

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

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

2005 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR \_ • Filing Fee: \$50.00 Filing Period: January 1 - March 1 (FORM MUST BE TYPED OR PRINTED IN BIACK) 1. Corporate ID No. 2. Name of Corporation SMITH HILL ASSOCIATES, INC. 36116 3 Street Address Principal Business Office ONE SMITH HILL PROVIDENCE 02903 ŘΙ 6 SIC Code 4. Business Phone No. 5. State of Incorporation 5538 . (401) 272-1110 **RHODE ISLAND** 7. Brief Description of the Character of Business Conducted in Rhode Island 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name President Name MARK B. DECOF LEONARD DECOF Sirce Address SMITH HILL Street Addre ONE SMITH HILL 02903 02903 PROVIDENCE RT **PROVIDENCE** RI Secretary Name Treasurer Name MARK B. DECOF LEONARD DECOF Street Address Street Address ONE SMITH HILL ONE SMITH HILL State State **PROVIDENCE** 02903 **PROVIDENCE** RI 02903 RI ☐ FILL IN SPACES BEFORE USING ATTACHMENTS 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) Director Name Director Name Street Address Street Address State Cin State Zip Director Name Director Name Street Address Street Address Cin State Zip City State Zip 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Par Value Number of Shares Class Series Par Value Number of Shares Class/Series NO PAR 1000 COMMON 8,000 \$1.00 PAR VALUE This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date 2105

Check No. 183

By: DA

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 houth apertrue and correct.
and sa
Signature of Officer Date
Mark B. Decof
Print or Type Name of Officer .
Vice President/Treasurer
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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR \_\_\_\_\_

Providence, RI 02903-1335 401.222.3040 2004

. Curporate ID No	2. Name of Corpor	atlon			
36116	SMITH HILL	ASSOCIATES, INC.			<u> </u>
Street Address Principal Busines One Smith Hill			City Providence	State RI	2ip 02903
. Business Phone No	<u> </u>	5. State of Incorporation	on .		6. SIC Code
(401) 272-1119		RHODE ISLANI			5538
Brief Description of the Characte REAL ESTATE	er of Business Conductor	d in Rhode Island			
. NAMES AND ADDRESSI resident Name Leonard Decof	ES OF THE OFFIC	ERS: <i>("X" BOX FOR AT</i>	TACHMENT)   FILL IN SI Vice President Name Mark B. Deco	PACES BEFORE USING	G ATTACHMENTS
treet Address			Street Address		<u> </u>
One Smith Hill		<u> </u>	One Smith Hi	11	
Providence	State RI	<sup>Zip</sup> 02903	Cuy Providence	State RI	<sup>Ζ(p</sup> 02903
ecretary Name Leonard Decof			Treasurer Name Mark B. Deco	f	
Sircei Address One Smith Hill		Street Address One Smith Hill			
Tity	State	Zip	City	State	Zip
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contained are true and correct. File Date Signature of Officer Check No. Mark B. Decof Print or Type Name of Officer FOR SECRETARY OF STATE USE ONLY

Under penanty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements Vice President/Treasurer Title of Officer

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

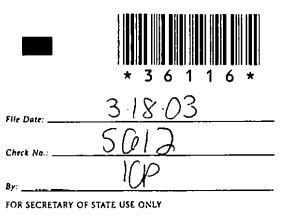
### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

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PLEASE	READ

Filing Period: Junitary	/ J-MIUICH J	11111 7 Et. 250.00			I ANT RES
(FORM MUST BE TYPED OR PRINT	TED IN BLACK)				
1. Corporate 1D No.	2. Name of Corpora		• *		
36116	SMITH HILL	. ASSOCIATES, INC.	- •	•	
3. Street Address Principal Business	Office		City	State	Zip
ONE SMITH HILL  4. Business Phone No.		5. State of Incorporation	PROVIDENCE	RI	02903 6. SIC Code
(401) 272-1110 7. Brief Description of the Characte		RHODE ISLAI In Rhode Island	ND		5538
REAL ESTATE 8. NAMES AND ADDRES President Name	SSES OF THE OFF	ICERS ("X" BOX FOR ATT	Vice President Name	ORE USING ATTAC	CHMENTS
LEONARD DECOF Street Address			MARK B. DECOF		
ONE SMITH HILI City PROVIDENCE	State RI	<sup>21p</sup> 02903	ONE SMITH HILL  City  PROVIDENCE	State RI	zip 02903
PROVIDENCE	V.T	02903	-	K.I	02,03
Secretary Name			Treasurer Name		
LEONARD DECOF			MARK B. DECOF Street Address		
ONE SMITH HILL	State	Zip	ONE SMITH HILL	State	Zip
PROVIDENCE	RI	02903	PROVIDENCE	RI	02903
9. NAMES AND ADDRES	SSES OF THE DIR	ECTORS (*X* BOX FOR A	TTACHMENT) FILL IN SPACES B Director Name	EFORE USING ATT	ACHMENTS
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 AUTHORIZE AUTHORIZED SHARES	ED ("x" BOX FOR AT	(ACHMENT)	11. SHARES ISSUED (*X* )	BOX FOR ATTACHMEN	τ)
Number of Shares	Class/Sertes	Par Value	Number of Shares	Class/Series	Par Value
8 000 \$1 00 PAR VALUE			1000	COMMON	1.00 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 receive are true and correct Signature of Officer

