

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 02903-1355 101,222,3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - M (FORM MUST BE TYPED OR PRIN	-	g Fae: \$50.00			
1. Corporate ID No.	2. Name of Corporation				- ·
66018		ttage Corporation			j
i. Mroet Address Principal Business (S. Arnolda	RI	Charlestown	State R.I.	0 2 8/3 i.
1 Bustness Phone No. 401 3	64 3306	5. State of Incorporation RHODE ISLAND	·		6. SIC Code:
7 Brief Description of the Character TO ACQUIRE, HOLD, DI	of Business Conducted in F SPOSE OF AND INVE	ST IN REAL AND PERS	ONAL PROPERTY		i
8. NAMES AND ADDRESSES President Name Philip (5.	OF THE OFFICERS:		CHMENT) [] FILL IN S Vice President Name	PACES BEFORE USING	ATTACHMENTS
Sinvi Address 46 S. Ar	nolelo /	G.	Sirect Address		
Charlestown	State A I	Zip 02813	City	State	Z(p
Cynthia	Bailey	·	Treasurer Name	Non0_	11.11
Street Address 5708 Si	INTISE Hil	l Rd.	Street Address		'
Derwood	State Md.	20855	City:	State	Zip
9. NAMES AND ADDRESSES Director Name	OF THE DIRECTOR	S: ("X" BOX FOR ATT	TACHMENT) FILL IN	SPACES REFORE USIN	G ATTACHMENTS
	nore				:
Singi Address			Street Address		!
City	State	Zifi	City	State	Zip : 1
Director Name	•	•	Director Name		
Street Address			Sirvet Address		
Guy	State	Zip	City	State	Z(p
10. SHARES AUTHORIZED AUTHORIZED SHARES			11. SHARES ISSUED (* ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000 NO PAR VALUE			200		<u> </u>
This report must be s	signed in ink by eithe	er the President, Vice P	resident, Secretary, Assistan	t Secretary, Treasurer, R	ecciver or Trustee
					it I have examined this report, ments, and that all statements
File Date	5-05 U		contained hereinare is		14.40
Check No.	0		Signature of Officer	C Ma	Date
Ву:		_	Print or Type Name of (Officer ·	gnusson
FOR SECRETARY OF STA	ATE USE ONLY	.	Title of Officer	President	



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

Matthew A. Brown, Secretary of State

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR $oldsymbol{\bot}$	2004
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(FORM MUST RE TYPED O	PRINTED IN BIACK)	g 2ee. 430.00			
1. Curparate II) No. 66018	2 Name of Corporation Charlestown C				
3. Street Address Principal Bi		ottage Corporation Read	Charleston	State RI	02813
4. Business Phone No.	2/1/ >= /	5. State of Incorporation	7		6. SIC Code
	364-3306 paracter of Business Conducted in	RHODE ISLAND)		8888
TO ACQUIRE, HO	LD, DISPOSE OF AND INV	ST IN REAL AND PER	SONAL PROPERTY		
B. NAMES AND ADDR	ESSES OF THE OFFICERS	: ("X" BOX FOR AT	TACHMENT)	N SPACES BEFORE USING	G ATTACHMENTS
Street Address	G. Magnusson	<u> </u>	Street Address	none	
96	S. Arnolda	Road	Sirect Madress		
Charlestown	State R I	Zip 02813	City	State	Zip
Secretary Name Cynth	a Baileu		Treasurer Name	4	
Street Address	. //		Street Address	Lone	
	nse Hill Koop	<u> </u>			
Derwood	State Md.	20855	City	State	Zip
9. NAMES AND ADDR Director Name	ESSES OF THE DIRECTO	I	: TTACHMENT) FILL Director Name	IN SPACES BEFORE USI	I NG ATTACHMENTS
	none	-	<u>:</u>	hone	
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Nume	J	J	Director Name		
	nene			none	
Street Address			Street Address		
Cuv	State	Zip	City	State	Zip
10. SHARES AUTHOR	 IZED <i>("X" BOX FOR AT</i>	 FACHMENT)	11. SHARES ISSUED	 ("X" BOX FOR ATTACH	 IMENT) [
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000 NO PAR VALUE	•		200		
This report my	et he cionad in ink hy air	ner the Dracident Vice	President, Secretary, Assis	test Sacratery Transmiss	Paraissa as Tastas
			Under penalty of p	perjury, I declare and affirm t	hat I have examined this re
File Date	-ILEU			ompanying schedules and state true and correct. Minne	AAM -
Check No. DE			Signature of Officer	G M	Date Date
By:	593 61	/A	Print or Type Name	oj Ojjicer	7174320 K
FOR SECRETARY OF STATE USE ONLY		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

