

FOR SECRETARY OF STATE USE ONLY

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

8. NAMES AND ADDRES President Name Barbara Sokoloff Sircet Address 101A Dyer Street City Providence	ness Office acter of Business Conc SINESS OF PLAN	State of Incorporal RHODE ISLAI ducted in Rhode Island NNING, CONSULTING ICERS ("X" BOX FOR 22 Pp. 102903	City PROVIDENCE	ACES BEFORE USING AT asky, M.D. et .Siate RI	Zip 02903 6 SIC Code 7286 TACHMENTS
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Director Name	<i></i>		Director Name		
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City	Julie	<i>21p</i> 	•	Joure	" "
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8,000 COMM \$1.00 PA	R VALUE		100	СОММОИ	NO PAR VALUE
This report must be sign	ed in ink by eithe	er the President. Vice	President, Secretary, Assi	stant Secretary, Treas	urer, Receiver or Truste
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Boubara Suto of 3/18/05 Barbara Sokoloff Print or Type Name of Officer President Title of Officer

Form 630 12/01



Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

PRÖFIT	CORPORATION ANNUAL REPORT FOR THE YEAR 20	104

3. Street Address Principal Busine 101 A DYER STREET	ess Office		City PROVIDENCE	State R I	<i>Zip</i> 02903
4. Business Phone No.	 	5. State of Incorpor		I K I	6. SIC Code
4014550550		RHODE ISLA		,	7286
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Barbara Sokoloff			. Vice President Name • Herbert Rakatar	skv. M.D.	
Street Address			Street Address		
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City	State	Zip	City	State	Zip
Providence	RI	02903	Providence	RI	02903
Secretary Name Barbara Sokoloff			Treasurer Name		
Street Address			· Street Address		
101A Dyer Street			Sirect Address		
City Providence	State RI	<i>Zip</i> 02903	City	State	Zip
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8,000 COMM \$1.00 PAR	VALUE		100	COMMON	NO PAR VALUE
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	l in ink by eithe	r the President, Vice	President, Secretary, Assis	tant Secretary, Treasi	urer, Receiver or Trustee

. JUE 07 2004 FOR SECRETARY OF STATE USE ONL and that all statements contained herein are true and correct.

Barbara Sokoloff
Print or Type Name of Officer

President Title of Officer

Form 630 12/01



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) 2. Name of Corporation 1. Corporate ID No. *64717* Barbara Sokoloff Associates, Inc. 3. Street Address Principal Business Office Zip 101 A DYER STREET **PROVIDENCE** RI 02903 4. Business Phone No 5. State of Incorporation 6. SIC Code 4014550550 RHODE ISLAND 7286 7. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN THE BUSINESS OF PLANNING, CONSULTING AND OTHER ADVISORY SERVICES. 8-NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) | FILLAIN SPACES BEFORE USING ATTACHMENTS - SECTION 1 Vice President Name Barbara Sokoloff Herbert Rakatansky, M.D. Street Address Street Address . 101A Dyer Street 101A Dyer Street City City State Zip State RΙ Providence Providence RΙ 02903 02903 Secretary Name Treasurer Name Barbara Sokoloff Street Address Street Address 101A Dyer Street City State Zip City State Zip RI 02903 Providence ŔΙ 9. NAMES AND ADDRESSES OF THE DIRECTORS IN BOX FOR ATTACHMENT I FILL IN SPACES BEFORE USING ATTACHMENTS. NONE Street Address · Street Address City Zip State State Zip ·City Director Name Director Name Street Address Street Address State Zip .City 10:SHARES AUTHORIZED! ("X" BOX FOR ATTACHMENT) TILL SHARES ISSUED ("X" BOX FOR ATTACHMENT) | VIEW **AUTHORIZED SHARES** ISSUED SHARES Par Value Number of Shares Number of Shares Par Value Class/Series Class/Series 8,000 COMM \$1.00 PAR VALUE 100 COMMON \$1.00 This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

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**64717* 11/5/0212:01:	49 PM*
Check No.	530
By	<u>~3</u>
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 figure in are true and correct.

