



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. 101017 2. Name of Corporation Joseph J. Reale, Jr., Ltd.
3. Street Address Principal Business Office 30 Kennedy Plaza, Suite 400 City Providence State RI Zip 02903
4. Business Phone No. 401-453-9900 5. State of Incorporation RHODE ISLAND 6. SIC Code 7617
7. Brief Description of the Character of Business Conducted in Rhode Island
TO PROVIDE LEGAL SERVICES.

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

President Name Joseph J. Reale, Jr. Vice President Name None

Street Address 30 Kennedy Plaza, Suite 400 City Providence State RI Zip 02903
Street Address City State Zip

Secretary Name Joseph J. Reale, Jr. Treasurer Name Joseph J. Reale, Jr.

Street Address 30 Kennedy Plaza, Suite 400 City Providence State RI Zip 02903
Street Address 30 Kennedy Plaza, Suite 400 City Providence State RI Zip 02903

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

Director Name None 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
8,000 \$.01 PAR VALUE

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

ISSUED SHARES
Number of Shares Class Series Par Value
100 Common \$.01 Par

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



1 0 1 0 1 7

File Date 1/10/05
Check No. 2694
By D.

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 Joseph J. Reale, Jr. Date 1/5/05
Print or Type Name of Officer 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 02903-1333
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. 101017 2. Name of Corporation Joseph J. Reale, Jr., Ltd.
3. Street Address Principal Business Office 30 Kennedy Plaza, Suite 400 City Providence State RI Zip 02903
4. Business Phone No. 401-453-9900 5. State of Incorporation Rhode Island 6. SIC Code 7617
7. Brief Description of the Character of Business Conducted in Rhode Island
TO PROVIDE LEGAL SERVICES.

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

President Name Joseph J. Reale, Jr. Vice President Name None
Street Address 30 Kennedy Plaza, Suite 400 Street Address
City Providence State RI Zip 02903 City Providence State RI Zip 02903
Secretary Name Joseph J. Reale, Jr. Treasurer Name Joseph J. Reale, Jr.
Street Address 30 Kennedy Plaza, Suite 400 Street Address 30 Kennedy Plaza, Suite 400
City Providence State RI Zip 02903 City Providence State RI Zip 02903

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

Director Name None 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
8,000 \$.01 PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
100 Common \$.01 Par

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



1 0 1 0 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.

Signature of Officer Joseph J. Reale, Jr. Date 1/14/04
Print or Type Name of Officer

President

Title of Officer

File Date 1-13-04
Check No. 2258
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. 2. Name of Corporation

101017

Joseph J. Reale, Jr., Ltd.

3. Street Address Principal Business Office

One Financial Plaza, Suite 1600

City

Providence

State

RI

Zip

02903

4. Business Phone No.

(401) 453-9900

5. State of Incorporation

RHODE ISLAND

6. SIC Code

7617

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

Law firm.

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

President Name

Joseph J. Reale, Jr.

Vice President Name

None

Street Address

One Financial Plaza, Suite 1600

Street Address

City

Providence

State

RI

Zip

02903

City

State

Zip

Secretary Name

Joseph J. Reale, Jr.

Treasurer Name

Joseph J. Reale, Jr.

Street Address

One Financial Plaza, Suite 1600

Street Address

One Financial Plaza, Suite 1600

City

Providence

State

RI

Zip

02903

City

State

Zip

Providence

RI

02903

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

Director Name

None.

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

8,000 \$.01 PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

100

Common

\$.01 Par Value

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



* 1 0 1 0 1 7 *

1-27-03

File Date: 1945

Check No.: 2

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.

Signature of Officer

Joseph J. Reale, Jr.

Print or Type Name of Officer

President

Title of Officer

Date

1-24-03



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. **101017** 2. Name of Corporation **Joseph J. Reale, Jr., Ltd.**

3. Street Address Principal Business Office
One Financial Plaza, Suite 1600

City
Providence

State
RI

Zip
02903

4. Business Phone No.
453-9900

5. State of Incorporation
RHODE ISLAND

6. SIC Code
7617

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

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

President Name
Joseph J. Reale, Jr.