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

IFORM MUST BE TYPED OR PRINTED IN BLACK)

I. Corporate ID No.

2. Name of Corporation

	,	00010	
3.	Street	Address	P

7. Brief Descrip

Charlestown Cottage Corporation

46 South Arnolda Roa	ای

5. State of Incorporation

RHODE ISLAND

02 813

8888

701	- 164	- 3306	
ition of th	e Character	of Business Conducted	in Rh

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

FILL IN SPACES BEFORE USING ATTACHMENTS President Name

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ircei Adaie	"4 ₆	South	Arnolda	,
in A	1. 4	0000110	State D	

Street Address

City

State

Zip

nou

Street Address

State Zio

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

Director	Name

Street Address

Street Address

City

State

Zip

Director Name

Director Name

Street Address

State

Z,ip

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

Class/Series

AUTHORIZED SHARES

Number of Shares

8,000 NO PAR VALUE

Par Value

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

ESSUEED SHARES

Street Address

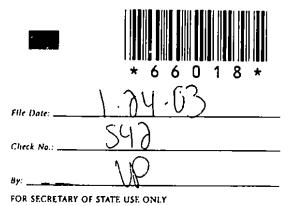
Number of Shares

Class/Series

Par Value

200

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.

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 _

Filing Period: January 1-March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 66018 **Charlestown Cottage Corporation** 3. Street Address Principal Business Office 6. SIC Gode **RHODE ISLAND** 8888 7. Brief Description of the Character of Business Conducted in Rhode Island Estate Real 8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name Street Address City State Zip Treasurer Name Street Address State Zip 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 City City Zip Director Name Director Name Street Address Street Address State Zip City State 7.1p 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Series Par Volue Number of Shares Class/Series 8,000 NO PAR VALUE no per volue 200 This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date:	1-14-02
Check No :	489
By:	de
FOR FEGRETARY OF	ZT.TT 1450 01111

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. aghusson Title of Officer

Farm 630 12/01

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

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001



(FORM MUST BE TYPED IN BL	.ACK)				
1. Corporate ID No. 66018	2. Name of Corpora Charlesto	tion wn Cottage Corp	poration		
3. Street Address Principal Busines 6 5: 4. Business Phone No.	Montic	S. State of Incorporation		State R I	07 X 13 6. SIC Code 8888
7. Brief Description of the Charact Main Taiu.	ter of Business Conducted i	n Rhode Island Etale Iuue	stment.		
8. NAMES AND ADDRE	1.	CERS ("X" BOX FOR ATT)		EFORE USING ATTA	CHMENTS
Street Address 46 Sou	Magnuss Haral	la Road	Street Address		
Charlestown	State &I	zip 02813	City	State	Zip
Secretary Name Cynthia	Bailey		Treasurer Name		
Street Address 5708 5	autise i	4i1) Rd.	Street Address		
Der wood	Md.	21p 20255	City	State	Zip
9. NAMES AND ADDRE: Director Name	SSES OF THE DIRE	CTORS (*X* BOX FOR A	TTACHMENT) FILL IN SPACES Director Name	BEFORE 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 ATTA	CHMENT)	11. SHARES ISSUED (*x*	BOX FOR ATTACHMEN	r)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000 NO PAR VA	LUE		200		no par volus

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



Check No ..