Harbare ARO

Barbara Sokoloff
Print or Type Name of Officer

President

Title of Officer

Form 630 12/01



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 RE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 64717 Barbara Sokoloff Associates, Inc. 3. Street Address Principal Business Office State 210 101A Dyer Street Providence RI02903 4. Business Phone No. S. State of Incorporation 6. SIC Code (401) 455-0550 RHODE ISLAND 7286 7. Brief Description of the Character of Business Conducted in Rhode Island To engage in the business of planning, consulting and other advisory services. 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name Barbara Sokoloff Patricia K. Walker Street Address Street Address 101A Dyer Street 101A Dyer Street Cliv State Zip State Providence RI02903 Providence R.J 02903 Secretary Name Treasurer Name Barbara Sokoloff Barbara Sokoloff Street Address Street Address Same as above Same as above State Zip City State ZIP 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name None Street Address Street Address City State ZIp State ZIP 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 Cluss/Series Par Value 8.000 COMM \$1.00 PAR VALUE 100 \$1.00 Common

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



FOR SECRETARY OF STATE USE ONLY

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

Signature of Officer Barbara Sokoloff

Print or Type Name of Officer

President

Title of Officer د دری ه

Farm 630 12'01



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

4. Business Phone No.

PROFIT CORPORATION ANNUAL REPORT FOR THE

02903

	ry 1-March 1 • Filing Fee: \$50.			_
FORM MUST BE TYPED IN I	BLACK)			
. Carporate ID No. 64717	2. Name of Corporation Barbara Sokoloff Asso	ciates, Inc.		
3. Street Address Principal Busin	ness Office	City	State	
101A Dver Street		Providence	RI	

5. State of Incorporation

RHODE ISLAND (401) 455-0550 7. Brief Description of the Character of Business Conducted in Rhode Island To engage in the business of planning, consulting and other advisory services. 8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS . Vice President Name Barbara Sokoloff Patricia K. Walker Street Address Street Address 101A Dyer Street 101A Dyer Street State Zip State Providence RJ 02903 Providence RΙ 02903 Secretary Name Treasurer Name Barbara Sokoloff Barbara Sokoloff Street Address Street Address Same as above Same as above City Zip City State Zip State

Director Name Director Name None Street Address Street Address City City State Zip State Zip Director Name Director Name Street Address Street Address City State Zip City State ZIp

AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series

8,000 COMM \$1.00 PAR VALUE

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

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

FILL IN SPACES BEFORE USING ATTACHMENTS

100 \$1.00 Common

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



11

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

Barbara Sokoloff Print or Type Name of Officer

President

Title of Officer



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

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

	FORM	MUST	BE	TYPED	IN	BLACK)
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1. Corporate ID No.

AUTHORIZED SHARES

Number of Shares

2. Name of Corporation

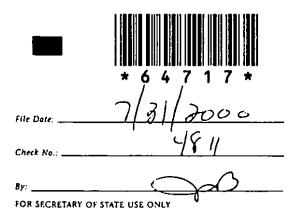
64717	Barbara	Sokoloff Associat	es, Inc.		
3. Street Address Principal Busines			City	State	Zip
101A Dyer Street			Providence	R.I	02903
4. Business Phone No.		S. State of Incorporation			6. SIC Code
(401) 455-0550		RHODE ISLAN	D		7286
7. Brief Description of the Charact	er of Business Conduct	ed in Rhode Island			
		ing, consulting and oth		BEFORE USING AT	FACHMENTS
Street Address			Street Address		
101A Dyer Street			101A Dyer Street	1	
City	State	Zip	City	State	Zip
Providence Secretary Name Barbara Sokoloff	RI	02903	Providence Treasurer Name Barbara Sokoloff	RI	02903
Street Address			Street Address		
Same as above			Same as above		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRES Director Name None	SSES OF THE D	IRECTORS ("X" BOX FOR AT	TACHMENT) FILL IN SPACE Director Name	ES BEFORE USING A	TTACHMENTS
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 AUTHORIZI	ED (*X* BOX FOR /	ATTACHMENT)	11. SHARES ISSUED ("X" BOX FOR ATTACHM	IENT)

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

ISSUED SHARES

100

Number of Shares



8,000 SHS COM \$1.00 PAR V

Class/Series

Par Value

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

Date

Class/Series

Common

Par Value

\$1.00

Barbara Sokoloff
Print or Type Name of Officer

President

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)

64717

1. Carparate ID No.

2. Name of Corporation

Barbara Sokoloff Associates, Inc.

