



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 02903-1355  
401.222.3040

**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. 66018		2. Name of Corporation Charlestown Cottage Corporation		
3. Street Address Principal Business Office 46 S. Arnolda Rd.		City Charlestown	State R.I.	Zip 02813
4. Business Phone No. 401 364 3306		5. State of Incorporation RHODE ISLAND		6. SIC Code 8888
7. Brief Description of the Character of Business Conducted in Rhode Island TO ACQUIRE, HOLD, DISPOSE OF AND INVEST IN REAL AND PERSONAL PROPERTY				
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Philip G. Magnusson		Vice President Name none		
Street Address 46 S. Arnolda Rd.		Street Address		
City Charlestown	State R I	Zip 02813	City	State
Secretary Name Cynthia Bailey		Treasurer Name none		
Street Address 5708 Sunrise Hill Rd.		Street Address		
City Derwood	State Md.	Zip 20855	City	State
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name none		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
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
8,000 NO PAR VALUE			200	

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



File Date	1-25-05
Check No.	640
By:	De
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  
Philip G. Magnusson  
Date  
Philip G. Magnusson  
Print or Type Name of Officer  
President  
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. 66018		2. Name of Corporation Charlestown Cottage Corporation			
3. Street Address Principal Business Office 46 S. Arnolda Road		City Charlestown		State RI	Zip 02813
4. Business Phone No. 401-364-3306		5. State of Incorporation RHODE ISLAND			6. SIC Code 8888
7. Brief Description of the Character of Business Conducted in Rhode Island TO ACQUIRE, HOLD, DISPOSE OF AND INVEST IN REAL AND PERSONAL PROPERTY					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Philip G. Magnusson			Vice President Name none		
Street Address 46 S. Arnolda Road			Street Address		
City Charlestown	State RI	Zip 02813	City	State	Zip
Secretary Name Cynthia Bailey			Treasurer Name none		
Street Address 5708 Sunrise Hill Road			Street Address		
City Derwood	State Md.	Zip 20855	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 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) <input type="checkbox"/> AUTHORIZED SHARES			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000 NO PAR VALUE			200		

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	FILED
Check No.	DEC 31 2003
By:	iv 593 GMA
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 Philip G. Magnusson Date \_\_\_\_\_  
Print or Type Name of Officer Philip G. Magnusson  
Title of Officer President



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

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 OR PRINTED IN BLACK)

1. Corporate ID No.

66018

2. Name of Corporation

Charlestown Cottage Corporation

3. Street Address Principal Business Office

46 South Arnolda Road

City

Charlestown

State

RI

Zip

02813

4. Business Phone No.

401-364-3306

5. State of Incorporation

RHODE ISLAND

6. SIC Code

8888

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

Real Estate Investments

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

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Philip G Magnusson

Vice President Name

none

Street Address

46 South Arnolda Road

Street Address

City

Charlestown

State

RI

Zip

02813

City

State

Zip

Secretary Name

Cynthia Bailey

Treasurer Name

none

Street Address

5708 Sunrise Hill Road

Street Address

City

Derwood

State

Md.

Zip

20855

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

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)

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 NO PAR VALUE

200

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:

1-24-03

Check No.:

542

By:

UP

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

Philip G Magnusson

Date

1/18/03

Print or Type Name of Officer

Philip G. Magnusson

Title of Officer

President



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

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 BE TYPED IN BLACK)

1. Corporate ID No. **66018** 2. Name of Corporation **Charlestown Cottage Corporation**  
3. Street Address Principal Business Office **6 S. Mantic Road** City **Charlestown** State **RI** Zip **02813**  
4. Business Phone No. \_\_\_\_\_ 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **8888**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**maintaining Real Estate Investment**

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

President Name **Philip G. Magnusson** Vice President Name \_\_\_\_\_

Street Address **46 S. Arnolds Road** Street Address \_\_\_\_\_

City **Charlestown** State **RI** Zip **02813** City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Secretary Name **Mrs Cynthia Bailey** Treasurer Name \_\_\_\_\_