FOR SECRETARY OF STATE USE ONLY

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

this report, including any accompany	ing schedules and statemen
thatfull statements contained herein a	are true and correct.
that all statements contained herein a	1/30/01
1/1 / \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	// 1/0///

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

STOP
PELASEREAD INSTRUCTIONS
ENVIRUCTIONS

(FORM MUST BE TYPED IN BLAC	CK)				
1. Corporate ID No.	2. Name of Corporation				
66018	Charlestown	Cottage Corpora	ation		
3. Street Address Principal Business (<u> </u>		City O 1	State	Zip
1690 4. Business Phone No.	St Davids 4	Es. State of incorporation	Vero Beach	Fla	31917 6. SIC Code
561-564 -	9042	RHODE ISLAND			0000
7. Brief Description of the Character		us Pelp of	Red Catale +	property	
8. NAMES AND ADDRESS	_	<i>1</i> II	MENT) FILL IN SPACES BE	FORE USING ATTACH	MENTS
President Name	•		Vice President Name		
Street Address Dilp (Magnussa	h	Street Address	none	
1680 St D	avid forms	2			
City Danie	State To	Zip Dividit to	City	State	Zip
Secretary Name	PIU.	3)917	Treasurer Name	Bi	
Street Address	none		Street Address Street	MAILEY	
Section Address,			5708 Ju	was Hill	Rd.
City	State	Zip	City Devrushed	muse Hill	2 () 2 5 5
9. NAMES AND ADDRESS	ES OF THE DIRECT	CORS ("X" BOX FOR ATTAC	CHMENT) FILL IN SPACES E	BEFORE USING ATTAC	HMENTS
	14 (), ()		Director frame		
Street Address	nene		Street Address		
Clty	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 ATTACH	MENT)	11. SHARES ISSUED ("x"	BOX FOR ATTACHMENT)	
AUTHORIZED SHARES			ESSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8000 SHS NO PAR 1	/ALUE		200	comme h	no parvelue

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

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File Date:	3/17/00
Check No.:	384
Ву:	2
FOR SECRETA	RY OF STATE USE ONLY

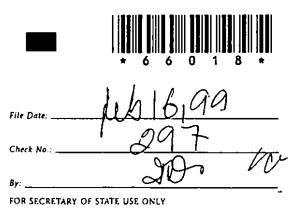
Under penalty of perjury, I declare and affirm that I have examined
this report, including any accompanying schedules and statements, and
that all statements contained herein are true and correct.
The May nurson 3/1/200
Philip G. Magnusson
Print or Type Name of Officer
Iresident
Title of Officer

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

1999 PROFIT CORPORATION ANNIIAL REPORT FOR THE

401-222-3040

RM MUST BE TYPED IN BE		at a			
orporate ID No. 66018	2. Name of Corpora Charlestow	n Cottage Corpora	atlon		
treet Address Principal Busine	_ ''		Vero Bead	L Fla	Zip 3 A/
1680 JT 1 Justness Phone No.	Davids lan	L 5. State of Incorpora		L F19	3 296 / 6. SIC Code
561-564-6	7042	RHODE ISL	AND		0000
rief Description of the Charac	ter of Business Conducted i	A1 / -	ate + property		
UTE 1 NAMES AND ADDRE	Lupteen of	CERS (*X* BOX FOR A)	ν / ι	S BEFORE USING ATTAC	PT/AMU
Ident Name ()	~ u1		Vice President Name	S BEI ORE USING ATTAC	AWEN13
Philip	G Ma	gnussoh		none	
1 Address / 680 S	+ David	1 1000	Street Address		
<i>A</i>) 1	State	13 rang	City	State	Zip
ero Beach	Fla	22967		• • • • • • • • • • • • • • • • • • • •	
etary Name	none		Treasurer Name	g Baile	
t Address	" one		Street Address	4 /Ja//~!	7
	£4	7/-		irise Hill	Kd.
	State	Zip	Derwood	State Md.	"20855
NAMES AND ADDRE	SSES OF THE DIR	ECTORS ("X" BOX FOR	ATTACHMENT) FILL IN SPA	CES BEFORE USING ATT	ACHMENTS
ctor Name	Илио		Director Name		
et Address	none		Street Address		
					-
	State	Zip	City	State	ZIp
ctor Name	•		Director Name	· ••• · · · · · · · · · · · · · · · · ·	
et Address			Street Address		
	State	Zip	City	State	Zip
SHARES AUTHORIZ	ED ("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED	(*X* BOX FOR ATTACHMENT	r)
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3000 SHS NO PAR		, ar vaine	Minuter of Junites		
SUUU SIIS NO PAN	VALUE		200	common	- no parvalue



