

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

Matthew A. Brown, Secretary of State

FOR SECRETARY OF STATE USE ONLY

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ______ 'ΔΟΟ'

Filing Fee: \$50.00 Filing Period: January 1 - March 1 • (FORM MUST BE TYPED OR PRINTED IN BIACK) 2. Name of Corporation 1. Corporate ID No. 5. State of Incorporation of Business Conducted in Rhode Island MANAGEMFUI FILL IN SPACES BEFORE USING ATTACHMENTS THE OFFICERS: ("X" BOX FOR ATTACHMENT) President Name Street Address Ζψ Z.Ip Treasurer Name Secretary Name Street Address Street Address State Ζŧρ City State 7.ip 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name Street Address Street Address Zip State City City Ζip Director Name Director Name Street Address Street Address Zip State Zip CtivState 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ISSUED SHARES AUTHORIZED SHARES Number of Shares Class/Series Par Value 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 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 herdin are true and correct. File Date

Title of Officer



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

Form 630 Rev. 12/03

Matthew A. Brown, Secretary of State

1004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BIACK) 1. Corporate ID No 2. Name of Corporation 5. State of Incorporation CAT BOX FOR ATTACHMENT) Vice President Name Street Address Zip State Treasurer Name Street Address Street Address State Z.ip 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Street Address Director Name Street Address Street Address City State State Zφ City 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES AUTHORIZED SHARES Par Value Number of Shares Cluss/Series Number of Shares Class/Series Par Value *' (ט*ט This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct File Date Signatury Check No. FOR SECRETARY OF STATE USE ONLY



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

Matthew A. Brown, Secretary of State

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ______

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

401.222.3040

Filing Period: January 1 - (FORM MUST BE TYPED OR PR		ing Fee: \$50.00					
1. Corporate ID No	2. Name of Corporation	011					
107017		DARS UN	200P				
3. Street Address Principal Busine	« Office	<u>, n</u>	City	State	Zip		
65	SHARON	.57	Phor	RI	OZGLY 6. SIC Code		
4 Business Phone No.		5 State of Incorporation			6. SIC Code		
401-86	1-2714	DT	•		5538		
7 Brief Description of the Charact	er of Business Conducted I	n Rhode Island					
REPLESTAT 8. NAMES AND ADDRESS	E SALES A ES OF THE OFFICER	URCHASES, M	ANALEMENT DELLE	NEST MENTS N SPACES BEFORE USIN	IG ATTACHMENTS		
President Name	_	1	Vice President Name	Vice President Name			
TUAN S	BANWA	⊦	S	<u> </u>			
Sincit Address		7	Street Address	<u> </u>			
65.5	HARONS-		<u></u>				
City	State	Zψ	Cuy	State	Zip		
Phor	l R D	02-968					
Secretary Name			Treasurer Name	0 4 14 13			
	SAME			SAME			
Street Address		<u>.</u>	Street Address	Street Address			
City	State	Zip	City	State	Zip .		
9. NAMES AND ADDRESS Director Name ↑↑↑ ↑	S BAD		Director Name	. IN SPACES HEFORE US	د.		
Sirver Address SHAR	u/ SJ	7-	Street Address				
City	State	Zip	City	State	`Zip		
V 20 /	IRC	U2908			3 (1)		
Director Name	,	• • • • • • • • • • • • • • • • • • • •	Director Name		# 1911		
					5 CO		
Street Address			Street Address				
City	State	Zip	City	State	2.6至_		
10. SHARES AUTHORIZE	D ("X" BOX FOR A	 TTACHMENT) [HMENT)		
AUTHORIZED SHARES			ISSUED SHARES				
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value		
1000			O				
-							
·							
This report must be	oc signed in ink by ci	ither the President, Vice	e President, Secretary, Assi	stant Secretary, Treasure	r, Receiver or Trustee		

This report must be signed in ink by either the President Vice	re President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee
This report must be signed in this by claim the Fresheil. The	e i resident, occident, rissistant occident, riceanier, records or realist
FILED JUN 18 2004	Under penalty of perjury. I declare and affirm that I have examined this re including any accompanying schedules and statements, and that all statements contained therein are true and correct.
Date By White	Signature of Officer Bate
(No. <u>35</u>) \\	Print or Type Name of Officer
FOR SECRETARY OF STATE USE ONLY	PRESIDENT
TOR SECRETARY OF STATE OF CASE	Title of Officer Form 630 Rev. 12/03

