correct.  M.	Par Value  5Q M.Q  Ceiver or Trustee	
Director Name  Street Address  City  10. SHARES AUTHORIZED ( AUTHORIZED SHARES  Number of Shares  This report must be si  File Date  Check No.  BV	Class/Series  1. UN Pay V  Igned in ink by either  AR 2 6 2004	Par Value  (a. (u)	Street Address  City  11. SHARES ISSUED ("X" ISSUED SHARES Number of Shares  Under penalty of perjury, including any accompany contained herein are true  Signature of Officer  Value	State  BOX FOR ATTACHME  Class/Series  SA We  ecretary, Treasurer, Recording schedules and statem and correct.  M. Peters	Par Value  3Q M.C.  Ceiver or Trustee  Thave examined this report ents, and that all statements  3/04	
Director Name  Street Address  City  10. SHARES AUTHORIZED (AUTHORIZED SHARES Number of Shares  This report must be si	Class/Series  1. UN Pay V  gned in ink by either  AR 2 6 2004	CHMENT)  Par Value  (a.   UL	Street Address  City  11. SHARES ISSUED ("X" ISSUED SHARES Number of Shares  Under penalty of perjury, including any accompany contained herein are true  Signature of Officer	State  BOX FOR ATTACHM!  Glass/Series  Sa Me  Correctary, Treasurer, Recording schedules and statem and correct.  M. Peters	Par Value  3Q M.C.  Ceiver or Trustee  Thave examined this report ents, and that all statements  3/04	



Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RJ 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 IN B		g ree: \$30.00			
1. Corporate ID No.	2. Name of Corporation		······································		
89414	The B	rixton Co	mpany		
3. Street Address Principal Busin	ess Office	· · · · · · · · · · · · · · · · · · ·	Cirv	Soil RI	Zip
3 Cranber	rm Court		Barrington	RI	07806
1. Business Phone No. (401) 245 - 0 😉	J	5. State of Incorporation	Island		6. SIC Code 7286
. Brief Description of the Chara	cter of Business Conduct				
Consultiv	ر.م				
8. NAMES AND ADDRESS	ES OF THE OFFICE	ERS ("X" BOX FOR AT	TACHMENT) 🔲 FILL IN SPACE	S BEFORE USING ATT	ACHMENTS
President Name			Vice President Name		
Kobert J.	Petersu	<u> </u>	* 0	<del></del>	
Robert J.  Irrei Address  3 Cranb  Barr. myton	erm Ut		Street Address		
Barr. nuton	Sigle	73p 02806	Ciry	State	Zip
cretary Name	! · · · · · · · · · · · ·		Treasurer Name	• • • • • • • • • • •	
Robert J	. Petersu	~	: Valenie m.	Peterson	_
ireet Address		•			
some a	a above	<u> </u>	Sirver Address Same as	above	
City	State	Zip	City	State	Zip
NAMES AND ADDRESS	ES OF THE DIRECT	TORS ("X" BOX FOR	TTACHMENT) TELL IN SPACE	CES BEFORE USING AT	TTACHMENTS
Director Name			Director Name		
Kobert J	. Peterson	_	: Valerie m	. Peterson	_
Robert J reel Address Same an	<del></del>		· Street Address	<del>- 7.7.</del>	
same a	o above		: same ac	above	
îty	State	Zip	•City	State	Zip
Director Name	J	.1	Director Name		
			•		
treet Address			·Street Address		r.
lity .	State	Zip	.Cin	State	ZIP
<del></del>			····································		
10. SHARES AUTHORIZE	D ("X" BOX FOR ATT	ACHMENT) []	11. SHARES ISSUED ("X" BC	X FOR ATTACHMENT	
UTHORIZED SHARES	Class/Series	Par Value	ISSUED SHARES Number of Shares	Class/Series	Par Value
	C.G.E.S.C.T.C.S			Crastraction	7 Gr vaint
1000 \$1.	00 Par V	alue	100	Same	Same
his report must be signe	d in ink by either t	he President, Vice P	resident, Secretary, Assistan	Secretary, Treasur	er, Receiver or Trusi
	•		·	•	
			Under penalty of perjury,	I declare and affirm th	at I have examined
			this report, including any		
	پخوسس ورو	7	and that all statements co		
F22. D-11	ILED	1	(-0.	$G_{i}$	
File Date			Signature of Officer		
Check No. MAI	26 2004	1	Signature of Officer	Da	
<del></del>	$\bigcirc$ $\triangle$		Print or Type Name of Office		50 ~
s <u>ı:                                    </u>	(//01/	<b>.</b>			
FOR SECRETARY OF STATE	USE ONLY (25	6×1-	Treasur	er	En 220 17
<del></del> .			Time by Officer		Form 630 12/