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. Magnusson



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 E	BLACKI					
I. Corporate ID No.	2. Name of Corpo	ration			<u>_</u>	/
66018	Charlestor	wn Cottage Corpora	ation			
3. Street Address Principal Busin	ess Office A		City i	State 1 -	Zip	
Corner of Arches	Kg 4 7. WI	ontic Drive	Charles town	$\mathcal{K}\mathcal{I}$	12813	
4. Rusiness Phone No.	0 . 1	5. State of Incorpora	tion		6. SIC Code	
401-364.		RHODE ISL	AND		8888.	
7. Brief Description of the Character To hold Dis	cter of Business Conducted	in Rhode Island :	Real and Personal	Perpenty-	non proti	+
8. NAMES AND ADDRI	ESSES OF THE OF	ICERS ("X" ROX FOR AT	TACHMENT)	4147 57 1	, , ,	•
President Name 1 1			Vice President Name			
Philip (F. Magne	SSAN				
Street Address		,	Street Address	C		
16 20	St Vavid	, Lane				
City	St David	31967	City	State	Zip	
Vero Deach	F19	31967			•	
Secretary Name	11.	11	Theasurer Name	• •	•	
Cyn	Thin Va	l/ey	,			
Cirani Addinia			Street Address			
5/02	7 Suurise	77.11 KA				
City D.	State	Zip	City	State	Zip	
Der wood	ma	07711				
9. NAMES AND ADDRE	ESSES OF THE DIR	ECTORS ("X" BOX FOR	ATTACHMENT)		•	
Director Name			Director Name			
Street Address		nonl				
Street Madress			Street Address			
City	Fr		•			
 ,	State	Zip	City	State	Zip	
Director Name	•		19/	•		
		•	Director Name			
Street Address			Street Address			
			Street Manies			
City	State	Zip	City	State	71.	
	\$. 	•	5.4	, 3.511	Zip	
10. SHARES AUTHORIZ	ED ("X" BOX FOR ATT	: CACHMENT)	11 SHAPES ISSUED	"X" BOX FOR ATTACHMEN	~ 1	
AUTHORIZZED SHARES	****		ISSUED SHARIS	A BOA FOR ATTACHMEN	.,	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value	
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8000 SHS NO PAR	VALUE		200	(om mo h	no par vo	Jus
					- F-1, 00	~ ~ 6

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

	* 6 6 0 1 8 *	
File Date:	2.73.98	
Check No.: _	271	
1	LUP \	
RET	ARY 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 frotegnents compained herein are true and correct.

Significance of Officer

Print or Type Name of Officer

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 1997

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

2. Name of Carporation

STOP: PLEAM READ INSTRUCTIONS BUSORE COMPLETING

66018		Cottage Corporatio	n		
3. Street Address Principal Business CORNER OF ARCHES		ANTIC DRIVE	CHARLESTOWN	State RI	71p 02813
4. Business Phone No. 401-364-9107		S. State of Incorporation RHODE ISLANI	n		6, SIC Code 8888
7. Brief Description of the Character TO HOLD, DISPOSE		Rhode Island	- RSONAL PROPERTY - 1	NON PROFIT	
8. NAMES AND ADDRES President Name PHILIP G MAGNUSSO		ERS (*X* BOX FOR ATTAC	HMENT) Vice President Name		
Street Address 1680 ST DAVIDS L	ANE		Street Address		
VERO BEACH	State FL	^{zıp} 32967	City	State	ZIp
Secretary Name CYNTHIA BAILEY	••		Treasurer Name PHILIP G N	AGNUSSON	· · •
Street Address 7124 GRINNELL DR	IVE		Street Address 1680 ST DA	AVIDS LANE	
CHY ROCKVILLE	State MD	zip 20855	VERO BEACH	State FL	zip 32967
9. NAMES AND ADDRES	SES OF THE DIREC	CTORS ("X" BOX FOR ATT	ACHMENT) Director Name		
		NONE	Diffeto 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 AUTHORIZE	D AND ISSUED (*x	* BOX FOR ATTACHMENT)			
AUTHORIZED SHARES Number of Shares	Class/Series	Far Value	ISSUED SHARES Number of Shares	Class/Series	Par Value
8000 SHS NO PAR V			200	COMMON	NO PAR VALUE

