



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 2005

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 53019		2. Name of Corporation DAVLIN REALTY CORP.			
3. Street Address Principal Business Office 470 CENTRIK AVE			City PAWTUCKET	State R.I.	Zip 02861
4. Business Phone No.		5. State of Incorporation RHODE ISLAND			6. SIC Code 5538
7. Brief Description of the Character of Business Conducted in Rhode Island REAL ESTATE HOLDING COMPANY					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name DAVID SILVIA			Vice President Name LINDA SILVIA		
Street Address 79 HEMLOCK DRIVE			Street Address 79 HEMLOCK DRIVE		
City ATTLEBORO	State MASS	Zip 02703	City ATTLEBORO	State MASS	Zip 02703
Secretary Name LINDA SILVIA			Treasurer Name DAVID SILVIA		
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
100 NO PAR VALUE			NONE		

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



File Date 2-14-05  
Check No. 6283  
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] 2-11-05  
Signature of Officer Date  
DAVID SILVIA - PRESIDENT  
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  
401 222-3640

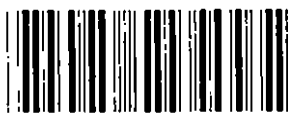
# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 53019		2. Name of Corporation DAVLIN REALTY CORP.			
3. Street Address Principal Business Office 470 CENTRAL AVE			City PROVIDENT	State R.I.	Zip 02861
4. Business Phone No. (401) 725-6096		5. State of Incorporation RHODE ISLAND			6. SIC Code 5538
7. Brief Description of the Character of Business Conducted in Rhode Island REAL ESTATE HOLDING COMPANY					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name DAVID SILVIA			Vice President Name LINDA SILVIA		
Street Address 79 HEMLUCK DRIVE			Street Address 79 HEMLUCK DRIVE		
City ATTLEBORO	State MA	Zip 02703	City ATTLEBORO	State MA	Zip 02703
Secretary Name			Treasurer Name DAVID SILVIA		
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
100 NO PAR VALUE			NONE		

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



\* 5 3 0 1 9 \*

File Date	3/17/04
Check No	235
By	Sc
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: DAVID SILVIA  
Date: 3-2-04  
Print or Type Name of Officer: DAVID SILVIA  
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. 2. Name of Corporation

53019

DAVLIN REALTY CORP.

3. Street Address Principal Business Office

470 CENTRAL AVE.

City

State

Zip

PAWTUCKET

R.I.

02861

4. Business Phone No.

401-725-6096

5. State of Incorporation

RHODE ISLAND

6. SIC Code

5538

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

REAL ESTATE HOLDING COMPANY

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

President Name

DAVID SILVIA

Vice President Name

LINDA P. SILVIA

Street Address

79 HENLOCK DRIVE

Street Address

79 HENLOCK DRIVE

City

State

Zip

ATTLEBORO

MASS.

02703

City

State

Zip

ATTLEBORO

MASS

02703

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) **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

100 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



\* 5 3 0 1 9 \*

File Date: 3/5/03

Check No.: 178

By: ec

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 D. Silvia Date 2-28-03

Print or Type Name of Officer DAVID SILVIA

Title of Officer PRESIDENT

5



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. 53019 2. Name of Corporation DAVLIN REALTY CORP.

3. Street Address Principal Business Office

470 CENTRAL AVE

City

PAWTUCKET

State

R.I.

Zip

02861

4. Business Phone No.

401-725-6135

5. State of Incorporation

RHODE ISLAND

6. SIC Code

5538

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

REAL ESTATE HOLDING COMPANY

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

President Name

DAVID SILVIA

Street Address

79 HEMLOCK DR.

City

State

Zip

ATTLEBORO MASS 02703

Vice President Name

LINDA SILVIA

Street Address

City

State

Zip

Secretary Name

LINDA SILVIA

Street Address

79 HEMLOCK DRIVE

City

State

Zip

ATTLEBORO MASS 02703

Treasurer Name

DAVID SILVIA

Street Address

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

100 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



\* 5 3 0 1 9 \*

File Date: 2-28-02

Check No.: 0115

By: KMC

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] 2-27-02  
Signature of Officer Date