Edward S. Inman, 111, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

STOP PLEASE READ

riting Perioa: Janu	ary 1-March 1 •	riting rec: \$50.00			INSTRUCT
FORM MUST BE TYPED IN	BLACK)				
. Carparate ID No.	2. Name of Corpo	ration			
89414	The Brixton	n Company			
. Street Address Principal Bus	iness Office		City	State	ZIp
Business Phone No.	erra C+		Barringto	RI	02806
. Business Phone No.	***	S. State of Incorporation		- (	6. SIC Code
401/245	-038>	RHODE ISLAND			7286
. Brief Description of the Chai	racter of Business Conducted	in Rhode Island			
Consult	4 mig				
		TICERS ("X" BOX FOR ATTACE	IMENT) FILL IN SPACE	S REFORE USING ATT	ACHMENTS
resident Name			Vice President Name		
Rubert	J. Peters	m			
			Street Address		
3 (rand	berny C+	7.ip 0280 C			
ily 🕝	State	Zip	City	State	Zip
15 arring ton	RZ	02801			
ecretary Name	•		Treasurer Name		
Robert	J. Peke	1100	Vale	ric M. Per	res on
treet Address			Street Address	·	·
Same	as 460.	· c	San	e a1 a6.	٠. د
lity	State	Zip	City	State	Zip
lizector Name	RESSES OF THE DIR	ECTORS (*X* BOX FOR ATTA	Director Name	CES BEFORE USING AT	
îty	State	Zip	City	State	Zip
irector Name			Director Name		
reet Address			Street Address		
iteet Address	State	ZIp	Street Address City	State	Zip
		·	City	State (*X* BOX FOR ATTACHME	
o. Shares authori		·	City  11. SHARES ISSUED		

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



File Date:	3-1-02	
Check No.:	1694	
Ay:	2.	
	·	-

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 stagements, contained herein are true and correct.

that an statements contained herein ar	e true and correct.
MANY	2/20/02
Signature of Afficer	Dale
Robert J. Pet	Kron
Print or Type Name of Officer	

- Besident

Title of Officer

Form 640 12/01

Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

## Office of the Secretary of State

STOP PLEASE READ INSTRUCTIONS

PROFIT CORP	ORATION A	NNUAL REP	ORT FOR THE	YEAR <u>2001</u>	S . PLE INST
(FORM MUST BE TYPED IN BLA	ACK) ·				
1. Corporate ID No.	2. Name of Corporation				•
89414	The Brixton	Company			
3. Street Address Principal Business 3 Cranber	office ry Court		Barring ton	State RI	02800
4. Business Phone No.	/	S. State of Incorporation			6. SIC Code
401/245- C	r of Business Conducted in Rh	RHODE ISLAND ode Island			7286
Consuli	<i>,</i>				
8. NAMES AND ADDRES President Name			MENT) FILL IN SPACES BEI Vice President Name	FORE USING ATTACHN	1ENTS
Street Address  3 Cran of City  Barring fon Secretary Name	l referso	Ч	Street Address		
City S Cran	berry CF	•	•		
Range	DZ.	21p 0280C	City	State .	Zip
Secretary Name	<i>/L-</i>	02000	· Treasurer Name		
Valerie,	m. Peters.	m	Valerie M	. Petrson	
Street Address  3 Cranber	my Ct		Street Address 3 Cran 641	ry Ct	
Cour Barrington	State	280 L	3 Cranber Darrington CHMENT) FILLINSPACES B	State RZ	0280C
9. NAMES AND ADDRES Director Name	SES OF THE DIRECT	ORS ("X" BOX FOR ATTAC	CHMENT) FILL IN SPACES B	EFORE USING ATTACE	IMENTS
_	I Peterson		Division proving		
Street Address	J. Peterson		Street Address		
) Cran:	berry Ct	•			
Cran : Barrington	State RZ	0280 L	City	State	Zip
Director Name	na Palen		Director Name		•
Street Address	M. Peters		Street Address		
S CPAN be	State	Zip	City	50-0-	*1.
Barrington	RZ	02882	City	State	Zip
10. SHARES AUTHORIZE. AUTHORIZZII SHARES	D (*X* BOX FOR ATTACH)	MENT)	11. SHARES ISSUED ("X" E	BOX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 SHS \$1.00	PAR VALUE		1005hr.	Class A	1.00