Street Address **5708 Sunrise Hill Rd.** Street Address \_\_\_\_\_

City **Derwood** State **Md.** Zip **20855** City \_\_\_\_\_ 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 \_\_\_\_\_ 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)**

AUTHORIZED SHARES

Number of Shares \_\_\_\_\_ Class/Series \_\_\_\_\_ Par Value \_\_\_\_\_

**8,000 NO PAR VALUE**

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

ISSUED SHARES

Number of Shares \_\_\_\_\_ Class/Series \_\_\_\_\_ Par Value \_\_\_\_\_

**200 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: **1-14-02**

Check No: **489**

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.

Signature of Officer **Philip G. Magnusson** Date **1/9/02**

Print or Type Name of Officer **Philip G. Magnusson**

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



**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. **66018** 2. Name of Corporation **Charlestown Cottage Corporation**  
3. Street Address Principal Business Office **6 S. Montic Road** City **Charlestown** State **RI** Zip **02813**  
4. Business Phone No. \_\_\_\_\_ 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **8888**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**maintaining Real Estate Investment.**

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

President Name <b>Philip G. Magnusson</b>	Vice President Name _____
Street Address <b>46 South Arnolda Road</b>	Street Address _____
City <b>Charlestown</b>	City _____
State <b>RI</b>	State _____
Zip <b>02813</b>	Zip _____
Secretary Name <b>Cynthia Bailey</b>	Treasurer Name _____
Street Address <b>5708 Sunrise Hill Rd.</b>	Street Address _____
City <b>Derwood</b>	City _____
State <b>Md.</b>	State _____
Zip <b>20855</b>	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 _____
State _____	State _____
Zip _____	Zip _____
Director Name _____	Director Name _____
Street Address _____	Street Address _____
City _____	City _____
State _____	State _____
Zip _____	Zip _____

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

**AUTHORIZED SHARES**

Number of Shares	Class/Series	Par Value
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**8,000 NO PAR VALUE**

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

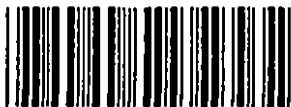
**ISSUED SHARES**

Number of Shares	Class/Series	Par Value
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**200**

**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: 2/2

Check No.: 433

By: 2c

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 Philip G. Magnusson Date 1/30/01  
Print or Type Name of Officer Philip G. Magnusson  
Title of Officer President



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  
401-222-3040



# 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. **66018** 2. Name of Corporation **Charlestown Cottage Corporation**  
3. Street Address Principal Business Office **1680 St Davids Lane** City **Vero Beach** State **Fla** Zip **32917**  
4. Business Phone No. **561-564-9042** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **0000**

7. Brief Description of the Character of Business Conducted in Rhode Island **Care and upkeep of Real Estate & property**  
8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name <b>Philip G. Magnusson</b>	Vice President Name <b>none</b>
Street Address <b>1680 St Davids Lane</b>	Street Address <b>none</b>
City <b>Vero Beach</b> State <b>Fla</b> Zip <b>32917</b>	City <b></b> State <b></b> Zip <b></b>
Secretary Name <b>none</b>	Treasurer Name <b>Cynthia Bailey</b>
Street Address <b></b>	Street Address <b>5708 Sunrise Hill Rd.</b>
City <b></b> State <b></b> Zip <b></b>	City <b>Derwood</b> State <b>Md.</b> Zip <b>20855</b>

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

Director Name <b>none</b>	Director Name <b></b>
Street Address <b></b>	Street Address <b></b>
City <b></b> State <b></b> Zip <b></b>	City <b></b> State <b></b> Zip <b></b>
Director Name <b></b>	Director Name <b></b>
Street Address <b></b>	Street Address <b></b>
City <b></b> State <b></b> Zip <b></b>	City <b></b> State <b></b> Zip <b></b>

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

AUTHORIZED SHARES		
Number of Shares	Class/Series	Par Value
<b>8000 SHS</b>	<b>NO</b>	<b>PAR VALUE</b>