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

	* 6 6 0 1 8 *				
File Date	3.3.97				
Check No.:	217				
^B y:	Lip				
FOR SECRETA	RY 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.

Documents

Date

Print or Type Name of Officer

Title of Officer

**Titl

PROFIT CORPORATION ANNUAL REPORT

For Secretary of State Use Only

1996



State of Rhode Island and Providence Plantations nmes R. Langevin, Secretary of State Corporations Division

100 North Main Street nce. Rhode Island 02903-1335 • (401) 277-3040

Filing Period: January 1-March 1

Filing Fee: \$50.00

450	June Or	•
THE STATE OF	J	:
	Providenc	•

CORPORATE ID HD.	2. HAVE OF CORPORATION	PLEASE TYPE OR F	PRINT IN BLACK INK.	······································	
66018	Charl	estown Cottage C	Corporation		
power.	Arches Roud	+5. Niantic Dr	Charlestown	Rhode Is/	zi cooi: oul 028/3
YU1-364		5. STATE OF INCORPORATION RHODE IS			6 SIC CODE
TO hold , disp	EFFOR BUSINESS CONFOUCTED IN PRIODE	vest in real	and personal pr	-operty -run	profit
ENT NAYE	B . N A	MES AND ADDR		FFICERS	<u></u>
· · · · · · · · · · · · · · · · · · ·	St Davids A		STREET AUDMESS		
Vero Beach	Fla.	32967	απ	. STATE	. ZIP C00€
Cy nthia	A 1/		TREASURER NAME	Magnusson	
7124 Gr	nnell Dr.		STREET ADDRESS / ST	. Va /	}
octulle	STATE	2085	Vero Beach	h fla	3)867
TOR NAME	9. N.A	MES AND ADDR	ESSES OF THE D	IRECTORS	
T ADDRESS	 	nene	STREET ADDRESS		
<u> </u>	I STATE	. ZP COOE	an	STATE	7P° COO€
TOR NAME		····	DIRECTOR NAME	······································	
T ADORESS		· 	STREET ADDRESS		
	STATE	70° C000€	. anv	STATE	<u>11</u> P 000€
,		HARES AUTHOR	IZED AND ISSUE)	<u></u>
INJUNEER OF SHARES	AUTHORIZED SHARES CLASS / SERIES	PAR VALUE	HUMBER OF SHARES	ISSUED SHARES CLASS / SERIES	PAR YALUE
8000 SHS	NO PAR VALUE		200	Common	1 w jar value
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				·	
Р	Thir resident, Vice Presid	s report must be SIG ent, Secretary, Assist	NED IN INK by either to ant Secretary, Treasure	he r, Receiver or Truste	e 🗀
e Date:	16/96		report, including	g any accompanying sch contained herein are true	affirm that I have examined edules and statements, and and correct.
neck No:	159		Signature of Off	ficefr /	lag husson
	Ca La)	Print or Type Na	ame of Officer	Jalai
y:		Ş.		resulcial	<i>!_1\7\</i> ;