Air DTRUTTOTT DETECT TURE THE



PROFIT COR	PORATION ry 1-March 1 •	ANNUAL REF	ORT FOR TH	HE YEAR 200	
(FORM MUST BE TYPED IN B t. Corporate ID No. 107017	2. Name of Corpora	tion ROUP INCORPORATED)		
3. Street Address Principal Busin S S H A 1. Rusiness Phone No. J J S L L 2. Brief Description of the Chain	RON ST	5. State of Incorporation RHODE ISLAN n Rhode Island		State RT	7.1p 07_9 6. SIC Clide 5538
PRUPERT B. NAMES AND ADDR President Name	Y MANAU	EMENT & PICERS ("X" BOX FOR ATTACK	iMENT) FILL IN SPAC	ES BEFORE USING ATTA	CHMENTS
TOAW	SBAO	uny	Street Address	Æ	
Sireel Address City 5 SHAR P 12 MJ	LON 51 State RT	02-90X	City	State	Zip
Screet Address	WE-		Treasurer Name Street Address	ME	
City	State	Zip	City	State	Zip
Director Name	_	ECTORS ("X" BOX FOR ATT)	Oliector Name	ACES BEFORE USING ATT	TACHMENTS
Street Address NOM	2		Street Address	NONE	
City	State	Zip	City	State	Zip
Director Name Street Address	NE		Director Name Street Address W	ONE	
City	State	Zip	City	State	Zip
10. SHARES AUTHORI AUTHORIZED SHARES	ZED ("X" BOX FOR ATT	CACHMENT)	11. SHARES ISSUE	D (*X* BOX FOR ATTACHMEN	(דו)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value

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
Ву:	90
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. 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 2000

STOP PILAM READ-INSTRUCTIONS

ILACK)				
2. Name of Corporat	ion	0		
Cedar	· Groupe	. Anc ·		
ess Office	~ /	City	State	Zip
- Street			R.I.	0290 6. SIC Code
octer of Business Conducted I	n Rhode Island	. <u>I</u> .		5538
esses of the OFFI	CERS (*X* BOX FOR AT	TACHMENT)		
		Vice President Name		
Radi		N	on/E	
		Street Address		
haron 51	reet		_	7.
State	Zip	City	State	Zip
HEE T.	02908	•		
•		treasurer Name		
NONE			NE	
		Street Address		
State	Zip	City	State	Zip
ESSES OF THE DIRI	ECTORS (*x* box for			
n/			0/ -	
NONE			NONE	
		2lieet Vaaicss		
F4-44	710	Cirv	State	Zip
State	Zip	c,		·
		Director Name	•	**
m/		-	Nows	
NONE -			A E	
State	Zip	Clly	State	Zip
17FD /474 BOY 508 477	TACULERIT)	11 SHARES ISSUE	D (*x* BOX FOR ATTACHMEN	· · · · · · · · · · · · · · · · · · ·
TEPR (V. BOV LOW WILL	ACHBILLI I	ISSUITO SHARES	1/2010	
Classifordes	Par Value	Number of Shares	NON <u>►</u> Class/Series	Par Value
		•		
COMMON	1 1 1/1	7.		
/*				
	State RESSES OF THE DIRI RESSES OF THE DIRI RESSES OF THE DIRI RESSES OF THE DIRI NONE State State Construction State Construction Class/Series	2. Name of Corporation These of State of Incorporation S. State of Incorporation S. State of Incorporation Conter of Business Conducted in Rhode Island ATATA PLANTAL CESSES OF THE OFFICERS (*X* BOX FOR ATATACHMENT) Class/Series Par Value	2. Name of Corporation Cedare Grand, Since City S. State of Incorporation R. I. Sector of Business Conducted in Rhode Island ACTIVE CENTRAL CONTROLLERS ("X" BOX FOR ATTACHMENT) Vice President Name None Resident State Zip City RESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name None None State Zip City RESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name None None State Zip City Director Name Street Address State Zip City Director Name None None Street Address State Zip City Director Name None None Street Address State Zip City Director Name None Street Address Number of Shares Number of Shares	2. Name of Corporation Less Office Less Office S. State of Incorporation R. I. Setter of Business Conducted in Rhode Island Lesses Of THE OFFICERS ("X" BOX FOR ATTACHMENT) Vice President Name Response of City State State Response of City State Class/Series Response of Shares Response of Shares Response of Shares Response of Shares Response of City State Class/Series

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

	Under penalty of perjury, I declare and affirm that I have examined
	this report, including any accompanying schedules and statements, and
, , / ,	that all statements contained herein are true and correct.
File Date:	- Rabral
1154	Signifique of Officer Date
Check No.:	GOAN DADWAY
Br:	Prior of Type Name of Officer
FOR SECRETARY OF STATE USE ONLY	THE OF OFFICER