MARK B. DECOF
Print or Type Name of Officer

VICE PRESIDENT/TREASURER

Title of Officer

Form 630 12/02

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

STOP PLEASE READ INSTRUCTIONS

Filing Period: Januar	y I-March I •	Filing Fee: \$50.00			INSTRU
FORM MUST BE TYPED IN BL	ACK)				
1. Corporate ID No.	2. Name of Corpora	ation			
36116	SMITH HILI	L ASSOCIATES, INC.		e, market en	
3. Street Address Principal Busines	s Office	•	City	State .	Zip
ONE SMITH HIL	L		PROVIDENCE	RI.	02903
4. Business Phone No.		S. State of Incorporation			6. SIC Code
(401) 272-111	0	RHODE ISLAN	D		5538
7. Brief Description of the Charact	er of Business Conducted	in Rhode Island			
REAL ESTATE					
8. NAMES AND ADDRES	SSES OF THE OFF	ICERS (*X* BOX FOR ATTA	CHMENT) FILL IN SPACES BE	FORE USING ATTA	CHMENTS
President Name			Vice President Name		
LEONARD DECOF			MARK B. DECOF		
Street Address			Street Address		
ONE SMITH HIL	L		ONE SMITH HILL		
PROVIDENCE	State RI	<sup>Zip</sup> 02903	PROVIDENCE	State RI	<sup>Zip</sup> 02903
Secretary Name			Treasurer Name		
LEONARD DECOF			MARK B. DECOF		
Street Address			Street Addiess		
ONE SMITH HIL	L		ONE SMITH HILL		
PROVIDENCE	State RI	02903	PROVIDENCE	State RI	<sup>Zip</sup> 02903
9. NAMES AND ADDRES	SSES OF THE DIR	ECTORS ("X" BOX FOR AT	TACHMENT) FILL IN SPACES 1	BEFORE USING ATT	ACHMENTS
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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 AUTHORIZE	D (*x* box for att	ACHMENT)	11. SHARES ISSUED (*x*	BOX FOR ATTACHMEN	T)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000 \$1.00 PAR VALUE			1000	COMMON	1.00

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



File Date:	1-31-02	
Charles M	5318	
Check No.: _	de	_
By:		
FOR SECRET	ARY OF STATE USE ONLY	

_	
Under penalty of perjury, I declare and affin	rm that I have examined
this report, including any accompanying sc	
that an accements coptained herein are tru	e an correct.
Eul 1.	$\bigcup$
Signature of Officer	Date
MARK B. DECOF	
Print or Type Name of Officer	
VICE PRESIDENT/TREASURER	$\bigcup$
Title of Officer	· · · · · · · · · · · · · · · · · · ·
emb 5	Fa 630 12101

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.

Number of Shares

2. Name of Corporation

36116

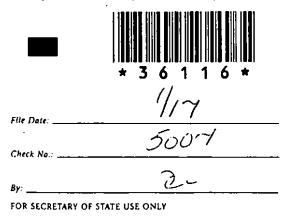
SMITH HILL ASSOCIATES, INC.

3. Street	Address Principal Business ONE SMITH I			City PROVIDENCE	State RI	zip 02903
	tess Phone No. (401) 272-1 Description of the Characte Real Estate	1110	5. State of Incorporation RHODE ISLAI in Rhode Island	n		6. SIC Code 5538
			ICERS (*X* BOX FOR ATTA	ACHMENT) FILL IN SPACES BE Vice President Name MARK B. DECOF	EFORE USING ATTA	CHMENTS
itreet A	<sup>ddre</sup> Öne Smith Hi	111		Such Addr Smith Hill		
ity P	rovidence	State RI	<sup>Zip</sup> 02903	Ghy Providence	State RI	<sup>zip</sup> 02903
ecretar	y Name LEONARD DECC	)F		Treasuser Name MARK B. DECOF		
treet A	ddrèss One Smith Hi	111		Street Address One Smith Hill		
Sity	Providence	State RI	<sup>Zip</sup> 02903	City Providence	State RI	zip 02903
9. NA Director			ECTORS ("X" BOX FOR AT	TTACHMENT) FILL IN SPACES  Director Name  MARK B. DECOF	BEFORE USING ATT	TACHMENTS
treet A	ddress One Smith Hi	111		Street Address One Smith Hill		
City	Providence	State RI	<sup>Zip</sup> 02903	<sup>Cit</sup> Providence	State RI	<sup>Zip</sup> 02903
Director	Name			Director Name		
treet A	ddress			Street Address		
Sity		State	Zip	City	State	Zip
	HARES AUTHORIZE	D ("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED (*X	BOX FOR ATTACHMEN	(די

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

Number of Shares

1000



8,000 SHS \$1.00 P/V EACH

Class/Sertes

Par Value

Under penalty of perjury, I declare and affirm that I have examined this report including any accompanying schedules and statements, and Signature of Officer MARK B. DECOF Title of Officer

Class/Series

Common

Par Value

1.00

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.

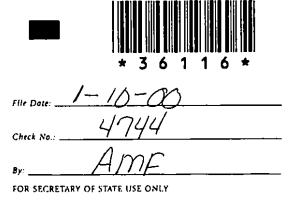
2. Name of Corporation

36116  Street Address Principal Business		ASSOCIATES, INC	• City	State	Zip
ONE SMITH HILL  Business Phone No.	office	S. State of Incorporation	PROVIDENCE	RI	02903 6. SIC Code
(401) 272-1110  Brief Description of the Character	of Business Conducted in	RHODE ISLAND Rhode Island			5538
Real estate B. NAMES AND ADDRESS tresident Name	SES OF THE OFFIC	CERS (*X* BOX FOR ATTACH	MENT) FILL IN SPACES BE	EFORE USING ATTA	CHMENTS
LEONARD DECOF			MARK B. DECOF Street Address		
One Smith Hill			One Smith Hill		
Providence	State RI	02903	Providence	State RI	ð°2903
ecretory Name			Treasurer Name		
LEONARD DECOF			MARK B. DECOF Street Address		
One Smith Hill			One Smith Hill		
City Providence	State RI	02903	Providence	RI RI	<u>ნ'</u> 2903
9. NAMES AND ADDRESS	SES OF THE DIRE	CTORS ("X" BOX FOR ATTA	CHMENT) FILL IN SPACES Director Name	BEFORE USING ATT	ACHMENTS
LEONARD DECOF			MARK B. DECOF Street Address		
One Smith Hill	State	Zip	One Smith Hill	State	Zip
Providence Director Name	RI	02903	Providence Director Name	RI	02903
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZE	D ("X" BOX FOR ATTA	CHMENT)	11. SHARES ISSUED (*X	* BOX FOR ATTACHMEN	T)
Number of Shares	Class/Series	Par Volue	Number of Shares	Class/Series	Par Value
8,000 SHS \$1.00	P/V EACH		1.000	COMMON	\$1.00