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 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 MUS		ULL OR THE F	ORM WILL BE	RETURNED.	
Corporate ID: $\hat{\mathcal{C}}$	0.0.6618		nnual Report for th		-
Name of Corporation:	Charles Tow			Corporation	
Business entity organized un	der the laws of the State of:	ocle-Islam fice:	Business Co	s (check one): orporation (See RIGL Chapter 7-1.1 Service Corporation (See RIGL C	
			Brief statement of	f the character of business conducte	ed in Rhyde Island:
Phone: ()			-to-hol	d_, dispose_oE	o in knode Island.
Island (Provide street address	e principal office of business entity is s - Not P.O. Box):		and in	est in real co	nd
Anches_Re	od + S. Mantic	Obline	i	d property - no	n profit
	harlestenun_R.I		persono	m propery no	n_p.ze [1_1_
Phone: (401) 36	49107			And the state of t	
PRESIDENT.	THE	NAMES OF THE	OFFICERS AR	E:	
	Nagnusson 1		ids bane	Her Beach Fla	ZIP CODE 3.29んプ
VICE PRESIDENT		STREET ADDRE	SS	CITY/STATE	zle code
SECRETARY	0 1	STREET ADDRE	_	GITY/STATE	ZIP CODE
TREASURER 417/10	Bailey 7	STREET ADDRE	inell Diwe	Rockfulle Md	2 0855
VPhilip	G. Magnusson	ςα NAMES OF THE		bove	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
NAME	THE N	NAMES OF THE STREET ADDRE	<u>DIRECTORS AR</u>	CLIY/STATE	ZIP CODE
Philip G	Magnusson	and Chi	urman (.	same as above)	
NAME /	1	STREET ADDRE	55	CITY/STATE	ZIP CODE
NAME		STREET ADDRE	SS	CTTY/STATE	ZIP CODE
NUMBER OF SHARES AUTI	HORIZED (Rider may be attached)		NUMBER OF SHARE	S ISSUED AND OUTSTANDING (Ri	der may be attached)
Number of Shares	Class / Series		Number of Shares	Class / Series	
2.	C				
8000	Common		76-0	Common	
				_	
Date Fel-	9 1995			11 044	
Date	19_1 19_1	By:		wyo & Magnus	
Form 31 1/95		PRINT OR TYPE TITLE OF OFFIC	NAME OF OFFICER SIGNIS	<u></u>	Magnussen
	DESIGNATED REG			Troyi climi Chan-1	win + It eas up
PLEASE NOTE: If the regis	stered office and/or registered age	nt indicated below is	incorrect, Form 9 mi	ust be filed.	Face
	m Wal	to Ch.	1 -	The state of the s	
	• •	=		FEB, 1.3	1995
	13	S. Mountie	Prive	By I'm	1
	$C^{\underline{A}}$	11/2 +	Phalo	Is land	1/6
	Ci	naties iow	n vineco	02813	
				C 7 813	

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

First: The name of the	ne corporation isCharles	Scown Corrage Corporat	100	
Second: It is incorpo	rated under the laws ofR	hode Island		
	ousiness, briefly stated, ist		•	
FOURTH: If foreign α	orporation, address of its pri	ncipal office ^{N/A}	••••••	
FIFTH: Business addre	ess in Rhode IslandArch	esRoadandSouthNiar	ntic.DriveCorner,	
Charlestown. RI	02813			
SIXTH: Names and a	idresses of its directors and	officers:	(Attach rider if nec ng oumber, street, zip code)	
Philip G. Magnus	son Director	197 Sheephill Road.	Riverside CT 06878	
	Director			
•••••	Director		······································	
Philip G. Magnusson President		and Chairman (same as above)		
	Vice Preside	nt		
	Secretary	7124 Grinnell Drive, Rockville, MD 2085		
Philip G. Magnusson Treasurer		(same as above)		
SEVENTH: Number of Shares authorized:		•	Par Value or statement that shares are without par value	
No. of Shares 8,000	Class Common	Series N/A	no par value	
0,000		Rem Ck#	22N -	
Eighth: Number of Shares issued:		,	Par Value or statement that shares are without	
No of Shares 200	Class Common	Series N/A	pervalue no par value	
	19 .93	Charlestown Cottage (Name of Copposition) By	Corporation M	



State of Rhode Island and Providence Plantations Barbara M. Leonard Secretary of State 100 North Main Street Providence, Rhode Island 02903-1335