DAVID SILVIA  
Print or Type Name of Officer

PRESIDENT  
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



**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. **53019** 2. Name of Corporation **DAVLIN REALTY CORP.**

3. Street Address Principal Business Office

**470 CENTRAL AVE**

City

**PAWTOCKET**

State

**R.I.**

Zip

**02861**

4. Business Phone No.

**401-725-6096**

5. State of Incorporation

**RHODE ISLAND**

6. SIC Code

**5538**

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

**REAL ESTATE HOLDING COMPANY**

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

President Name

**DAVID SILVIA**

Street Address

**79 HEMLOCK DR.**

City

State

Zip

**ATTLEBORO MASS**

**02703**

Secretary Name

**LINDA SILVIA**

Street Address

City

State

Zip

Vice President Name

**LINDA SILVIA**

Street Address

**79 HEMLOCK DR.**

City

State

Zip

**ATTLEBORO MASS**

**02703**

Treasurer Name

**DAVID SILVIA**

Street Address

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

**100 NO PAR VAL**

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



\* 5 3 0 1 9 \*

File Date: **5-8-01**

Check No.: **002**

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]** **3-14-01**  
Signature of Officer Date

**DAVID SILVIA**  
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  
401-222-3040



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. 2. Name of Corporation

53019 DAVLIN REALTY CORP.  
3. Street Address Principal Business Office

470 CENTRAL AVE  
4. Business Phone No.

(401) 725-6135

5. State of Incorporation

RHODE ISLAND

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

REAL ESTATE HOLDING COMPANY

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

President Name

DAVID SILVIA

Street Address

79 HEMLOCK DRIVE

City

State

Zip

ATTLEBORO MA

02703

Secretary Name

LINDA SILVIA

Street Address

79 HEMLOCK DR.

City

State

Zip

ATTLEBORO MA

02703

City

State

Zip

PAWTUCKET

R.I.

02861

6. SIC Code

5538

Vice President Name

LINDA SILVIA

Street Address

City

State

Zip

Treasurer Name

DAVID SILVIA

Street Address

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

100 NO PAR VAL

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



\* 5 3 0 1 9 \*

File Date: 3-15-00

Check No.: 539

By: RD

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: [Signature] Date: 3-13-00

Print or Type Name of Officer: DAVID SILVIA

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. **53019** 2. Name of Corporation **DAVLIN REALTY CORP.**  
3. Street Address Principal Business Office **470 CENTRAL AVE** City **PAWTUCKET** State **RI** Zip **02861**  
4. Business Phone No. **(401) 725-6196** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **5538**

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

**REAL ESTATE HOLDING COMPANY**

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

President Name <b>DAVID SILVIA</b>	Vice President Name <b>LINDA SILVIA</b>
Street Address <b>79 HEMLOCK DRIVE</b>	Street Address
City <b>ATTLEBORO</b> State <b>MASS</b> Zip <b>02703</b>	City State Zip
Secretary Name <b>LINDA SILVIA</b>	Treasurer Name <b>DAVID SILVIA</b>
Street Address <b>79 HEMLOCK DRIVE</b>	Street Address
City <b>ATTLEBORO</b> State <b>MASS</b> Zip <b>02703</b>	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

**100 NO PAR VAL**

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

ISSUED SHARES

Number of Shares Class/Series Par Value

**0**

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



\* 5 3 0 1 9 \*

File Date: **Mar 23, 99**

Check No.: **509**

By: **SD**

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 **David Silvia** Date **3-10-99**

Print or Type Name of Officer **DAVID SILVIA**

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 FOR THE YEAR 1998

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **53019** 2. Name of Corporation **DAVLIN REALTY CORP.**

3. Street Address Principal Business Office

City

State

Zip

**470 CENTRAL AVE**

**PAWTUCKET**

**R.I**

**02861**

4. Business Phone No.

5. State of Incorporation **RHODE ISLAND**

6. SIC Code **5538**

**725-6096**

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

**REALTY HOLDING COMPANY**

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

President Name

Vice President Name

**DAVID SILVIA**

**LINDA SILVIA**

Street Address

Street Address

**79 HEMLOCK DR.**

**79 HEMLOCK DRIVE**

City

State

Zip

City

State

Zip

**ATTLEBORO MA**

**02703**

**ATTLEBORO MA**

**02703**

Secretary Name

Treasurer Name

**LINDA SILVIA**

**DAVID SILVIA**

Street Address

Street Address

City

State

Zip

City

State

Zip

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

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

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

Number of Shares

Class/Series

Par Value

**100 NO PAR VAL**

**NONE**

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



\* 5 3 0 1 9 \*

File Date: **3.13.98**

Check No.: **457**

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.