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

	* 8 9 4 1 4 *
File Date:	4-6-01
Check No.:	1585
Ву:	Zi
FOR SECRETAI	RY OF STATE USE ONLY

Under penalty of perfury, I declare and affirm that I have examined
this report, including any accompanying schedules and statements, an
that all stayments contained herein are true and correct.
- All - 4/1/01
Signatur of Official Date
Robert J. Pestron
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

#### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000 Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN					
1. Corporate ID No. 89414	2. Name of Corporation The Brixto				
3. Street Address Principal Busi	iness Office		City	State	Zip
3 (rans	berry Ct.		Barringto	n $RI$	02800
4. Business Phone No.		5. State of Incorporation	/		6. SIC Code
401/245-	0383	RHODE ISLAND			7280
· , -	racter of Business Conducted in R	Rhode Island			
Consulti	ng.				
8. NAMES AND ADDI	RESSES OF THE OFFIC	ERS ("X" BOX FOR ATTACH	MENT) FILL IN SPAC	ES BEFORE USING ATTA	CHMENTS
President Name	. 🔾 .		Vice President Name		
Robert	J. Peterson	7		None	
Street Address			Street Address		
3 (ran	berry Ct.				
City	berry Ct. Slate RI	Zip	City	State	Zip
Barrington	$\mathcal{K}\mathcal{L}$	82800			
Secretary Name	,		Treasurer Name	· 10 D/.	
Robert	J. Peterson	7	Valeri	e M. Peter	rom
Street Address	, ,,		Street Address	/	
S. Cran:	berry Ct		Street Address 3 (rac	serry	
City	' State	Zip	City	State	Zip
Barrington	berry Ct RI	02806			
9. NAMES AND ADD	RESSES OF THE DIREC	TORS ("X" ROX FOR ATTA		ACES BEFORE USING AT	
Director Name	J. Peters		Director Name	rie M. Peranberry Ct	4-1-
			Street Address	116 111. 16	NIJOH
Street Address	state RI		2 /	a bon (t	L
Chi.	A DEPLY CF	710	Clay	an serry	Zio
Race	NI	02800	Rome	RI	02806
Director Name	, , ,		Director Name	n	
Director (tame					
Street Address			Street Address		
City	State	710	City	State	ZIp
City	State	Zip	City	June	2.19
10 SHARES AUTHOR	IZED (*X* BOX FOR ATTAC	'HMENT)	11. SHARES ISSUE	D (*x* box for attachmei	VT)
AUTHORIZED SHARES			ISSUED SHARES		•
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 SHS \$1.	OO PAR VALUE		14 0 0	,	\$1.00
• • • • • • • • • • • • • • • • • • • •			100 SA	iares	71.00

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



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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. Signaturi



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 1999 Filing Period: January 1-March 1 • Filing Fee: \$50.00

and statements, and

(FORM MUST BE TYPED IN BL	.ACK)				
1. Corporate ID No. 89414	2. Name of Corporat <b>The Brixton</b>				
3. Street Address Principal Busines			City	State	Zip
3 Cranb	erry Ct.		Barringt	ion: RI	02806
4. Business Phone No.	. 253	S. Statt of Incomparation	ND		6. SIC Code 7286
401/245-		Phode Island	•		٠ ـ ـ
Consulti	•	TANDUE ISIUMD			
_	/	CERS ("X" BOX FOR ATTA	CHMENT) FILL IN SPACE	ES BEFORE USING ATTA	CHMENTS -
President Name			Vice President Name		•
1605ert	J. Pekr.	ron	No.	16	
Street Address	1		Street Address		
City _	berry Ct	Zip	· · City	State	Zip
Barring ton	RI	02806	<b>C</b> ,	<b>J</b>	2.7
Secretary Name			Treasurer Name	······	
Kubert .	J. Peter	son	· Valerie	M. Peter	son
Street Address			Street Address		
3 Cranberra	y Ct.	<u>.</u>	3 Cran	berry Ct	
sueen Addiess  3 Cran berre City Barring fon	State R. Z	2ip 0280C	Raciont	sion State	1210
9 NAMES AND ADDRE	SSES OF THE DIRE	CTORS (*X* ROX FOR AT	TACHMENT) FILLIN SP		ACHMENTS
Director Name		etono i a boa joa ar	Director Name		
Robert	J. Pete	rim	: Valeri	M. Veter	ion
Street Address	/ //		Street Address	/ /	,
S. ( Pan y	ocity CF	710	÷ C/10	an berry Ci	zip
3. (ran b Barring fon	NZ	02806	Ballingto	n RZ	102806
Director Name	•	•••••••••••••••••••••••••••••••••••••••	Director Name	· · · · · · · · · · · · · · · · · · ·	
			•		_
Street Address			Street Address		-
City .	State	Zip	City	State	' Zip
,	2	~7	<b>,</b>		
10. SHARES AUTHORIZ	ED ("X" BOX FOR ATTA	CHMENT)	11. SHARES ISSUE	D (*x* box for attachmen	77)
AUTHORIZED SHARES			ZSURD SIARIZ		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 SHS \$1.00 PA	AR VALUE		100 5	her	1.00
				· - ·	
This report must be sign	ned in ink hy sich	or the President Vice	President Secretary	Accietant Sacratant Trans	turar Pacalwar or Truck
tima tehott mast oc 318	men in ink by citi	er the resident, vice	. Fresident, Secretally, I	issistant secretary, frea:	outer, necesser of 11050
<u>                                      </u>		<b>   </b>			