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

1,000

Title of Officer



Under penalty of perjury, I declare and affirm that I have examined his eport, including any accompanying schedules and statements, and Hat all statements Intained erein are the and correct. 1/7/00 Date MARK\_B.\_DECOF Print or Type Name of Officer VICE PRESIDENT/TREASURER

COMMON



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

STOP.
PEL ASE RE AD
INSTRUCTIONS

3. Steer Address Principal Business Office  ONE SMITH HILL 3. Steer of Incorporation RHODE ISLAND 3. Steer of Incorporation RHODE ISLAND 4. Business Principal Business Office 3. Steer of Incorporation RHODE ISLAND 5. Steer of Incorporation RHODE ISLAND 5. Steer of Incorporation RHODE ISLAND 5. Steer of Incorporation RHODE ISLAND 6. SIC Code 5538  (401) 272-1110 5. Steer of Incorporation RHODE ISLAND 7. Steer of Incorporation RHODE ISLAND 8. PROVIDENCE RI 0.2903 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) 8. FILL IN SPACES BEFORE USING ATTACHMENTS 8. PROVIDENCE RI 0.2903 9. PROVID	(FORM MUST BE TYPED IN BLAC	CK)				
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4. Subtracts Phone No.  (401) 272-1110  (401) 272-1110  Seriodic State Real estate 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS  Problems Nome  LEONARD DECOF  Storet Address  ONE SMITH HILL  City  Storet  AND DECOF  Storet Address  ONE SMITH HILL  City  Storet  LEONARD DECOF  Storet Address  ONE SMITH HILL  City  Storet  AND STORETH HILL  City  Storet  AND DECOF  Storet Address  ONE SMITH HILL  City  Storet  AND DECOF  Storet Address  ONE SMITH HILL  City  Storet  AND DECOF  Storet Address  ONE SMITH HILL  City  Storet  AND STORETH HILL  City  Storet  AND STORETH HILL  City  Storet  AND STORETH HILL  City  Storet  AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT") FILL IN SPACES BEFORE USING ATTACHMENTS  Directs Name  LEONARD DECOF  Storet Address  ONE SMITH HILL  City  PROVIDENCE  RI  02903  PROVIDENCE  RI  02903  PROVIDENCE  RI  02903  PROVIDENCE  AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT") FILL IN SPACES BEFORE USING ATTACHMENTS  Directs Name  LEONARD DECOF  Storet Address  ONE SMITH HILL  City  PROVIDENCE  RI  02903  PROVIDENCE	3. Street Address Principal Business C	office		City	State	Zip
(401) 272-1110 Real estate  8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name  LEONARD DECOF  MARK B. DECOF Sinert Address  ONE SMITH HILL City PROVIDENCE RI O2903 PROVIDENCE RI			5. State of Incorporation  RHODE ISLAND		.RI	6. SIC Code
LEONARD DECOF   MARK B. DECOF	7. Brief Description of the Character	of Business Conducted in		•		- · · · - ·
ONE SMITH HILL  ONE SMITH HILL  (ity State Zip City State Zip City State Zip  PROVIDENCE RI 02903 PROVIDENCE RI 02903  Secretary Name  LEONARD DECOF  State Address  ONE SMITH HILL  (ity State Zip City State Zip O2903  PROVIDENCE RI 02903  P		ES OF THE OFFI	CERS ("X" BOX FOR ATTACH		BEFORE USING ATTA	CHMENTS
PROVIDENCE RI 02903 PROVIDENCE RI 02903  PROVIDENCE RI 02903 PROVIDENCE RI 02903  Street Address  ONE SMITH HILL  City State Zip City State Zip O2903  9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) ( FILL IN SPACES BEFORE USING ATTACHMENTS Director Name  LEONARD DECOF  Street Address  ONE SMITH HILL  City State Zip Or Street Address  ONE SMITH HILL  City State Zip Or State St				MARK B. DECOF  Street Address		
PROVIDENCE RI 02903 PROVIDENCE RI 02903  Secretary Name  LEONARD DECOF  Sizet Address  ONE SMITH HILL  City  PROVIDENCE  ONE SMITH HILL  City  Sizet  City  Sizet  City  Sizet  City  Sizet  MARK B. DECOF  Sizet  Sizet  City  MARK B. DECOE  Sizet  City  MARK B. DECOE  Sizet  MARK B. DECOE  MARK B. DECOE  Sizet  MARK B. DECOE	ONE SMITH HILL			•	<b>→</b>	· · · · · · · · · · · · · · · · · · ·
Secretary Name  LEONARD DECOF  Street Address  ONE SMITH HILL  City  PROVIDENCE  RI  02903  PROVIDENCE  MARK B.DECOF  Street Address  Director Name  LEONARD DECOF  Street Address  ONE SMITH HILL  City  PROVIDENCE  RI  02903  PROVIDENCE  Street Address  ONE SMITH HILL  City  PROVIDENCE  RI  02903	•		•	•		
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City State Zip PROVIDENCE RI 02903 PROVIDENCE RI 02903  9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) C. FILL IN SPACES BEFORE USING ATTACHMENTS Director Name  LEONARD DECOF Street Address  ONE SMITH HILL City State Zip ONE SMITH HILL City State Zip PROVIDENCE RI 02903 PROVIDENCE RI 02903  Director Name  Director Name  Street Address  Street Address  Street Address  City State Zip  ONE SMITH HILL City State Zip		•		ONE SMITH HILL		
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) (. FILL IN SPACES BEFORE USING ATTACHMENTS  Director Name  LEONARD DECOF Street Address  ONE SMITH HILL City State 21p PROVIDENCE RI 02903 PROVIDENCE RI 02903  Director Name  Street Address		State	-	*		I *
Director Name  LEONARD DECOF Street Address  ONE SMITH HILL City PROVIDENCE RI 02903 PROVIDENCE RI 02903 PROVIDENCE RI 02903 Director Name  Street Address  City State Zip  City State Zip  10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES Number of Shares Class/Series Ri SULD SHARES Number of Shares Class/Series Ri Common Shares C			•			
Street Address  ONE SMITH HILL  City State Zip  PROVIDENCE RI 02903 PROVIDENCE RI 02903  Director Name  Street Address  Street Address  City State Zip  City State Zip  OLivettor Name  10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES  Number of Shares Class/Series Par Value  8,000 SHS \$1.00 P/V EACH  Street Address  City State Zip  11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) SUID SHARES  Number of Shares Class/Series Par Value  1,000 COMMON \$1.00		SES OF THE DIRI	ECTORS ("X" BOX FOR ATTA	**	ES BEFORE USING ATT	TACHMENTS
PROVIDENCE RI 02903 PROVIDENCE RI 02903  Director Name  Street Address  City State Zip City State Zip  City State Zip  City State Zip  10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) SUITED SHARES Number of Shares Number of Shares  Class/Series Par Value  8,000 SHS \$1.00 P/V EACH  1,000 COMMON \$1.00						
PROVIDENCE RI 02903  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 Number of Shares Class/Series Par Value  8,000 SHS \$1.00 P/V EACH  RI 02903  PROVIDENCE RI 02903  Director Name  Street Address  Street Address  Street Address  Lin SHARES ISSUED ("X" BOX FOR ATTACHMENT) ("X" BOX FOR	ONE SMITH HILL			ONE SMITH HILL	, .	. , <u></u>
Director Name  Street Address  Street Address  City State Zip City State Zip  10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) III. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ( AUTHORIZED SHARES  Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value  8,000 SHS \$1.00 P/V EACH  1,000 COMMON \$1.00	•		•			
City State Zip City State Zip  10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 1,  AUTHORIZED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value 1,000 COMMON \$1.00		RI	02903		, KI	02903
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ( AUTHORIZED SHARES Number of Shares  Class/Series Par Value  8,000 SHS \$1.00 P/V EACH  11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) (,  Number of Shares  Class/Series Par Value  1,000 COMMON \$1.00	Street Address			Street Address		–
AUTHORIZED SHARES  Number of Shares  Class/Series  Par Value  Number of Shares  Class/Series  Par Value  1,000  COMMON  \$1.00	City	State	Zip	City	State	- Zip
8,000 SHS \$1.00 P/V EACH 1,000 COMMON \$1.00		) (*X* BOX FOR ATT	ACHMENT) '		*X* BOX FOR ATTACHMEN	7) (,
	Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
This report must be <b>signed in ink</b> by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trust	8,000 SHS \$1.00 P/V	EACH		1,000	COMMON	\$1.00
This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trust				6	•	
	This report must be sign	ed in ink by eiti	her the President, Vice I	President, Secretary, Assi	istant Secretary, Trea	surer, Receiver or Truste