**David Silvia** **3/11/98**  
Signature of Officer Date

**DAVID SILVIA**  
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 1997

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **53019** 2. Name of Corporation **DAVLIN REALTY CORP.**

3. Street Address Principal Business Office

**470 CENTRAL AVE**

City

**PAWTUCKET**

State

**R.I.**

Zip

**02861**

4. Business Phone No.

**(401) 725-6091**

5. State of Incorporation

**RHODE ISLAND**

6. SIC Code

**5538**

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

**REAL ESTATE HOLDING COMPANY**

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

President Name

Vice President Name

**DAVID SILVIA**

Street Address

Street Address

**79 HEMLock DRIVE**

City

State

Zip

City

State

Zip

**ATTLEBORO**

**MASS**

**02703**

Secretary Name

Treasurer Name

**LINDA SILVIA**

Street Address

Street Address

**79 HEMLock DRIVE**

City

State

Zip

City

State

Zip

**ATTLEBORO**

**MASS.**

**02703**

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

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

**100 NO PAR VAL**

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



\* 5 3 0 1 9 \*

File Date: **2/12/97**

Check No.: **430**

By: **DCR/DEL**

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.

**DAVID SILVIA** **2/17/97**  
Signature of Officer Date

**DAVID SILVIA**  
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. 53019		2. NAME OF CORPORATION DAVLIN REALTY CORP.	
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 470 CENTRAL AVE		CITY PAWTUCKET	STATE R.I.
4. BUSINESS PHONE NO. (401) 725-6096		5. STATE OF INCORPORATION RHODE ISLAND	6. SIC CODE 8938
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND REALTY HOLDING COMPANY			

## 8. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME DAVID SILVIA			VICE PRESIDENT NAME LINDA P. SILVIA		
STREET ADDRESS 79 HEMLock DRIVE			STREET ADDRESS 79 HEMLock DR.		
CITY ATTLEBORO	STATE MASS	ZIP CODE 02703	CITY ATTLEBORO	STATE MASS	ZIP CODE 02703
SECRETARY NAME LINDA P. SILVIA			TREASURER NAME DAVID SILVIA		
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE

## 9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME			DIRECTOR NAME		
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
100 NO PAR VAL			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 herein are true and correct.

File Date:

4/1/96

Check No:

385

By:

u/cp


For Secretary of State Use Only

Signature of Officer

DAVID SILVIA  
Print or Type Name of Officer

PRESIDENT - TREASURER  
Title of Officer

2/28/96  
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.**

0053019

1995

Corporate ID: \_\_\_\_\_ Annual Report for the year: \_\_\_\_\_

**DAVLIN REALTY CORP.**

Name of Corporation: \_\_\_\_\_

Business entity organized under the laws of the State of: \_\_\_\_\_

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

470 CENTRAL AVE  
PAWTUCKET R.I. 02861

Phone: (401) 725-6135

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

Phone: ( ) \_\_\_\_\_

Business Entity is (check one):

☒ Business Corporation (See RIGL Chapter 7-1.1)

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

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

REALTY HOLDING COMPANY

### THE NAMES OF THE OFFICERS ARE:

PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
-----------	----------------	------------	----------

<u>DAVID SILVIA</u>	<u>79 HEMLOCK DR. ATTLEBORO</u>	<u>MASS</u>	<u>02703</u>
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VICE PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
----------------	----------------	------------	----------

<u>LINDA SILVIA</u>	<u>79 HEMLOCK DR. ATTLEBORO</u>	<u>MASS.</u>	<u>02703</u>
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SECRETARY	STREET ADDRESS	CITY/STATE	ZIP CODE
-----------	----------------	------------	----------

TREASURER	STREET ADDRESS	CITY/STATE	ZIP CODE
-----------	----------------	------------	----------

### THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
------	----------------	------------	----------

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

Class / Series

100

COMMON NO PAR

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

Number of Shares

Class / Series

NONE

Date 2/28, 19 95

By: David Silvia

PRINT OR TYPE NAME OF OFFICER SIGNING

PRESIDENT

TITLE OF OFFICER SIGNING

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.

