



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. 80517 | | 2. Name of Corporation Charles Street Realty, Inc. | | | |
| 3. Street Address Principal Business Office 200 Charles Street | | | City Providence, | State RI | Zip 02904 |
| 4. Business Phone No. 401-861-9199 | | 5. State of Incorporation Rhode Island | | | 6. SIC Code 5553 |
| 7. Brief Description of the Character of Business Conducted in Rhode Island To take, lease, purchase, or otherwise acquire and to to etc., in real estate, real property | | | | | |
| 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| President Name Michael E. Kelly, Sr. | | | Vice President Name Kathleen B. Kelly | | |
| Street Address 200 Charles Street | | | Street Address 200 Charles Street | | |
| City Providence, | State RI | Zip 02904 | City Providence, | State RI | Zip 02904 |
| Secretary Name Kathleen B. Kelly | | | Treasurer Name Michael E. Kelly, Sr. | | |
| Street Address 200 Charles Street | | | Street Address 200 Charles Street | | |
| City Providence, | State RI | Zip 02904 | City Providence, | State RI | Zip 02904 |
| 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| Director Name Michael E. Kelly | | | Director Name Kathleen B. Kelly | | |
| Street Address 200 Charles Street | | | Street Address 200 Charles Street | | |
| City Providence, | State RI | Zip 02904 | City Providence, | State RI | Zip 02904 |
| 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 |
| 1,000 | Common | No par | 500 | Common | No par |
| | | | | | |

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



FILED

MARCH 15 2005

File Date
By [Signature]
Check No.
By
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.

Kathleen B. Kelly 3-10-05
Signature of Officer Date
Kathleen B. Kelly
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 IN BLACK)

| | | | | | |
|---|--------------|---|---------------------|--------------|---------------------|
| 1. Corporate ID No. 80517 | | 2. Name of Corporation Charles Street Realty, Inc. | | | |
| 3. Street Address Principal Business Office 200 Charles Street | | City Providence, | | State RI | Zip 02904 |
| 4. Business Phone No. 401-861-9199 | | 5. State of Incorporation Rhode Island | | | 6. SIC Code 5553 |
| 7. Brief Description of the Character of Business Conducted in Rhode Island To take, lease, purchase, or otherwise acquire and to work etc., in real estate, real property | | | | | |
| 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| President Name Michael E. Kelly, Sr. | | Vice President Name Kathleen B. Kelly | | | |
| Street Address 200 Charles Street | | Street Address 200 Charles Street | | | |
| City Providence, | State RI | Zip 02904 | City Providence, | State RI | Zip 02904 |
| Secretary Name Kathleen B. Kelly | | Treasurer Name Michael E. Kelly, Sr. | | | |
| Street Address 200 Charles Street | | Street Address 200 Charles Street | | | |
| City Providence, | State RI | Zip 02904 | City Providence, | State RI | Zip 02904 |
| 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| Director Name Michael E. Kelly, Sr. | | Director Name Kathleen B. Kelly | | | |
| Street Address 200 Charles Street | | Street Address 200 Charles Street | | | |
| City Providence, | State RI | Zip 02904 | City Providence, | State RI | Zip 02904 |
| 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 |
| 1,000 | Common | No par | 500 | Common | No par |

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



8 0 5 1 7

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.

Kathleen B. Kelly 3.12.04
Signature of Officer Date

Kathleen B. Kelly
Print or Type Name of Officer

Vice President
Title of Officer

Form 630 12/01

File Date

3-16-04

Check No.

14941

By

UP

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 IN BLACK)