	* 3 6 1 1 6 *
File Date:	) 111/24
Check No.:	U 4484
Ву:	JB.
FOR SECRETAR	Y OF STATE USE ONLY

I INDIAN IIIIN STAT HAEL HAIR DIH ISDI

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements confained herein are true and correct.

1/19/99

Signature of Officer

Date

MARK B.DECOF

Print or Type Name of Officer

VICE PRESIDENT/TREASURE

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)

AUTHORIZED SHARES

8,000 SHS \$1.00 P/V EACH

Number of Shares

I. Corparate ID No. <b>36116</b>	2. Name of Corp SMITH HIL	oration L ASSOCIATES, INC.			
3. Street Address Principal Business (	Office		City	State	ZIp
One Smith Hill 4. Rusiness Phone No. (401) 272-1110 7. Brief Description of the Character	of Business Conducto	S. State of Incorporation RHODE ISLAN	Providence D	RI	02903 6. SIC Code <b>5538</b>
Real Estate					
8. NAMES AND ADDRESS President Name	SES OF THE O	FFICERS ("X" BOX FOR ATTAC	CHMENT) Vice President Name		
Leonard Decof			Mark B. Decof		-
One Smith Hill			One Smith Hill		
City	State	Zip	City	State	Zip
Providence Secretary Name	RI	02903	Providence Treasurer Name	RI	02903
Leonard Decof			Mark B. Decof		
Street Address			One Smith Hill		
One Smith Hill	State	Zip	City	State	Zip
City Providence	RI	02903	Providence	RI	02903
		IRECTORS ("X" BOX FOR AT		<u>-</u>	
Leonard Decof			Mark B. Decof Street Address		
One Smith Hill			One Smith Hill		
City	State	Zip	City	State	Zip
Providence Director Name	RI	02903	Providence Director Name	RI	. 02903
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZE	D ("x" BOX FOR	ATTACHMENT)	11. SHARES ISSUED (*X	BOX FOR ATTACH	AENT)

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

ESSUFED SHARES

1000

Number of Shares

	* 3 6 1 1 6 *
File Date:	1.12.98
Check No.:	4000
By:	AY OF STATE USE ONLY

Class/Series

Par Value

ty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and statements commined herein are true and correct. 1/9/98 Signature of Officer Mark B. Decof Print or Type Name of Officer

Vice President/Treasurer

Title of Officer

Class/Series

Common

Par Value

\$1.00



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

#### PROFIT CORPORATION ANNUAL REPORT 1997

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

2. Name of Corporation

36116

SMITH HILL ASSOCIATES, INC.