DAVID SILVIA  
470 CENTRAL AVE.  
PAWTUCKET RI 02860

**FILED**

MAR 06 1995

By 62 337

Filing 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

297  
R 50  
File Annually  
LLC Sept 1 - Nov 1  
CORP Jan 1 - March 1

Corporate ID: 0058019 Annual Report for the year: 1994

Name of Business Entity: DAVLIN REALTY CORP.

Business entity organized under the laws of the State of: RHODE ISLAND

Federal Taxpayer Identification Number: [REDACTED]

For foreign entity, address and telephone number of principal office

Phone: ( )

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

470 CENTRAL AVE  
PAWUCKET RI 02861

Phone: (401) 725-6135

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

DAVID SILVIA  
79 HEMLOCK DR.  
ATTLEBORO, MASS 02703

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

REAL ESTATE HOLDING CO.

Date of Organization: 12/22/88 (P.O.)

Date of Qualification to do business in Rhode Island (if foreign entity):

THE NAMES OF THE OFFICERS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<input checked="" type="checkbox"/> CHIEF EXECUTIVE OFFICER OR <input checked="" type="checkbox"/> PRES. <input type="checkbox"/> CHAIRMAN	DAVID SILVIA	79 HEMLOCK DR. ATTLEBORO MA	02703
<input type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input type="checkbox"/> VICE PRESIDENT (Check One)	LINDA SILVIA	79 HEMLOCK DR. ATTLEBORO MA	02703
<input type="checkbox"/> CUSTODIAN OF RECORDS OR <input type="checkbox"/> SECRETARY (Check One)	LINDA SILVIA	" " " "	" "
<input type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input type="checkbox"/> TREASURER (Check One)	DAVID SILVIA	" " " "	" "

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED (If Applicable)

NUMBER 100

CLASS COMMON

SERIES

PAR VALUE OR WITHOUT PAR NONE

NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)

NUMBER

CLASS

SERIES

PAR VALUE OR WITHOUT PAR

Date: 2/24, 1993

By: [Signature]

DAVID SILVIA  
PRINT OR TYPE NAME OF OFFICER SIGNING  
PRESIDENT  
TITLE OF OFFICER SIGNING

Form 31 - 1994

DESIGNATED REGISTERED OR RESIDENT 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

DAVID SILVIA  
470 CENTRAL AVE.  
PAWUCKET RI 02860

FILED  
APR 15 1994  
ME59

Filing Fee \$50.00

To be filed annually between  
January 1st and March 1st

25576  
**State of Rhode Island and Providence Plantations**

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0053019 Annual Report for the year 1993

FIRST: The name of the corporation is DAVLIN REALTY CORP.

SECOND: It is incorporated under the laws of RHODE ISLAND

THIRD: Character of business, briefly stated, is REAL ESTATE HOLDING CO.

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 470 CENTRAL AVE. PAWTUCKET R.I.

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

Name

Office

Address (including number, street, zip code)

Director

Director

Director

DAVID SILVIA

President

79 HENLOCK DR. ATTLEBORO MASS 01703

LINDA SILVIA

Vice President

" " "

LINDA SILVIA

Secretary

" " "

DAVID SILVIA

Treasurer

" " "

SEVENTH: Number of Shares authorized:

No. of Shares

Class

Series

100

COMMON

Par Value  
or statement that  
shares are without  
par value

NONE

EIGHTH: Number of Shares issued:

No. of Shares

Class

Series

100

COMMON

Par Value  
or statement that  
shares are without  
par value

NONE

Dated 1-25 19 93

DAVLIN REALTY CORP  
(Name of Corporation)

By

Title

PRESIDENT

(Report must be signed by an officer)

Filing Fee \$50.00

To be filed annually between  
January 1st and March 1st

208  
**State of Rhode Island and Providence Plantations**

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID.....0053019..... Annual Report for the year.....1992.....

FIRST: The name of the corporation is.....DAVLIN REALTY CORP.....

SECOND: It is incorporated under the laws of.....RHODE ISLAND.....

THIRD: Character of business, briefly stated, is.....REAL ESTATE HOLDING COMPANY.....

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

FIFTH: Business address in Rhode Island.....470 CENTRAL AVE PAWTUCKET R.I.....