SUPPLEMENT TO 1994 ANNUAL REPORT

Corporation Name: Charles town Cottage Gor
Federal Taxpayer Identification Number:
For foreign entity, address and telephone number of principal office:
Phone ()
Address and telephone number of the principal office of business entity in Rhode Island (Provide street address-not P.O. Box): Cor Arcle Roofe 5. Nicontre Dr Charles Town R I Phone (401) 364-900
Business entity is (check one):
<pre>(</pre>
Name, title and mailing address of contact person to whom communications may be directed: Philip G Maquuson CFO 197 Sheep Still Road Unit A Riverside Coun C68288 Theme 203 698 1484
Date of organization: $\frac{i/2i/9i}{2}$
Date of qualification to do business in Rhode Island (if foreign entity):

Treasurer

State of Aljade Island and Providence Plantations Corporations Division 100 North Main Street PROVIDENCE, RHODE ISLAND 02903

Corporate ID0066018	*************************	Annual Report for t	he year1993		
First: The name of the	ne corporation isCharle	stown Cottage Corporat	ion		
THIRD: Character of t			invest in real and		
FOURTH: If foreign ∞	orporation, address of its pri	incipal officeN/A			
		nesRoadandSouthNian	tic Drive Corner,		
SIXTH: Names and ac	Idresses of its directors and		(Attach rider if necessary) g number, street, zip code)		
Philip G. Magnuss	on Director	197 Sheephill Road.	Riverside. CT 06878		
	Director				
	Director				
Philip G. Magnusson President		and Chairman (same as above)			
	Vice Preside	ent			
	Secretary	7124 Grinnell Drive, Rockville, MD 20855			
Philip G. Magnuss		(same as above)	(same as above)		
SEVENTH: Number o	f Shares authorized:		Par Value or statement that shares are without		
No. of Shares	Class	Series	par value		
8,000	Common	N/A	no par value		
Еюнтн: Number of Shares issued:		DEC 3 (1995	Par Value or statement that shares are without		
No. of Shares 200	Class E Common	STEPS CHERTEDS	per value no par value		
Dated12	/29 19 93	Charlestown Cottage C (Name of Corpolation) By Philip G. Magnusson	orporation . President, Chairman and		

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION CORPORATION DIVISION CORPORATION DIVISION DIVISION DIVISION DIVISION CORPORATION DIVISION DIVISION

CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID	000019	Annual Report for	the year	1992	
FIRST: The name	e of the corporation is	Charlestown Cottage Corporation			
Second: It is inc	corporated under the laws of	Rhode Island	·····		
THIRD: Characte	er of business, briefly stated, is	holding.company	•••••••••••••••••••••••••••••••••••••••		
FOURTH: If forei	gn corporation, address of its p	rincipal office N/A			
FIFTH: Business a	address in Rhode Island Arche	es Road and South Niant		Corner	
······	Charl	lestown, RI 02813	· · · · · · · · · · · · · · · · · · ·		
SIXTH: Names at	nd addresses of its directors and	d officers: Address (includin		Attach rider if necessary), zip code)	
Philip G. Magnusso	Director	197 Sheephill Rd., U	nit A, R	lverside, CT 06878	
	Director				
	Director		•	······	
Philip G. Magnusso	President a	and Chairman of the Boa	rd (same	as above)	
	Vice Preside				
Cynthia Bailey	Secretary	7124 Grinnell Drive,	Rockyil	e, MD 20855	
Philip G. Magnusso	nTreasurer	(.same_as_above.)	**************************		
SEVENTH: Numb	er of Shares authorized:			Par Value	
No. of Shares	Class	Series		or statement that hares are without par value	
8,000	Common	N/A	shares a	re without par value	
Еібнтн: Numbei	of Shares issued:			Par Value	
No. of Shares	Class	Series		or statement that hares are without par value	
200	Common	N/A	shares a	re without par value	
Dated Fel-7		Charlestown Cottage Co (Name of Corporation)	rporation	ν	
	I	3y Philip G. Magnusson	: Olly	Magnusan 2/2/92	

Title President, Chairman of the Board and Treasurer