| | | | | | |
|--|--------------|---|---------------------|--------------|---------------------|
| 1. Corporate ID No. *80517* | | 2. Name of Corporation Charles Street Realty, Inc. | | | |
| 3. Street Address Principal Business Office 200 CHARLES STREET | | City PROVIDENCE | State RI | Zip 02904 | |
| 4. Business Phone No. 4018319199 | | 5. State of Incorporation RHODE ISLAND | | | 6. SIC Code 5553 |
| 7. Brief Description of the Character of Business Conducted in Rhode Island TO TAKE, LEASE, PURCHASE, OR OTHERWISE ACQUIRE AND TO WORK ETC. IN REAL ESTATE, REAL PROPERTY | | | | | |
| 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| President Name Michael E. Kelly | | Vice President Name Kathleen B. Kelly | | | |
| Street Address 200 Charles Street | | Street Address 200 Charles Street | | | |
| City Providence, | State RI | Zip 02904 | City Providence, | State RI | Zip 02904 |
| Secretary Name Kathleen B. Kelly | | Treasurer Name Michael E. Kelly | | | |
| Street Address 200 Charles Street | | Street Address 200 Charles Street | | | |
| City Providence, | State RI | Zip 02904 | City Providence, | State RI | Zip 02904 |
| 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| Director Name Michael E. Kelly | | Director Name Kathleen B. Kelly | | | |
| Street Address 200 Charles Street | | Street Address 200 Charles Street | | | |
| City Providence, | State RI | Zip 02904 | City Providence, | State RI | Zip 02904 |
| 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 |
| 1,000 COMM NO PAR VALUE | | | 500 | Common | No Par |

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.

Kathleen B. Kelly 2/12/03
Signature of Officer Date
Kathleen B. Kelly
Print or Type Name of Officer
Vice President
Title of Officer

**80517* 1/22/03 11:54:04 AM*

File Date 2/19/03

Check No. 14126

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 2002

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

80517

2. Name of Corporation

Charles Street Realty, Inc.

3. Street Address Principal Business Office

200 CHARLES STREET

City

PROVIDENCE

State

RHODE ISLAND

Zip

02904

4. Business Phone No.

(401) 831-9199

5. State of Incorporation

RHODE ISLAND

6. SIC Code

5553

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

REAL ESTATE

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

President Name

Michael Kelly

Vice President Name

Kathleen B. Kelly

Street Address

200 Charles Street

Street Address

200 Charles Street

City

Providence

State

Rhode Island

Zip

02904

City

Providence

State

Rhode Island

Zip

02904

Secretary Name

Kathleen B. Kelly

Treasurer Name

Kathleen B. Kelly

Street Address

200 Charles Street

Street Address

200 Charles Street

City

Providence

State

Rhode Island

Zip

02904

City

Providence

State

Rhode Island

Zip

02904

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 COMM NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

500

Common

No par value

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



* 8 0 5 1 7 *

FILED

File Date: FEB 28 2002

Check No.: By 6213516

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.

Michael E. Kelly 28 Feb 2002
Signature of Officer Date

Michael Kelly
Print or Type Name of Officer

President
Title of Officer

5

Form 630 12/01



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

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 2001

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

(FORM MUST BE TYPED IN BLACK)

| | | | | | |
|---|--------------------|--|----------------------------|----------------------------|--|
| 1. Corporate ID No. 0080517 | | 2. Name of Corporation CHARLES STREET REALTY, INC. | | | |
| 3. Street Address Principal Business Office 200 CHARLES STREET | | City PROVIDENCE, | State RI | Zip 02904 | |
| 4. Business Phone No. 401-831-9199 | | 5. State of Incorporation RHODE ISLAND | | 6. SIC Code 5553 | |
| 7. Brief Description of the Character of Business Conducted in Rhode Island REAL ESTATE | | | | | |
| 8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) | | | | | |
| President Name MICHAEL E. KELLY | | Vice President Name KATHLEEN B. KELLY | | | |
| Street Address 200 CHARLES STREET | | Street Address 200 CHARLES STREET | | | |
| City PROVIDENCE, | State RI | Zip 02904 | City PROVIDENCE, | State RI | Zip 02904 |
| Secretary Name KATHLEEN B. KELLY | | Treasurer Name MICHAEL E. KELLY | | | |
| Street Address 200 CHARLES STREET | | Street Address 200 CHARLES STREET | | | |
| City PROVIDENCE, | State RI | Zip 02904 | City PROVIDENCE, | State RI | Zip 02904 |
| 9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) | | | | | |
| Director Name MICHAEL E. KELLY | | Director Name KATHLEEN B. KELLY | | | |
| Street Address 200 CHARLES STREET | | Street Address 200 CHARLES STREET | | | |
| City PROVIDENCE, | State RI | Zip 02904 | City PROVIDENCE, | State RI | Zip 02904 |
| Director Name | | Director Name | | | |
| Street Address | | Street Address | | | |
| City | State | Zip | City | State | Zip |
| 10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) | | | | | 11. SHARES 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 | COMMON | NO PAR | 500 | COMMON | NO PAR |

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

File Date: 4-6-01

Check No.: 567

By: ce

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.