3. Street Address Principal Business Office 02903 Providence RI 101 A Dyer Street 6. SIC Code 4. Business Phone No. 5. State of Incorporation (401) 455-0550 RHODE ISLAND 7286 7. Brief Description of the Character of Business Conducted in Rhode Island To engage in the business of planning, consulting and other advisory services FILL IN SPACES BEFORE USING ATTACHMENTS 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) President Name Vice President Name Patricia K. Walker Barbara Sokoloff Street Address Street Address 101 A Dyer Street 101 A Dyer Street City City 02903 02903 Providence RI Providence RI Secretary Name Treasurer Name Barbara Sokoloff Barbara Sokoloff Street Address Street Address 101 A Dyer Street 101 A Dyer Street City 02903 02903 Providence RΙ RI Providence FILL IN SPACES BEFORE USING ATTACHMENTS 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name Director Name None Street Address Street Address City State City State Zip Director Name Director Name Street Address . Street Address City City State State Zip Zip

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

ISSUED SHARES

100

Number of Shares



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

Class/Series

File Date: FILED

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AUTHORIZED SHARES

Number of Shares

FOR SECRETARY OF STATE USE ONLY

Par Value

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.

Class/Series

Common

Signature of Officer

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

Barbara Sokoloff

Print or Type Name of Officer
President

Title of Officer



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 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 64717 Barbara Sokoloff Associates, Inc. 3. Street Address Principal Business Office City State Zip 101 A Dyer Street Providence RI 02903 4. Business Phone No. 5. State of Incorporation 6. SIC Code **RHODE ISLAND** 7286 401-455-0550 7. Brief Description of the Character of Business Conducted in Rhode Island To engage in the business of planning, consulting and other advisory services. 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) President Name Vice President Name Barbara Sokoloff Street Address Street Address 101 A Dyer Street State City State Zip Providence 02903 RI Secretary Name Treasurer Name Barbara Sokoloff Barbara Sokoloff Street Address Street Address 101 A Dyer Street 101 A Dyer Street City State Zip City State Providence RI 02903 Providence RI 02903 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name Director Name None Street Address Street Address City State Zip City State 210 Director Name Director Name Street Address Street Address City State 210 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 8,000 SHS COM \$1.00 PAR V 100

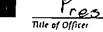
This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

3/24/98
4058
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 Barbara Sokoloff Print or Type Name of Officer

Common

\$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

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 64717

2. Name of Corporation

Barbara Sokoloff Associates, Inc.

3. Street Address Principal Business Office

State

Zip

101 A Dyer Street 4 Rusiness Phone No.

S. State of Incorporation

RΙ

02903 6. SIC Code

401-455-0550

RHODE ISLAND

7286

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

To engage in the business of planning, consulting and other advisory services 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT)

President Name

Vice President Name

Providence

Barbara Sokoloff Street Address

Street Address

101 A Dyer Street

Clly

State

Zio

Providence, Rhode Island 02903

Secretary Name

Treasurer Name

Barbara Sokoloff

State

Street Address

Barbara Sokoloff

Street Address

101 A Dyer Street City

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Pwovidence Rhode Island 02903

Providence

Rhode Island

02903

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

None

Street Address

Street Address

Zip

City

State

Zip

Director Name

Director Name

Street Address

Street Address

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

AUTHORIZED SHARES Number of Shares

Class/Series

Par Value

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Class/Series

Par Value

8,000 SHS COM \$1.00 PAR V

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

\$1.00

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



FOR SECRETARY OF STATE USE OF

this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer

Barbara Sokoloff, President

Print or Type Name of Officer

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

		PLEASE TYPE OR	PRINT IN BLACK INK.		
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BUSINESS PHOME NO.		5. STATE OF INCORPORATION			6. SIC CODE
401-455-0550		' Rhode Islan	d		7286
Brief Description of the Characte	A ÖF BUSİNESS CONDUCTED IN PHODE	ISLANO			
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Barbara Sokolof	f				
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CRETARY NAME			TREASURER HAME		
Barbara Sokolof	f		Barbara Sokoloff		
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rovidence	IRI	102903	'Providence	RI	02903
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RECTOR NAME		<u> </u>	DIRECTOR NAME		
TREET ADORESS			STREET ADDRESS		-
niy	STATE	T zio coo€	ČITY	STATE	ZIP CODE
	, 4	1	•	1	
		HARES AUTHOR	TIZED AND ISSUED		
	AUTHORIZED SHARES		1	ISSUED SHARES	
HUMBER OF SHARES	CLASS / SERCES	PAR VALUE	MUMBER OF SHARES	CLASS / SERIES	PAR VALUE
3,000	Common	\$1.00	100	Common	\$1.00
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p			GNED IN INK by either th stant Secretary, Treasurer,		
	IESIUEIIL, VICE FIESIC	ienii, Jeurelary, MSSI	stant occidity, neasurel,	HECEIVELOI IIUSIE	;e

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.