3. Street Address Principal Business Office One Smith Hill

Providence

State RI

ZIp02903

4. Business Phone No.

5. State of Incorporation RHODE ISLAND 6. SIC Code

272-1110

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

City

5538

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

President Name Leonard Decof

One Smith Hill

Leonard Decof

One Smith Hill

Leonard Decof

One Smith Hill

Vice President Name

Mark B. Decof

Street Address

One Smith Hill

State

2.10

Providence

State Zip City

RI

02903

Providence

RI

02903

Secretary Name

Street Address

Street Address

Treasurer Name Mark B. Decof

Street Address

One Smith Hill

Providence

State ŔŢ

Zip 02903 City Providence State RI

02903

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

Director Name Street Address

Director Name Mark B. Decof

Street Address

One Smith Hill

Zip

Providence

State RΙ

Zip

City

State

02903

Providence Director Name

Street Address

RI

02903

Street Address

City

Director Name

State

Zip

City

State

Zip

10. SHARES AUTHORIZED AND ISSUED ("X" BOX FOR ATTACHMENT)

**AUTHORIZED SHARES** Number of Shares

Class/Series

Par Value

ESSUED SHARES Number of Shares Class/Series

Far Value

8,000 SHS \$1.00 P/V EACH

1000

Common

\$1.00

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

File Date:

FOR SECRETARY OF STATE USE ONLY

Under peopty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and statements contained herein are true and correct.

Signature of Officer

Mark B. Decof Print or Type Name of Officer

Vice President/Treasurer

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

7 11445 05 00000000000		PRINT IN BLACK INK.	<del></del>	
SMIT	H HILL ASSOCIATE	S, INC	gy phart and a second a second and a second	1 2F COOE
		Droyldones "	pi	02903
		Providence		6 SC 000E
	1	SLAND		5538
AS DESCRIPTION OF DES	NE sel auri	·····	<del>, </del>	3130
OF BOSINESS COMMUNICIED IN HAND	DE ISLAND	,		
•	. <del> </del>		elakas i la minema	
8 . N	AMES AND ADDR	RESSES OF THE OF	FICERS	
		Mark B. Decof		•
<del> </del>	<del></del>	STREET ADDRESS		
Levine	I zin cooc		Cerore	ZP COOE
	•	Providence	RI	02903
	, , , , , , , , , , , , , , , , , , , ,	TREASURER NAME		
		Mark B. Decof		
		STREET ADDRESS	···	
STATE	7 P COOF		: STATE	ZIP CODE
1	1	4		02903
!	<i>.</i>	ESSES OF THE DI	RECTORS	
	···	OFFECTOR NAME	• • • •	. •.•
<del></del>				
STATE	ZIP COOE	ary	STATE	ZIP CODE
RI	02903	Providence	RI	02903
		DIRECTOR NAME		
	<del></del>	STREET ADDRESS	<del></del>	
STATE	ZP 0005	Fair	STATE	ZP 000E
<u></u>	- <del>ga afyas gast</del> ryn H <del>err</del>	-	ببب اجب	
10.	SHARES AUTHOR	LIZED AND ISSUED		<u>.                                    </u>
AUTHORIZED SHARES	PAG VALLE	NAMES OF CHREC	ISSUED SHARES	PAR VALUE
		· · ·	1	1
\$1.00 P/V EA	CH	1000	Common	\$1.CO
		3	1	ļ
		<u>-</u>	1	<del> </del>
		•	1	
			··· <del>······</del>	
esident, vice Fres	ident, Secretary, Assis	stant Secretary, Treasurer,	neceiver or muste	
	SMITT OFFICE  OF BUSINESS COMOUCTED IN RHOM  8 . N  STATE RI  9 . N  STATE RI  STATE RI  STATE STATE RI  STATE PL  STATE STATE RI  STATE PL  STATE STATE RI  STATE PL  STATE RI  STATE RI  STATE PL  STATE RI  STATE RI	SHATE STATE	SMITH HILL ASSOCIATES, INC.  OTH Providence  SSLATE OF HICKOPONALIDIN  RHODE ISLAND  8. NAMES AND ADDRESSES OF THE OF WICE PRESOCUTIVANE MATK B. DECOF SINET ADDRESS ONE SMITH HILL O2903 Providence  RI 02903 Providence  SIATE O77  RI 02903 Providence  9. NAMES AND ADDRESSES OF THE DI ORCORDANA MATK B. DECOF SIRET ADDRESS ONE SMITH HILL ORCORDANA MATK B. DECOF SIRET ADDRESS ONE SMITH HILL OPPOSE  NAMES AND ADDRESSES OF THE DI ORCORDANA MATK B. DECOF SIRET ADDRESS ONE SMITH HILL OPPOSE  VOIV  10. SHARES AUTHORIZED AND ISSUED AUTHORIZED SHARES CASS/SCRES PARVALLE MANSER OF SHARES  S1.00 P/V EACH 1000  This report must be SIGNED IN INK by either the	SMITH HILL ASSOCIATES, INC.  OFFICE  STATE  Providence  RI  RI  RHODE ISLAND  8 NAMES AND ADDRESSES OF THE OFFICERS  WAS PRESOUND HAVE  MARK B. DECOF  STRET ADDRESS  One Smith Hill  OT SMARE ADDRESS  ONE SMITH HILL  STATE  Providence  RI  TRASSING NAME  MARK B. DECOF  STRET ADDRESS  ONE SMITH HILL  OT SMARE  RI  02903  Providence  RI  TRASSING NAME  MARK B. DECOF  STRET ADDRESS  ONE SMITH HILL  OT SMARE  AND ADDRESSES OF THE DIRECTORS  OMACKON NAME  MARK B. DECOF  STRET ADDRESS  ONE SMITH HILL  STATE  OPPOSE  MARK B. DECOF  STRET ADDRESS  ONE SMITH HILL  STATE  OPPOSE  MARK B. DECOF  STRET ADDRESS  ONE SMITH HILL  STATE  OPPOSE  TOT STATE  OPPOSE  STRET ADDRESS  ONE SMITH HILL  STATE  OPPOSE  STRET ADDRESS  CLASS / SCRETS  RANGE STRETS  AUTHORIZED SHARES  CLASS / SCRETS  CLASS / SCRETA  CLASS / SCRETA  CLASS / SCRETA  CLASS / SCRETA  CLASS /

File Date: 1/10/96
Check No: 3 h 9 h

By:
For Secretary of State Use Only

.

all systements contained herein are true and forect.