Kathleen Kelly 4-2-01
Signature of Officer Date

KATHLEEN KELLY
Print or Type Name of Officer

Secretary
Title of Officer



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

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 BLACK)

1. Corporate ID No. **80517** 2. Name of Corporation **Charles Street Realty, Inc.**
3. Street Address Principal Business Office **200 Charles Street** City **Providence** State **RI** Zip **02904**
4. Business Phone No. **(401) 831-9199** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **5553**
7. Brief Description of the Character of Business Conducted in Rhode Island
Real Estate

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

| | |
|---|---|
| President Name Michael E. Kelly | Vice President Name Kathleen B. Kelly |
| Street Address 200 Charles Street | Street Address 200 Charles Street |
| City Providence State RI Zip 02904 | City Providence State RI Zip 02904 |
| Secretary Name Kathleen B. Kelly | Treasurer Name Kathleen B. Kelly |
| Street Address 200 Charles Street | Street Address 200 Charles Street |
| City Providence State RI Zip 02904 | City Providence State RI Zip 02904 |

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

| | |
|---|---|
| Director Name Michael E. Kelly | Director Name Kathleen B. Kelly |
| Street Address 200 Charles Street | Street Address 200 Charles Street |
| City Providence State RI Zip 02904 | City Providence State RI Zip 02904 |
| Director Name | Director Name |
| Street Address | Street Address |
| City | City |
| State | State |
| Zip | Zip |

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

AUTHORIZED SHARES

| Number of Shares | Class/Series | Par Value |
|--------------------------------|--------------|-----------|
| 1000 SHS COM NO PAR VAL | | |

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

ISSUED SHARES

| Number of Shares | Class/Series | Par Value |
|------------------|---------------|---------------------|
| 500 | common | No par value |

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



* 8 0 5 1 7 *

File Date: JAN 19 2000

Check No.: EJMD 28

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.

Michael E. Kelly 11 Jan 2000
Signature of Officer

Michael E. Kelly
Print or Type Name of Officer

President

Title of Officer



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

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 1999

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 0080517 2. Name of Corporation CHARLES STREET REALTY, INC.
3. Street Address Principal Business Office 200 CHARLES STREET City PROVIDENCE, State RI Zip 02904
4. Business Phone No. 401-831-9199 5. State of Incorporation RHODE ISLAND 6. SIC Code 5553
7. Brief Description of the Character of Business Conducted in Rhode Island REAL ESTATE

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

President Name MICHAEL E. KELLY Vice President Name KATHLEEN B. KELLY
Street Address 299 CHARLES STREET Street Address 200 CHARLES STREET
City PROVIDENCE, State RI Zip 02904 City PROVIDENCE, State RI Zip 02904
Secretary Name KATHLEEN B. KELLY Treasurer Name MICHAEL B. KELLY
Street Address 200 CHARLES STREET Street Address 200 CHARLES STREET
City PROVIDENCE, State RI Zip 02904 City PROVIDENCE, State RI Zip 02904

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

Director Name MICHAEL E. KELLY Director Name KATHLEEN B. KELLY
Street Address 200 CHARLES STREET Street Address 200 CHARLES STREET
City PROVIDENCE, State RI Zip 02904 City PROVIDENCE, State RI Zip 02904
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 COMMON NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
500 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: March 16, 1999
Check No.: 262
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.