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

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
<b>200</b>	<b>common</b>	<b>no par value</b>

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: **3/17/00**  
Check No.: **384**  
By: **ai**

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 **Philip G. Magnusson** Date **3/1/2000**  
Print or Type Name of Officer **Philip G. Magnusson**  
Title of Officer **President**



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  
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **66018** 2. Name of Corporation **Charlestown Cottage Corporation**

3. Street Address Principal Business Office

**1680 St Davids Lane**

City **Vero Beach** State **Fla**

Zip **32967**

4. Business Phone No.

**561-564-9042**

5. State of Incorporation  
**RHODE ISLAND**

6. SIC Code  
**0000**

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

**Care & upkeep of Real Estate & property**

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

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

**Philip G Magnusson**

Vice President Name

**none**

Street Address

**1680 St Davids Lane**

Street Address

City **Vero Beach** State **Fla** Zip **32967**

City State Zip

Secretary Name

**none**

Treasurer Name

**Cynthia Bailey**

Street Address

Street Address

**5708 Sunrise Hill Rd.**

City State Zip

City **Derwood** State **Md.** Zip **20855**

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

FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

**none**

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)

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

**8000 SHS NO PAR VALUE**

**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: **Feb 16, 99**

Check No.: **297**

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.

**Philip G Magnusson** **2/11/99**  
Signature of Officer Date

**Philip G. Magnusson**  
Print or Type Name of Officer

**President**  
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 1998**

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

66018

2. Name of Corporation

Charlestown Cottage Corporation

3. Street Address Principal Business Office

Corner of Arches Rd & S. Nautic Drive

City

Charles town

State

RI

Zip

02813

4. Business Phone No.

401-364-9107

5. State of Incorporation

RHODE ISLAND

6. SIC Code

8888

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

To hold, Dispose of and invest in Real and Personal Property - non profit

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

President Name

Philip G. Magnusson

Vice President Name

Street Address

1680 St David's Lane

Street Address

City

Vero Beach

State

Fla

Zip

32967

City

State

Zip

Secretary Name

Cynthia Bailey

Treasurer Name

Street Address

5708 Sunrise Hill Rd

Street Address

City

Derwood

State

md

Zip

02915

City

State

Zip

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

Director Name

none

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)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

8000 SHS NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

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:

2-23-98

Check No.:

271

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RETARY 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

Philip G. Magnusson

Date

2/16/98

Print or Type Name of Officer

Title of Officer

President





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 1997

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

CORNER OF ARCHES ROAD & S. NIAN TIC DRIVE

City

CHARLESTOWN

State

RI

Zip

02813

4. Business Phone No.

401-364-9107

5. State of Incorporation

RHODE ISLAND

6. SIC Code

8888

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

TO HOLD, DISPOSE OF AND INVEST IN REAL AND PERSONAL PROPERTY - NON PROFIT

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

President Name

PHILIP G MAGNUSSON

Vice President Name

Street Address

1680 ST DAVIDS LANE

Street Address

City

VERO BEACH

State

FL

Zip

32967

City

State

Zip

Secretary Name

CYNTHIA BAILEY

Treasurer Name

PHILIP G MAGNUSSON

Street Address

7124 GRINNELL DRIVE

Street Address

1680 ST DAVIDS LANE

City

ROCKVILLE

State

MD

Zip

20855

City

VERO BEACH

State

FL

Zip

32967

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

Director Name

NONE

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 AND ISSUED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

8000 SHS NO PAR VALUE

ISSUED SHARES

Number of Shares

Class/Series

Par Value

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

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.

[Signature] 2/26/97  
Signature of Officer Date

Philip G. Magnusson  
Print or Type Name of Officer

President  
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.