2-21-96 File Date: Check No:

Ву:

Print or Type Name of Officer

President

Barbara Sokoloff

Signature of Officer

For Secretary of State Use Only

Title of Officer

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

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: 0647	17	Annual Report for the ye	ar: 1995	
Name of Corporation: Barba	ra Sokoloff Associates, Inc.			
For foreign entity, address and tel	ne laws of the State of: Rhode Island ephone number of principal office:	Business Entity is (check one): [X] Business Corporation (See RIGL Chapter 7-1.1) [] Professional Service Corporation (See RIGL Chapter 7-5.1)		
Phone. Address and telephone of the prin Island (Provide street address - No	cipal office of business entity in Rhode of P.O. Box):	Brief statement of the character of bu	usiness conducted in Rhode Island	
99 Orange Street		to engage in the business of plannin	g, consulting and advisory	
Providence, RI 02903		services		
Phone: (401) 455-0550				
	THE NAMES OF THE OFF	TCERS ARE:		
PRESIDENT	STREET ADDRESS	CITY/STATE	NIP CODE	
Barbara Sokoloff	99 Orange Street	Providence, RI	02903	
VICE PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE	
SECRETARY	STREET ADDRESS	CITY/STATE	ZIP CODE	
Barbara Sokoloff	99 Orange Street	Providence, RI	02903	
TREASURER	STREET ADDRESS	CITY/STATE	ZIP CODE	
Barbara Sokoloff	99 Orange Street	Providence, RI	02903	
	THE NAMES OF THE DIR			
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE	
None		·		
NAME	STREET ADDRESS	CTTY/STATE	ZIP CODE	
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE	
NUMBER OF SHARES AUTHO	RIZED (Rider may be attached)	NUMBER OF SHARES ISSUED AND O	UTSTANDING (Rider may be attached)	
Number of Shares	Class / Series	Number of Shares	Class / Series	
8,000	Common	100	Common	
Date 3 /	. 1995	By: Surlau STITLE OF OFFICER SIGNING	0/0/0/18/1	
		Barbara Sokoloff PRINT OR TYPE NAME OF OFF	ICER SIGNING	
	ne lazy.	President TITLE OF OFFICER SIGNING	CONTROL CONTROL	
	DECICNATED DECICTEDES	AGENT FOR SERVICE OF PROCESS		

Fiting Fee \$50 00 Payable to: Secretary of State

PLEASE TYPE or PRINT

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

0964717 Corporate ID:	
'	Barbara Sokoloff Associates, Inc.
Name of Business Entity:	
Business entity organized under the laws of the State of Rhode Island	Business Entity is (check one):
Federal Taxpayer Identification Number	 [x] Business Corporation (See RIGE Chapter 7-1.1) [] Professional Service Corporation (See RIGE Chapter 7-5.1)
For foreign entity, address and telephone number of principal office:	[] Limited Liability Company (See RIGL 7-16)
	Name, title and mailing address of contact person to whom communications may be directed:
<u></u>	Constance A. Howes
·	Qne Old Stone Square
Phone ()	Providence, Rhode Island 02903
Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box)	
99 Orange Street	Brief statement of the character of business conducted in Rhode Island To engage in the business of planning,
Providence, Rhode Island 02903	consulting and advisory services
	Date of Organization June 20, 1991
Phone: (401) 455-0550	Date of Qualification to do business in Rhode Island (if foreign entity):
THE NAMES OF CHIEF EXECUTIVE OF THE EXAMPLE OF A PRESIDENT (CHIEF EXECUTIVE OF THE EXAMPLE OF TH	THE OFFICERS ARE: ADDRESS CHANGE ZIPCOD
Barbara Sokoloff 99 <u>Orang e</u>	Street, Providence, Rhode Island02903
COSTODIAN DE RECORDS ON THE SECRETARY (ONN ONE STREET	ADDRESS CITYISTATE ZIP COD
Barbara Sokoloff 99 Orange Code-INANDAL OFFICER OF TREASURE CONC. DC: STREET	Street, Providence, Rhode Island 02903
	Street, Providence, Shode Island 02903
THE NAMES OF	THE DIRECTORS ARE: CAPACAGE ZIPCON
	TAPORESS OTIVITATE Z.FCCC
Talk?	CHITZIATE COLOR
NAME STREET	ADDRESS CITY-STATE ZIP COR
NUMBER OF SHARES AUTHORIZED (If Applicable)	NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)
NUMBER 8,000	NUMBER 100
CLASS Common	CLASS Common
SERIES	SERIES
PAR VALUE OR \$1.00 WITHOUT PAR	PAR VALUE OR \$1.00 WITHOUT PAR
Date	Barbara Sokoloff
FRINCE	Barbara Sokoloff / / / / / / / / / / / / / / / / / /
ग ण्य को	President
DESIGNATED REGISTERED OR RES	IDENT AGENT FOR SERVICE OF PROCESS:

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

CONSTANCE A. HOWES
ONE OLD STONE SQUARE
PROVIDENCE RI 02903

FILED

MAR 1 0 1994

By A M174-29

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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS CORPORATIONS DIVISION 100 North Main Street Providence, Rhode Island 02903

Corporate ID 0064717		Annual F	Report for year <u>1993</u>	
FIRST: The name of th	e corporation is !	Barbara Sokolo	off Associates, Inc.	
SECOND: It is incorpo	rated under the la	aws of <u>Rhode</u>)	(sland	
THIRD: Character of b			engage in the business of	
FOURTH: If foreign co	rporation, addres	s of its princ	cipal office N/A	
FIFTH: Business addre	ss in Rhode Islan	d 99 Orange Si	reet, Providence, Rhode	
SIXTH: Names and addranecessary)	esses of its dire	ctors and off:	icers: (Attach rider if	
Name	Office	Address (inc	luding number, street, zip code)	
None	Director			
	Director			
	Director			
Barbara_Sokoloff	President	99 Orange St	reet, Providence, RI 02903	
Barbara Sokoloff	Secretary	99 Orange St	rect, Providence, RI 02903	
Barbara Sokoloff	Treasurer	99 Orange Street, Providence, RI 02903		
SEVENTH: Number of Sh			Par value or statement that shares are with-	
No. of Shares	Class	Series	out par value	
8,000	Common		\$1.00 Par Value	
EIGHTH: Number of Sha	res issued:		Par value or statement that shares are with-	
No. of Shares	Class	Series	out par value	
100	Common		\$1.00 Par Value	
Dated <u>April 7</u> 1993		<u>Surbara Soko</u> (Name of Con	<u>loff Apporiates, Inc.</u> poration)	
		By <u>Jarbar</u> Barbara So	kolóff	
(Report must be signed	d by officer)	Title Presi	dent	

WPPAR/96

Foc'd & Filed APR 81993

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS CORPORATIONS DIVISION 100 North Main Street Providence, Rhode Island 02903

Corporate ID 0064717		Annus/1	Report for year 1992
FIRST: The name of th	e corporation is	Barbara Soko	loff Associates, Inc.
SECOND: It is incorpo	rated under the	laws of <u>Rhode</u>	Island
THIRD: Character of b	ousiness, briefly dvisory services	stated, is <u>t</u>	o engage in the business of
FOURTH: If foreign co	rporation, addre	ss of its pri	ncipal office N/A
FIFTH: Business addre	ss in Rhode Isla	nd <u>66 Pavilli</u>	on Avenue, Providence, Rhode
SIXTH: Names and addranecessary)	esses of its dir	ectors and of	fficers: (Attach rider if
Name	Office	Address (in	ncluding number, street, zip c
None	Director		
	Director	<u></u>	
	Director		
Barbara Sokoloff	President	66 Pavillio	on Ave., Providence, RI 02905
Barbara Sokoloff	Secretary	66 Pavillion Ave., Providence, RI 02905	
Barbara Sokoloff	Treasurer	66 Pavillion Ave., Providence, RI 02905	
SEVENTH: Number of Shares authorized:			Par value or statement
No. of Shares	Class	Series	that shares are with- out par value
8,000	Common		\$1.00 Par Value
EIGHTH: Number of Shares issued: No. of Shares Class		Carlos	Par value or statement that shares are with-
	•	Serrea	out par value
100	Common		\$1.00 Par Value
Dated Narch Way 7 1992		Barbara Sokoloff Associates, Inc. (Name of Corporation) By Arrana Sokoloff Barbara Sokoloff	
(Report must be signed by officer)		Title President	

Rec'd & Filed MAY 11 1992

AMT 1135

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