Michael E. Kelly 9 MARCH 99
Signature of Officer Date
MICHAEL E. KELLY
Print or Type Name of Officer
PRESIDENT
Title of Officer



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

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

(FORM MUST BE TYPED IN BLACK)

| | | | | | |
|---|--------------------|--|---------------------------|----------------------------|---|
| 1. Corporate ID No. 80517 | | 2. Name of Corporation Charles Street Realty, Inc. | | | |
| 3. Street Address Principal Business Office 200 Charles Street | | City Providence | State RI | Zip 02904 | |
| 4. Business Phone No. (401) 831-9199 | | 5. State of Incorporation RHODE ISLAND | | 6. SIC Code 5553 | |
| 7. Brief Description of the Character of Business Conducted in Rhode Island Real Estate | | | | | |
| 8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| President Name Michael E. Kelly | | Vice President Name Kathleen B. Kelly | | | |
| Street Address 200 Charles Street | | Street Address 200 Charles Street | | | |
| City Providence | State RI | Zip 02904 | City Providence | State RI | Zip 02904 |
| Secretary Name Kathleen B. Kelly | | Treasurer Name Michael E. Kelly | | | |
| Street Address 200 Charles Street | | Street Address 200 Charles Street | | | |
| City Providence | State RI | Zip 02904 | City Providence | State RI | Zip 02904 |
| 9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| Director Name Michael E. Kelly | | Director Name Kathleen B. Kelly | | | |
| Street Address 200 Charles Street | | Street Address 200 Charles Street | | | |
| City Providence | State RI | Zip 02904 | City Providence | State RI | Zip 02904 |
| 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 |
| 1000 SHS COM NO PAR VAL | | | 500 | Common | No Par Value |

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



PAID

File Date: **FEB 12 1999**
Check No.: **20558**
SECY OF STATE

By: _____

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.

Michael E. Kelly 5 Feb 99
Signature of Officer Date

MICHAEL E. KELLY
Print or Type Name of Officer

President
Title of Officer



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

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 1998

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 2. Name of Corporation

0080517

CHARLES STREET REALTY, INC.

3. Street Address Principal Business Office

City

State

Zip

200 CHARLES STREET

PROVIDENCE,

RI

02904

4. Business Phone No.

5. State of Incorporation

6. SIC Code

401-831-9199

RHODE ISLAND

5553

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

REAL ESTATE

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

President Name

Vice President Name

MICHAEL E. KELLY

KATHLEEN B. KELLY

Street Address

Street Address

200 CHARLES STREET

200 CHARLES STREET

City Providence, State RI Zip 02904

City Providence, State RI Zip 02904

Secretary Name

Treasurer Name

KATHLEEN B. KELLY

MICHAEL B. KELLY

Street Address

Street Address

200 CHARLES STREET

200 CHARLES STREET

City Providence, State RI Zip 02904

City Providence, State RI Zip 02904

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

Director Name

Director Name

MICHAEL E. KELLY

KATHLEEN B. KELLY

Street Address

Street Address

200 CHARLES STREET

200 CHARLES STREET

City Providence, State RI Zip 02904

City Providence, State RI Zip 02904

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

COMMON

NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

500

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: 3-30-98

Check No.: 1700

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] 27 March 98
Signature of Officer Date

MICHAEL E. KELLY

Print or Type Name of Officer

PRESIDENT

Title of Officer



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

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



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. 0080517 2. Name of Corporation Charles Street Realty, Inc.
3. Street Address Principal Business Office 200 Charles Street Providence RI 02904
4. Business Phone No. (401) 831-9199 5. State of Incorporation Rhode Island 6. SIC Code 5553
7. Brief Description of the Character of Business Conducted in Rhode Island

Real Estate

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

| President Name | Vice President Name |
|---------------------|---------------------|
| Michael E. Kelly | Kathleen B. Kelly |
| Street Address | Street Address |
| 200 Charles Street | 200 Charles Street |
| City State Zip | City State Zip |
| Providence RI 02904 | Providence RI 02904 |
| Secretary Name | Treasurer Name |
| Kathleen B. Kelly | Michael E. Kelly |
| Street Address | Street Address |
| 200 Charles Street | 200 Charles Street |
| City State Zip | City State Zip |
| Providence RI 02904 | Providence RI 02904 |

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

| Director Name | Director Name |
|---------------------|---------------------|
| Michael E. Kelly | Kathleen B. Kelly |
| Street Address | Street Address |
| 200 Charles Street | 200 Charles Street |
| City State Zip | City State Zip |
| Providence RI 02904 | Providence RI 02904 |
| 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 | common | no par value | 500 | 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: 2/26/97

Check No.: 6259

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.