* 8 9 4 1 4 *	Under penalty of perjury, I declare and affirm that I have examined
	this report, including any accompanying schedules and statements, a
1 100	that all statements contained herein are true and correct.
File Date: 3	1/10/99
Check No.: 316	Signalure of Officer Date
$C \rightarrow A M$	Robert J. Peterson
Ay: 984 / /	Print or Type Name of Officer
FOR SECRETARY OF STATE USE ONLY	President:
	Title of Officer



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

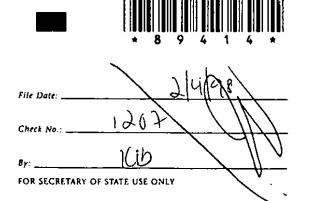
## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR \_ Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 89414 2 Name of Corporation
The Brixton Company 3. Street Address Principal Business Office 3 Cran berry Ct. 02806 7. Rrief Description of the Character of Business Conducted in Rhode Island 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) President Name / Secretary Vice President Name / Treasur City City State 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name Robert J. Peterson Street Addiess

3 Cranberry Cto
City State

Barrington RI Street Address 3 Cran berry Ct zip aston. RI Street Address Street Address City State City State Zip 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ESSUED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series 1,000 SHS \$1.00 PAR VALUE 100

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.



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

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

PROFIT CORPORATION ANNUAL REPORT 1997

	•	-			22212200 (110822)
FORM MUST BE TYPED IN	BLACK				THIS FORM
. Corporate ID No.	2. Name of Corporat	ion	•	· <b>-</b> ·	
89414	The Brixto	n Company			
. Street Address Principal Busi			City	State	Zip
3 CMA	berry Ct.		Barrinston	RI	02806
. Business Phone No.		5. State of Incorporation			6. SIC Code
401 / 245-	0383	RHODE ISLA	AND		7286
. Rrief Description of the Char	racter of Rusiness Conducted in	Rhode Island			
Con	sultans and	Real Estat	e Advivory Serv	uces	
		CERS ("X" BOX FOR ATTA			•
			· Vice President Name / Tre	asurer	
President Name   Secret Ruber	+ J Peter	ron	Valence	m. Peterso	21
treet Address		•	Street Address		•
3 C.	ranberry Ct.		Cran & Cran & Barrington	bern Ct.	
Barrington	State	Zip	City	State	Z.ip
Barrinston	RI	02806	Barrington	RZ	02806
ecretary Name	•		Treasurer Name	• ••	
See	abore		See	Above	
treet Address	arvi		Street Address		
Hy	State	Zip	Clty	State	Zip
. NAMES AND ADD	RESSES OF THE DIRE	CTORS ("X" BOX FOR A	TTACHMENT)		
Olrector Name	<b>a</b> .		Director Name	. 0.	
Robe	it J. Peter	m	Street Address 3 Cran City Barrington	M. Veterso	n
treet Address			Street Address		•
3 (1	anderry Ct.		3 Gan	berry Ct.	
Barrington	State	0280C	City	State	Zip
Barrington	State RZ	02806	Barrinston	RI	02806
Director Name		•	Director Name	•	
	Nme				
itreet Address	,		Street Address		
Sity	State	Zip	City	State	Zip
10. SHARES AUTHOR	IZED AND ISSUED (	X" BOX FOR ATTACHMENT	r)		
AUTI HORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1 000 6116 64 00	DAD VALUE		,	,	, 40
1,000 SHS \$1.00	FAR VALUE		100 shs	Comma	1.00

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

	* 8 9 4 1 4 *
File Date:	1-22-97
Check No.: _	1062
By:	(OP /W)
	ARY OF STATE LISE 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.