



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

2005

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 107017		2. Name of Corporation C. EDARS GROUP INC			
3. Street Address Principal Business Office 65 SHARON ST			City PROV	State RI	Zip 02904
4. Business Phone No. 401-861-3724		5. State of Incorporation RI			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island REAL ESTATE MANAGEMENT					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name JOAN BADWAY			Vice President Name		
Street Address 65 SHARON ST			Street Address		
City PROV	State RI	Zip 02904	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 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) <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			NONE		

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

File Date 8-12-05

Check No. 2526

By: AMF

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

Date

Print or Type Name of Officer

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 OR PRINTED IN BLACK)

1. Corporate ID No. 107017		2. Name of Corporation CEDARS GROUP			
3. Street Address Principal Business Office 65 SHARON ST		City PROV		State RI	Zip 02908
4. Business Phone No. 401-861-3724		5. State of Incorporation RI			6. SIC Code 5538
7. Brief Description of the Character of Business Conducted in Rhode Island REAL ESTATE SALES, PURCHASES, MANAGEMENT & INVESTMENTS					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name JOAN S BROWN			Vice President Name SAME		
Street Address 65 SHARON ST			Street Address		
City PROV	State RI	Zip 02908	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name JOAN S BROWN			Director Name		
Street Address 65 SHARON ST			Street Address SAME		
City PROV	State RI	Zip 02908	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES		
Number of Shares 1000	Class/Series	Par Value	Number of Shares 0	Class/Series	Par Value

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

FILED

JUN 18 2004

By KMC

C35011

File Date

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.

Signature of Officer

Date

Print or Type Name of Officer

Title of Officer

Form 630 Rev. 12/03



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

2003

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No 107017		2. Name of Corporation CEDARS GROUP			
3. Street Address Principal Business Office 65 SHARON ST			City PROV	State RI	Zip 02908
4. Business Phone No. 401-861-3724		5. State of Incorporation RI			6. SIC Code 5538
7. Brief Description of the Character of Business Conducted in Rhode Island REAL ESTATE SALES, PURCHASES, MANAGEMENT, INVESTMENTS					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name JOAN S BAWWAY			Vice President Name SAME		
Street Address 65 SHARON ST			Street Address		
City PROV	State RI	Zip 02908	City	State	Zip
Secretary Name SAME			Treasurer Name SAME		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name JOAN S BAWWAY			Director Name		
Street Address 65 SHARON ST			Street Address		
City PROV	State RI	Zip 02908	City	State	Zip
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			0		

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

FILED

JUN 18 2004

File Date _____ By X
Check No. _____ C35011
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 Joan S Bawway Date 6-18-04
Print or Type Name of Officer JOAN S BAWWAY
Title of Officer PRESIDENT



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. **107017** 2. Name of Corporation **CEDARS GROUP INCORPORATED**

3. Street Address Principal Business Office

65 SHARON ST

City

PROV

State

RI

Zip

02908

4. Business Phone No.

401 861 3727

5. State of Incorporation

RHODE ISLAND

6. SIC Code

5538

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

PROPERTY MANAGEMENT & PURCHASES

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

President Name

JUAN S BADOVA

Vice President Name

NONE

Street Address

65 SHARON ST

Street Address

City

PROV

State

RI

Zip

02908

City

State

Zip

Secretary Name

NONE

Treasurer Name

NONE

Street Address

Street Address

City

State

Zip

City

State

Zip

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

Director Name

NONE

Director Name

NONE

Street Address

Street Address

City

State

Zip

City

State

Zip

Director Name

NONE

Director Name

NONE

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 NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

NONE

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



* 1 0 7 0 1 7 *

File Date: **7/19/2001**

Check No.: **1303**

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.

Juan S BADOVA **7-19-2001**
Signature of Officer Date

JUAN S BADOVA
Print or Type Name of Officer

[Signature]
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 2000
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 107017 2. Name of Corporation Cedars Group, Inc.
3. Street Address Principal Business Office 65 Sharon Street City Providence State R.I. Zip 02908
4. Business Phone No. 861-3724 5. State of Incorporation R.I. 6. SIC Code 5538

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

Real Estate Rental

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

President Name <u>Joan Badway</u>	Vice President Name <u>NONE</u>
Street Address <u>65 Sharon Street</u>	Street Address <u>NONE</u>
City <u>Providence R.I.</u>	City <u>NONE</u>
State <u>R.I.</u>	State <u>NONE</u>
Zip <u>02908</u>	Zip <u>NONE</u>
Secretary Name <u>NONE</u>	Treasurer Name <u>NONE</u>
Street Address <u>NONE</u>	Street Address <u>NONE</u>
City <u>NONE</u>	City <u>NONE</u>
State <u>NONE</u>	State <u>NONE</u>
Zip <u>NONE</u>	Zip <u>NONE</u>

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

Director Name <u>NONE</u>	Director Name <u>NONE</u>
Street Address <u>NONE</u>	Street Address <u>NONE</u>
City <u>NONE</u>	City <u>NONE</u>
State <u>NONE</u>	State <u>NONE</u>
Zip <u>NONE</u>	Zip <u>NONE</u>
Director Name <u>NONE</u>	Director Name <u>NONE</u>
Street Address <u>NONE</u>	Street Address <u>NONE</u>
City <u>NONE</u>	City <u>NONE</u>
State <u>NONE</u>	State <u>NONE</u>
Zip <u>NONE</u>	Zip <u>NONE</u>

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
<u>1000</u>	<u>COMMON</u>	<u>NO Par Value.</u>

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
<u>NONE</u>		

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

File Date: 11/1

Check No.: 1154

By: Joan Badway

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.

Joan Badway
Signature of Officer
Joan Badway
Print or Type Name of Officer
PRESIDENT
Title of Officer