1. CORPORATE ID NO. 66018		2. NAME OF CORPORATION Charlestown Cottage Corporation	
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE Gunner. Arches Road + S. Mantic Dr.		CITY Charlestown	STATE Rhode Island
4. BUSINESS PHONE NO. 401-364-9107		5. STATE OF INCORPORATION RHODE ISLAND	6. SIC CODE 8888
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND To hold, dispose of and invest in real and personal property - non profit			
8. NAMES AND ADDRESSES OF THE OFFICERS			
PRESIDENT NAME Philip G Magnusson		VICE PRESIDENT NAME	
STREET ADDRESS 1680 St David's Lane		STREET ADDRESS	
CITY Vero Beach	STATE Fla.	ZIP CODE 32967	
SECRETARY NAME Cynthia Bailey		TREASURER NAME Philip G Magnusson	
STREET ADDRESS 7124 Grinnell Dr.		STREET ADDRESS 1680 St David's Lane	
CITY Rockville	STATE Md	ZIP CODE 20855	CITY Vero Beach
			STATE Fla
			ZIP CODE 32967
9. NAMES AND ADDRESSES OF THE DIRECTORS			
DIRECTOR NAME none			
STREET ADDRESS		STREET ADDRESS	
CITY	STATE	ZIP CODE	CITY
			STATE
			ZIP CODE
DIRECTOR NAME		DIRECTOR NAME	
STREET ADDRESS		STREET ADDRESS	
CITY	STATE	ZIP CODE	CITY
			STATE
			ZIP CODE

### 10. SHARES AUTHORIZED AND ISSUED

AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
8000 SHS	NO PAR VALUE		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

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:

1/16/96

Check No:

159

By:

cc/fp

For Secretary of State Use Only

Signature of Officer

Philip G Magnusson

Print or Type Name of Officer

Philip G. Magnusson

Title of Officer

President

1/9/96

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

## 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: 0066618 Annual Report for the year: 1995Name of Corporation: Charlestown Cottage CorporationBusiness entity organized under the laws of the State of: Rhode Island Business Entity is (check one):

For foreign entity, address and telephone number of principal office:

☒ Business Corporation (See RIGL Chapter 7-1.1)☐ Professional Service Corporation (See RIGL Chapter 7-5.1)

Phone: ( )

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

Arches Road + S. Niantic Drive  
Corner, Charlestown R.I. 02813Phone: (401) 364 9107

Brief statement of the character of business conducted in Rhode Island:

to hold, dispose of  
and invest in real and  
personal property - non-profit

## THE NAMES OF THE OFFICERS ARE:

PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>Philip G. Magnusson</u>	<u>1680 St David Lane</u>	<u>New Beach Fla</u>	<u>32967</u>

VICE PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE

SECRETARY	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>Cynthia Bailey</u>	<u>7124 Grinnell Drive</u>	<u>Rockville Md</u>	<u>20855</u>

TREASURER	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>Philip G. Magnusson</u>	<u>same as above</u>		

## THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>Philip G. Magnusson</u>	<u>and Chairman (same as above)</u>		

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED (Rider may be attached)

NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)

Number of Shares	Class / Series	Number of Shares	Class / Series
<u>8000</u>	<u>Common</u>	<u>200</u>	<u>Common</u>

Date Feb 9 19 95By: Philip G. Magnusson

PRINT OR TYPE NAME OF OFFICER SIGNING

TITLE OF OFFICER SIGNING

President Philip G. Magnusson  
Chairman + Treasurer

Form 31 1/95

## DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

Mr Walter Stumbers  
13 S. Niantic Drive  
Charlestown Rhode Island

FILED

FEB 13 1995

By: JML02813

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID.....0066018..... Annual Report for the year.....1994

FIRST: The name of the corporation is.....Charlestown Cottage Corporation.....

SECOND: It is incorporated under the laws of.....Rhode Island.....

THIRD: Character of business, briefly stated, is.....to hold, dispose of and invest in real and  
personal property.....

FOURTH: If foreign corporation, address of its principal office.....N/A.....

FIFTH: Business address in Rhode Island.....Arches Road and South Niantic Drive Corner,  
Charlestown, RI 02813.....