Vice President Name
None

Street Address
One Financial Plaza, Suite 1600

Street Address

City State Zip
Providence RI 02903

City State Zip

Secretary Name
Joseph J. Reale, Jr.

Treasurer Name
Joseph J. Reale, Jr.

Street Address
One Financial Plaza, Suite 1600

Street Address
One Financial Plaza, Suite 1600

City State Zip
Providence RI 02903

City State Zip
Providence RI 02903

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

Director Name
None.

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
8,000		\$.01 PAR VALUE

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
100	Common	\$.01 Par Value

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



* 1 0 1 0 1 7 *

File Date: 1-17-02

Check No.: 1407

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.

Joseph J. Reale, Jr. Pres 1/16/02
Signature of Officer Date

Joseph J. Reale, Jr.

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

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



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. 101017 2. Name of Corporation Joseph J. Reale, Jr., Ltd.
3. Street Address Principal Business Office One Financial Plaza, Suite 1600 City Providence State RI Zip 02903
4. Business Phone No. (401) 453-9900 5. State of Incorporation RHODE ISLAND 6. SIC Code 7617

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

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

President Name Joseph J. Reale, Jr. Vice President Name None
Street Address One Financial Plaza, Suite 1600 Street Address
City Providence State RI Zip 02903 City State Zip
Secretary Name Joseph J. Reale, Jr. Treasurer Name Joseph J. Reale, Jr.
Street Address One Financial Plaza, Suite 1600 Street Address One Financial Plaza, Suite 1600
City Providence State RI Zip 02903 City Providence State RI Zip 02903

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

Director Name None 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
8,000 \$.01 Par Value

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

ISSUED SHARES
Number of Shares Class/Series Par Value
100 Common \$.01 Par Value

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

File Date: 2/2

Check No.: 1280

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] Date 2/1/01

Joseph J. Reale, Jr.
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 2000

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **101017** 2. Name of Corporation **Joseph J. Reale, Jr., Ltd.**

3. Street Address Principal Business Office **One BankBoston Plaza, Suite 2443** City **Providence** State **RI** Zip **02903**

4. Business Phone No. **(401) 453-9900** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7617**

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

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

President Name **Josep J. Reale, Jr.** Vice President Name **None**

Street Address **One BankBoston Plaza; Suite 2443**

City **Providence** State **RI** Zip **02903**

Secretary Name **Joseph J. Reale, Jr.** Treasurer Name **Joseph J. Reale, Jr.**

Street Address **One BankBoston Plaza, Suite 2443**

City **Providence** State **RI** Zip **02903**

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

Director Name **None**

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
8,000		\$.01 PAR VALUE

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
100	Common	\$.01 Par Value

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



* 1 0 1 0 1 7 *

File Date: **2/11/00**

Check No.: **1557**

By: **DJM**

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 **Joseph J. Reale, Jr.** Date **2/10/00**

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. **101017** 2. Name of Corporation **Joseph J. Reale, Jr., Ltd.**

3. Street Address Principal Business Office **One BankBoston Plaza, Suite 2443** City **Providence** State **RI** Zip **02903**
4. Business Phone No. **(401) 453-9900** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7617**

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

Law firm

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

President Name **Joseph J. Reale, Jr.** Vice President Name **None**

Street Address **One BankBoston Plaza, Suite 2443** Street Address

City **Providence** State **RI** Zip **02903**

Secretary Name **Joseph J. Reale, Jr.** Treasurer Name **Joseph J. Reale, Jr.**

Street Address **One BankBoston Plaza, Suite 2443** Street Address **One BankBoston Plaza, Suite 2443**

City **Providence** State **RI** Zip **02903** City **Providence** State **RI** Zip **02903**

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

Director Name **None** 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

8,000 \$.01 PAR VALUE

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

ISSUED SHARES

Number of Shares Class/Series Par Value

100 Common \$.01 Par Value

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



* 1 0 1 0 1 7 *

File Date: **Feb 2, 99**

Check No.: **1217**

By: **JD.**

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 **Joseph J. Reale, Jr., Pres** Date **1/27/99**

Print or Type Name of Officer **Joseph J. Reale, Jr.**

Title of Officer **President**

Title of Officer