Michael E. Kelly 19 Feb 97
Signature of Officer Date

Michael E. Kelly

Print or Type Name of Officer

President

Title of Officer

PROFIT CORPORATION ANNUAL REPORT

1996

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



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

PLEASE TYPE OR PRINT IN BLACK INK.

| | | | |
|--|--|---|---------------------|
| 1. CORPORATE ID NO 0080517 | | 2. NAME OF CORPORATION CHARLES STREET REALTY, INC. | |
| 3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 200 CHARLES STREET | | CITY PROVIDENCE | STATE RI |
| 4. BUSINESS PHONE NO. 401-831-9199 | | 5. STATE OF INCORPORATION RHODE ISLAND | 6. SIC CODE 5553 |
| 7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND REAL ESTATE | | | |

| 8. NAMES AND ADDRESSES OF THE OFFICERS | | | |
|--|-------------|--|-------------|
| PRESIDENT NAME MICHAEL E. KELLY | | VICE PRESIDENT NAME KATHLEEN B. KELLY | |
| STREET ADDRESS 200 CHARLES STREET | | STREET ADDRESS 200 CHARLES STREET | |
| CITY PROVIDENCE | STATE RI | CITY PROVIDENCE | STATE RI |
| SECRETARY NAME KATHLEEN B. KELLY | | TREASURER NAME MICHAEL B. KELLY | |
| STREET ADDRESS 200 CHARLES STREET | | STREET ADDRESS 200 CHARLES STREET | |
| CITY PROVIDENCE, | STATE RI | CITY PROVIDENCE | STATE RI |

| 9. NAMES AND ADDRESSES OF THE DIRECTORS | | | |
|---|-------------|--------------------------------------|-------------|
| DIRECTOR NAME MICHAEL E. KELLY | | DIRECTOR NAME KATHLEEN B. KELLY | |
| STREET ADDRESS 200 CHARLES STREET, | | STREET ADDRESS 200 CHARLES STREET | |
| CITY PROVIDENCE | STATE RI | CITY PROVIDENCE, | STATE RI |
| DIRECTOR NAME | | DIRECTOR NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY | STATE | CITY | STATE |

| 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 | COMMON | NO PAR VALUE | 500 | 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:

Check No:

By:

For Secretary of State Use Only

Signature of Officer

Print or Type Name of Officer -

Title of Officer

Date

4/8/96

104

CCA/UP

Kathleen B Kelly

KATHLEEN B KELLY

Vice President 3/1/96

ANNUAL REPORT

Please Type or Print
File Annually - Jan. 1 - March 1
Filing Fee \$50.00
Make Checks Payable to: Secretary of State

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

Corporate ID: 0080517

Annual Report for the year: 1995

Name of Corporation: Charles Street Realty, Inc.

Business entity organized under the laws of the State of: _____

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

Phone: () _____

Address and telephone of the principal office of business entity in Rhode

Island (Provide street address - Not P.O. Box):

300 Charles Street

Providence, RI 02904

Phone: () _____

Business Entity is (check one):

☒ Business Corporation (See RIGL Chapter 7-1.1)

☐ Professional Service Corporation (See RIGL Chapter 7-5.1)

Brief statement of the character of business conducted in Rhode Island:

Real estate

THE NAMES OF THE OFFICERS ARE:

PRESIDENT STREET ADDRESS CITY/STATE ZIP CODE

Michael Kelly 200 Charles St, Providence, RI 02904

VICE PRESIDENT STREET ADDRESS CITY/STATE ZIP CODE

SECRETARY STREET ADDRESS CITY/STATE ZIP CODE

TREASURER STREET ADDRESS CITY/STATE ZIP CODE

THE NAMES OF THE DIRECTORS ARE:

NAME STREET ADDRESS CITY/STATE ZIP CODE

NAME STREET ADDRESS CITY/STATE ZIP CODE

NAME STREET ADDRESS CITY/STATE ZIP CODE

NAME STREET ADDRESS CITY/STATE ZIP CODE

NAME STREET ADDRESS CITY/STATE ZIP CODE

THOMAS J. REILLY, JR.
1040 TURKS HEAD BUILDING
PROVIDENCE RI 02903

FILED

JAN 1995

BY 2049
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