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

Name

Office

Address (including number, street, zip code)

Director

Director

Director

DAVID SILVIA

President

79 HENLOCK DRIVE, ATTLEBORO, MASS.

LINDA SILVIA

Vice President

" " " "

LINDA SILVIA

Secretary

" " " "

DAVID SILVIA

Treasurer

" " " "

SEVENTH: Number of Shares authorized:

No. of Shares 100

Class COMMON

Series

Par Value  
or statement that  
shares are without  
par value

NONE

EIGHTH: Number of Shares issued:

No. of Shares NONE

Class

Series

Par Value  
or statement that  
shares are without  
par value

Dated.....FEBRUARY..... 19 91.....

DAVLIN REALTY CORP.  
(Name of Corporation)

By.....

Title.....PRESIDENT TREASURER.....

(Report must be signed by an officer)

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

Corporate ID 53019

Annual Report for the year 1991

FIRST: The name of the corporation is DAVLIN REALTY CORP

SECOND: It is incorporated under the laws of THE STATE OF RHODE ISLAND

THIRD: Character of business, briefly stated, is REALTY HOLDING COMPANY

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 470 CENTRAL AVE., PAWTUCKET

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

Name

Office

Address (including number, street, zip code)

Director

Director

Director

President

Vice President

Secretary

Treasurer

79 HENLOCK DRIVE, ATTLEBORO, MASS  
~~420 CENTRAL AVE~~

" " " " "

" " " " "

" " " " "

SEVENTH: Number of Shares authorized:

No. of Shares 100

Class COMMON

Series

Par Value  
or statement that  
shares are without  
par value

NONE

PAID

JAN 26 1991

EIGHTH: Number of Shares issued:

No. of Shares NONE

Class

Series

Par Value  
or statement that  
shares are without  
par value

Dated 1-22-91 19 91

DAVLIN REALTY CORP.  
(Name of Corporation)

By S. I. Sel

Title PRESIDENT / TREASURER

(Report must be signed by an officer)

Filing Fee \$15.00

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

Corporate ID 0053019 Annual Report for the year 1990

FIRST: The name of the corporation is DAVIN REALTY CORP

SECOND: It is incorporated under the laws of R.I

THIRD: Character of business, briefly stated, is REAL ESTATE

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 470 CENTRAL AVE PROWLER

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

Name

Office

Address (including number, street, zip code)

Director

Director

Director

DAVID SILVIA

President

79 HEMLOCK DR ATTLEBORO, MASS 01703

LINDA SILVIA

Vice President

" "

Secretary

DAVID SILVIA

Treasurer

SEVENTH: Number of Shares authorized:

No. of Shares

100

Class

COMMON

Series

NONE

Par Value  
or statement that  
shares are without  
par value

EIGHTH: Number of Shares issued:

No. of Shares

NONE

Class

Par Value  
or statement that  
shares are without  
par value

PAID  
JAN 25 1990  
SECY. OF STA

Dated 1-24- 19 90

DAVIN REALTY CORP  
(Name of Corporation)

By

David Silva

Title

PRESIDENT

(Report must be signed by an officer)



Filing Fee \$15.00

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

Corporate ID 005 3019 Annual Report for the year 1989

FIRST: The name of the corporation is DAVLIN REALTY CORP.

SECOND: It is incorporated under the laws of R.I.

THIRD: Character of business, briefly stated, is REAL ESTATE

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 470 CENTRAL AVE. PAWTUCKET

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

Name

Office

Address (including number, street, zip code)

Director

Director

Director

DAVID SILVIA

President

79 HEMLOCK DR. ATTLEBORO, MASS 0270

LINDA SILVIA

Vice President

"

"

"

Secretary

"

DAVID SILVIA

Treasurer

"

SEVENTH: Number of Shares authorized:

No. of Shares

100

Class

Series

NONE

Par Value  
or statement that  
shares are without  
par value

EIGHTH: Number of Shares issued:

No. of Shares

NONE

Class

Series

Par Value  
or statement that  
shares are without  
par value

PAID

JAN 25 1990

CLY. OF STA.

Dated 1-24 19 90

DAVLIN REALTY CORP.  
(Name of Corporation)

By David Silvia

Title PRESIDENT

(Report must be signed by an officer)