Signature of Officer

Mark B. Decof

Print or Type Name of Officer

January 3, 1996

Vice President
Title of Officer

Date

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

W 3467

#### **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:	56116		Annual Report for the	1995 year:	
Name of Compression	SMITH HILL	ASSOCIATE	ES, INC.		
For foreign entity, address ar	ider the laws of the State of: , R and telephone number of principa	l office:	[x] Business Corp	check one): poration (See RIGL Chapter 7-1.1) Service Corporation (See RIGL Chap	eter 7-5.1)
			Brief statement of t	he character of business conducted in	n Rhode Island:
Phone: ( )	e principal office of business ent	ity in Dhoda	real estate	Special Street of the Special Street	
Island (Provide street addres One Smith Hill	s - Not P.O. Box):	icy in Knode		JAN> 1995	
Providence,_RI	_02903				
Phone: ( 401) 27	2-1110				
	T	IE NAMES OF	F THE OFFICERS ARE		<del></del> -
PRESIDENT			TADDRESS	CITY/STATE	ZIP CODE
LEONARD DECOF		One Smith	n Hill TADDRESS	Providence, RI	02903
MARK B. DECOF		One Smith		Providence, RI	21P CODE 02903
SECRETARY D. DECOF			TADDRESS	CITY/STATE	ZIP CODE
LEONARD DECOF		One Smith	n Hill	Providence, RI	02903
TREASURER			T ADDRESS	CITY/STATE	ZP CODE
MARK B. DECOF		One Smith		Providence, RI	02903
NAME	TH		THE DIRECTORS ARE	CITY/STATE	ZIP CODE
LEONARD DECOF		One Smith		Providence, RI	02903
NAME:		STREE	T ADDRESS	CITY/STATE	ZIP CODE
MARK B. DECOF		One Smith	n H <u>i</u> ll	Providence, RI	02903
NAME		STREE	TADDRESS	CITY/STATE	XIP CODE
NUMBER OF SHARES AUT	HORIZED (Rider may be attached	1)	NUMBER OF SHARES	ISSUED AND OUTSTANDING (Rider	may be attached)
Number of Shares	Class / Series	<del></del> -	Number of Shares	Class / Series	
8000	Common	\$1.00	1000	Common	\$1.00
					,
Date January 9,	. 19_95	By:	Central Bosof	BN	
Form 31 1/95	·— ·-··	PRINT) TITLE (	<del></del>	resident	
			AGENT FOR SERVICE	<del> </del>	
PLEASE NOTE: If the regi	stered office and/or registered.	agent indicated be	slow is incorrect, Form 9 mus	st be filed.	

Filing Fee \$50.00 Payable to: Secretary of State

#### PLEASE TYPE or PRINT

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

#### 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

Corporate ID	Annual Report for the year:	1994 
Name of Business Entity:	SMITH HILL ASSOCIATES,	INC.
Business entity organized under the laws of the State of Rhode Island Federal Taxpayer Identification Number For foreign entity, address and telephone number of principal officers	Business Entity is (check one):  [*] Business Corporation (See R  [-] Professional Service Corpora  [-] Limited Liability Company (	ation (See RIGL Chapter 7-5.1)
	Name, title and mailing address of contacommunications may be directed:  Mark B. Decof	et person to whom
	Vice President	
Priorie (	One Smith Hill	
Address and telephone of the principal office of business entity in Rhode	Providence, RI 02903	
Island (Provide street address - Not P.O. Box) One Smith Hill	Brief statement of the character of busing real estate	ess conducted in Rhode Island
Providence, RI 02903	l ——— -———	
	Date of OrganizationOctober	9, 1985
Phone. ( 401 ) 272-1110	Date of Qualification to do business in E	Rhode Island (if foreign entity)
<u> </u>	<u> </u>	
THE NAMES OF THE NAMES OF STREET	THE OFFICERS ARE: CITYSTATE	
Leonard Decof One Smith		. <u>02903</u> z:pcot:e
Mark B. Decof One Smith		02903
CUSTODIAN OF RECORDS OR SECRETARY (Cred Ore) STREET A		
Leonard Decof   One Smitt	_	7:PCO0!
Mark B. DecofOne Smith		02903
THE NAMES OF T	HE DIRECTORS ARE: CITY/STATE	ZIP CCD
Leonard Decof One Smith		02903
Mark B. Decof         One Smith           NAMI         STREET A	h Hill Providence, RI	02903 ZIP COD
NUMBER OF SHARES AUTHORIZED (If Applicable)	NUMBER OF SHARES ISSUED AND O	UTSTANDING (If Applicable)
NUMBER 8,000	NUMBER 1,000	
CLASS Common	CLASS Common	
SERIES	SEDIES	
PAR VALUE OR \$1.00 WITHOUT PAR	PAR VALUE OR \$1.00	<u></u>
Date February 1, 19 94 By	Cul Bk	
	B. Decof	/
	President	$\nearrow$
	OPPICERSIONING	
Form 31 154		
DESIGNATED REGISTERED OR RESI	DENT AGENT FOR SERVICE OF PRO	OCESS:

PLEASE NOTF. If the Corporation has changed its registered office and/or registered or resident agent. Form 9 or Form LLC 3 must be filled