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name Office Address (including number, street, zip code)

Philip G. Magnusson	Director	197 Sheephill Road, Riverside, CT 06878
	Director	
	Director	
Philip G. Magnusson	President	and Chairman (same as above)
	Vice President	
Cynthia Bailey	Secretary	7124 Grinnell Drive, Rockville, MD 20855
Philip G. Magnusson	Treasurer	(same as above)

SEVENTH: Number of Shares authorized:

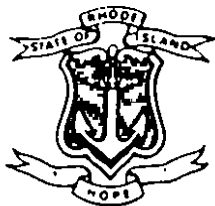
No. of Shares	Class	Series	Par Value or statement that shares are without par value
8,000	Common	N/A	no par value

Rem Ck# 2000

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
200	Common	N/A	no par value

Dated.....12/29 19 93..... Charlestown Cottage Corporation  
(Name of Corporation)  
By.....Philip G. Magnusson, President, Chairman and Treasurer



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: Charlestown Cottage Corp

Federal Taxpayer Identification Number: [REDACTED]

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):

Cot Angle Road S. Wiantic Dr  
Charlestown RI

Phone (401) 364-9107

Business entity is (check one):

- ( ☒ ) Business Corporation (See RIGL Chapter 7-1.1)  
( ☐ ) Professional Service Corporation (See RIGL Chapter 7-5.1)  
( ☐ ) Limited Liability company (See RIGL 7-16)

Name, title and mailing address of contact person to whom communications may be directed:

Philip G Magnusson CEO  
197 Sheepshill Road Unit A  
Riverside Conn 068288 Phone 203 698 1484

Date of organization: 11/21/91

Date of qualification to do business in Rhode Island (if foreign entity): \_\_\_\_\_

## State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0066018 Annual Report for the year 1993

FIRST: The name of the corporation is Charlestown Cottage Corporation

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is to hold, dispose of and invest in real and personal property.

FOURTH: If foreign corporation, address of its principal office N/A

FIFTH: Business address in Rhode Island Arches Road and South Niantic Drive Corner,  
Charlestown, RI 02813

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Philip G. Magnusson	Director	197 Sheephill Road, Riverside, CT 06878
	Director	
	Director	
Philip G. Magnusson	President	and Chairman (same as above)
	Vice President	
Cynthia Bailey	Secretary	7124 Grinnell Drive, Rockville, MD 20855
Philip G. Magnusson	Treasurer	(same as above)

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
8,000	Common	N/A	no par value

FILED

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
200	Common	N/A	no par value

Dated 12/29 19 93

Charlestown Cottage Corporation  
(Name of Corporation)

By

Philip G. Magnusson, President, Chairman and Treasurer

Filing Fee \$50.00

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

66031

Corporate ID 0066018 Annual Report for the year 1992

FIRST: The name of the corporation is Charlestown Cottage Corporation

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is holding company

FOURTH: If foreign corporation, address of its principal office N/A

FIFTH: Business address in Rhode Island Arches Road and South Niantic Drive Corner  
Charlestown, RI 02813

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
<u>Philip G. Magnusson</u>	<u>Director</u>	<u>197 Sheephill Rd., Unit A, Riverside, CT 06878</u>
	<u>Director</u>	
	<u>Director</u>	
<u>Philip G. Magnusson</u>	<u>President and Chairman of the Board (same as above)</u>	
	<u>Vice President</u>	
<u>Cynthia Bailey</u>	<u>Secretary</u>	<u>7124 Grinnell Drive, Rockville, MD 20855</u>
<u>Philip G. Magnusson</u>	<u>Treasurer</u>	<u>(same as above)</u>

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>8,000</u>	<u>Common</u>	<u>N/A</u>	<u>shares are without par value</u>

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>200</u>	<u>Common</u>	<u>N/A</u>	<u>shares are without par value</u>

Dated Feb 7 19 92

Charlestown Cottage Corporation  
(Name of Corporation)

By Philip G. Magnusson Philip Magnusson

Title President, Chairman of the Board and Treasurer

(Report must be signed by an officer)