F. PAUL GRIMM ONE SMITH HILL PROVIDENCE

RI 02903

### State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Со	rporate ID	)QOSE	1.16	Annual Repor	t for the year	1993
	First:	The name of the	e corporation is	SMITH HILL A	SSOCIATES,	INC
••••	SECOND	: It is incorpora	ated under the laws	of Rhode Island		
	THIRD:	Character of bu	usiness, briefly stated	, is real estate		
• • • •	Fourth	: If foreign cor	poration, address of	its principal office		
••••	<b>Г</b> ІГТН:	Business address	s in Rhode Island	One Smith Hill,	Providence. R	1 02903
••••	Ѕіхтн:	Names and add	resses of its directors		(At	ttach rider if necessary)
	Leo	nard Decof	Directo	one Smith Hill,	Providence, R	I 02903
	Mar	k B. Decof	Directo	one Smith Hill,	Providence, R	I 02903
		•••••••••••	Directo	r	•••••••••••	
	Leo	onard Decof	Preside	nt One Smith Hill,	Providence, R	I 02903
	Mar	k B. Decof	Vice Pr	esident One Smith Hill,	Providence, R	.1 02903
	Leo	onard Decof	Secreta	0 0 1.1 11.11		•
	Mar	k B. Decof	Treasur		Providence, R	.1 02903
	SEVENTH		hares authorized:	Series		Par Value statement that res are without par value
	800	00	Common		\$	1.00
	EIGHTH:		ares issued:	Scries /	. 111. ~ 1 /	Par Value statement that res are without par value
	100	00	Common		\$	1.00
Da	itedJan	uary 26,	1993	SMI'TH HILL ASSOCIA' (Name of Corporation)  By	res, inc.	
	(Ro	eport must be signed	d by an officer)	Mark B. Decof  Title Treasure	r	
		_	· ·		*****	

## State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

A Annual Report for the

Corporate ID		Annual Report for the	ne year1292
FIRST: The name of	the corporation is		SGCIATES,INC
Second: It is incorpo	orated under the laws of	Rhode Island	
THIRD: Character of	business, briefly stated, is	real estate	
FOURTH: If foreign co	orporation, address of its pr	rincipal office	
Fifrн: Business addr	ess in Rhode Island	One Smith Hill, Provi	dence, RI 02903
Sixth: Names and ac	ddresses of its directors and		(Attach rider if necessary)
Leonard Decof	Director	One Smith Hill, Provi	dence, RI 02903
Mark B. Decof	Director	One Smith Hill, Provi	dence, RI 02903
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Director		
Leonard Decof	President	One Smith Hill, Provi	dence, RI 02903
Mark B. Decof	Vice Preside	ent One Smith Hill, Provi	dence, RI 02903
Leonard Decof	Secretary	One Smith Hill, Provi	dence, RI 02903
	Treasurer	One Smith Hill, Frovi	dence, RI 02903
SEVENTH: Number of	Shares authorized:	Series	Par Value or statement that shares are without par value
8000	Common	_ 1 <u></u>	2 \$1.00
	Shares issued:		Par Value or statement that shares are without
No. of Shares 1000	Class Common	Series	par value \$1.00
Dated January 6,	(	SMITH HILL ASSOCIATES, I	1NC.
(Report must be sig	<u>.</u>	rark B. Decor Fitle Treasurer	

Form 31 1/85

To be filed annually between January 1st and March 1st

# State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID	0036116	Annual Report for the year	1991
FIRST: The name of the corporation is			
Second: It is		Rhode Island	
THIRD: Char	acter of business, briefly stated, is	real estate	
Fourth: If f	oreign corporation, address of its	principal office	
FIFTH: Busin	ess address in Rhode Island	One Smith Hill, Providence, 1	RI 02903
	es and addresses of its directors ar	nd officers: Address (including number, stre	(Attach rider if necessary) æt, zip code)
Leonard Deco	of Director	One Smith Hill, Providence,	RI 02903
Mark B. Dec	of Director	One Smith Hill, Providence,	RI 02903
	Director		
Leonard Dec	of President	One Smith Hill, Providence,	RI 02903
Mark B. Dec	of Vice Presi	dent One Smith Hill, Providence,	RI 02903
Leonard Dec	of Secretary	One Smith Hill, Providence,	RI 02903
Mark B. Dec	of Treasurer	One Smith Hill, Providence,	RI 02903
	umber of Shares authorized:		Par Value or statement that shares are without
No. of Shares	Class	Series	par value
8000 Еі <b>снтн: N</b> ui	Common mber of Shares issued:	PA	\$1.00 Par Valuer or statement that
No. of Shares	Class	Series QECY	shares are without par value
1000	Common		\$1.00
Dated January		SMITH HILL ASSOCIATES, INC.  (Name of Corporation)  By Mark B. Decof Title Treasurer	
(Report n	nust be signed by an officer)	Title Treasurer	····

Form 31 1/85

### State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903 CZ

Corporate ID	0035115	Annual Report for the year 1.930		
First: T	he name of the corporation is	SMITH HILL ASSOCIATES,	. INC.	
•	·		٠	
SECOND:	It is incorporated under the laws of	Rhode Island		
THIRD: (	Character of business, briefly stated, i	s real estate		
Fourth:	If foreign corporation, address of its	principal office		
Fігтн: В	usiness address in Rhode Island	One Smith Hill, Provid	ence, RI 02903	
Sіхтн: N	James and addresses of its directors a		(Attach rider if necessary)	
Le	onard Decof Director	One Smith Hill, Provi	dence, RI 02903.	
Ma	rk B. Decof Director	One Smith Hill, Provi	dence, RI 02903.	
	Director			
Le	onard Decof President	One Smith Hill, Provi	dence, RI 02903	
Ma	rk B. Decof Vice Pres	ident One Smith Hill, Provi	dence, RI 02903	
Le	onard Decof Secretary	One Smith Hill, Providence, RI 02903		
Ma	rk B. Decof Treasurer	One Smith Hill, Provi	dence, RI 02903	
SEVENTH:	Number of Shares authorized:  Class	Sanut	Par Value or statement that shares are without	
8000	Common	Senes	par value \$1.00	
	Number of Shares issued:	PAID  Series I AN 24 1990  SECY OF STATE	Par Value or statement that	
	ary 18, 19 90	(Name of Constration)  By Mark B. Decof	INC.	
(Rep	ort must be signed by an officer)	Title Treasurer		

To be filed annually between January 1st and March 1st

## State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 100 NORTH MAIN STREET

	PROVIDENC	E. RHODE ISLAND 02903	= 10
Corporate ID0038	116	Annual Report fo	r the year 1988
FIRST: The name of	the corporation is	SMITH HILL ASSO	CIATES, INC.
SECOND: It is incorp	porated under the laws o	Rhode Island	
THIRD: Character of	·		
Fourth: If foreign			
FIFTH: Business add	Iress in Rhode Island	One Smith Hill,	Providence, RI 02903
SIXTH: Names and	addresses of its directors		(Attach rider if necessary)
	Director		······································
	Director		
	Director		
Leonard Decof	Presiden	one Smith Hill,	Providence, RI 02903
Mark B. Decof	Vice Pre	sident One Smith Hill,	Providence, RI 02903
Leonard Decof	Secretar	One Smith Hill	Providence, RI 02903
Mark B. Decof		•	Providence, RI 02903
Seventh: Number	of Shares authorized:		Par Value
No of Shares	Class	Series	or statement that shares are without par value
8,000	Common (n	FER	\$1.00
EIGHTH: Number of	f Shares issued:	32.2	Par Value or statement that
No. of Shares	Class	Series Series	shares are without par value
1,000	Common	7 16 m	\$1.00
Dated February 21	1989	(Name of Corportion)  By  Ulul	TES, INC.
(Report must be so	igned by an officer)	Mark B. Decof	Treasurer

To be filed annually between
January 1st and March 1st
1113 85 95 9

# State of Rhode Island and Frovidence Flantations CORPORATIONS DIVISION 270 WESTMINSTER MALL PROVIDENCE, RHODE ISLAND 02903

.6.,0

Corporate ID. 36116		Annual Report for the year		
First: The na	ame of the corporation is			
SECOND: It is	incorporated under the laws of	Ens		
	acter of business, briefly stated, i			
	oreign corporation, address of its			
	ess address in Rhode Island			
	s and addresses of its directors a	nd officers:	(Attach rider if necessary)	
	Director	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	Director			
	Director			
Leonard Deco	President	One Smith Hill, Provi	dence, R.I. 02903	
Mark B. Deco	Vice Pres	identOne Smith Hill, Provi	dence, R.I. 02903	
Leonard Deco	Secretary	One Smith Hill, Provi	dence, R.I. 02903	
Mark B. Deco	Treasurer	One Smith Hill, Provi	dence, R.I. 02903	
SEVENTH: Nu	mber of Shares authorized:		Par Value or statement that	
No of Shares	Class	Senes	shares are without par value	
8,000	Common	PAID 1988	\$1.00	
Еіднтн: Num	iber of Shares issued:	APR T GEC'Y. OF STATE	Par Value	
No. of Shares	Class	SEC'Y. UT	or statement that shares are without par value	
1,000	Common	$\mathcal{I}$	\$1.00	
Dated Aprill.	19 88	SMITH HILL ASSOCIATE (Name of Confunction)  By	Bhlo	
(Report mi	ist be signed by an officer)	Mark	B. Decef surer	

# State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 270 WESTMINSTER MALL PROVIDENCE, RHODE ISLAND 02903

Corporate ID 36116	**** *** **** *************************	Α	nnual Report fo	or the year	1987
FIRST: The name of	the corporation is SMI	TH.HILL.AS			
SECOND: It is incorp	porated under the laws of				
THIRD: Character o	f business, briefly stated, is				
FOURTH: If foreign	corporation, address of its	principal offi	ice		
FIFTH: Business add	ress in Rhode Island One		Hill, Provi		
SIXTH: Names and a	addresses of its directors ar	nd officers:	Address (inclu	iding number, s	(Attach rider if necessary)
	Director	4-1-4-4-1-41-4-	***************************************		•••••••••••••••••••••••••••••••••••••••
	Director	***********	*****************	************	
	Director	***********		************	
Leonard Decof	President	One Sr	nith Hill,	Prov.,	RI 02903
Mark B. Decof		dent"	<b>n</b>	#1	11
Leonard Decof		10	11	н	11
Mark B Dogof	Treasurer	n			N
SEVENTH: Number	of Shares authorized:				Par Velue or statement that
No. of Shares	Class		Series		shares are without par value
8,000	common	PAID			\$1.00
Eighth: Number of	f Shares issued:	1 ± 1987 OF STATE	<u> </u>		Par Value
No of Shares	Class	J. J.,	Senes		par value 111N 9 1987
1,000	common		$\overline{}$		\$1.00
Dated March	19	Smith	HV11 Associa	tes, Inc	400
		Ву	, m		
(Report must be si	igned by an officer)	Title Tree	asurer		

Filing fee: \$15.00

To be filed annually between January 1st and March 1st

## State of Rhode Island and Providence Plantations Office of the secretary of state

Corporate ID 36116	An	nual Report for t	he year1986
First: The name	of the corporation is	.Smith Hill Ass	ociates, Inc.
SECOND: It is inco			e Island
	, ,		eal Estate
FOURTH: If foreign		ss of its principa	al office N/A
			ts will be mailed to this
address) one Smith	Hill Providence, RI	02903	
SIXTH: Names an	d addresses of its dire	ectors and office	ers:
(Addresse	s must include street and i	number, if eny)	
Name	Office		Address
Leonard Decof	Director Dec	cof & Grimm,	One Smith Hill, Providence, RI
Mark Decof	Director		
	Director		· · · · · · · · · · · · · · · · · · ·
			rt .
Mark Decof	•		
Leonard Decof.			
	•		
Mark.Decot(If additional space is nee			
SEVENTH: Numbe	er of Shares authorize	ed:	Par Value
No. of Shares	Class	Series	or statement that shares are without par value
8,000	Common		1.00
·			
Eighth: Number	of Shares issued:		Par Value or statement that shares are without
No. of Shares	Class	Series	par value 1.00
1,000	Common		1.00
		-)	
Dated:June 16	19. 86	Smith Hi	ll Associates, Inc
<b>ይ</b> ራይ በ 2 FN	I'll PATE By		Bhl
e a vola		Mark B.	
VIK	AUG Za 1300	<del></del>	signed by an officer)
2 11	EC'Y, OF STATE L	(	3 - 2 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 -
If the corporation i	nas changed its registere	d office and/or it	s registered agent.

Form #9 must be filed. Please contact Corporation Division for information, 277-3040