

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

Броган ID No 53019		ALTY CORP.			· ·
Street Address Principal Business Office  470 CUTYTICITE ADE  Business Phone No. State of Incorporation  RHODE ISLAN		PAWTUCKET	- State R. L.	02861	
		ion SIC Code			
Percaption of the Ch REAL ESTATE HC	aracter of Business Conducto DLDING COMPANY	ed in Rhode Island			
dent Namu		ERS: ("X" BOX FOR AT	Vice President Name	SPACES BEFORE USIN	G ATTACHMENTS
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79 HEMLE	UCIC PRIVE		79 HEMLOCK	Drive	
ATTLEVSONO retar. Name	OCIC DRIVE State HASS	02703	Cuy ATTLESSON O Treasurer Name	State MASS	02703
LINDA	SILVIA		DAVID SI	LVIA	
et Address			Sirvet Address		į
	State	Zip	Cuv	State	Zφ :
				IN SPACES BEFORE US	INC. ATTACKING STC !
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ector Name	esses of the direc	CTORS: ("X" BOX FOR A	· · · · · ·		ing at tachments
ectas Name ret Address	State	ETORS: ("X" BOX FOR A	Director Name	State	Zip
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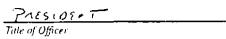


File Date	2-14-05	
Check No	6283	
B):	Kvo	
FO	R SECRETARY OF STATE U	SE ONLY

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.

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Signature of Officer	Date
50000 00000	Dacs. Asai

DAVID	SILU: A -	PRESIDE
Print or Type Nam	e of Officer	





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

Matthew A. Brown, Secretary of State

Corporations <u>Division</u> 100 North Main Street Procidence, RI 02903-1335 401-222-3640

Form 630 Rev. 12/03

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR	r <u>2004                                   </u>
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53019	DAVLIN RE	ALTY CORP.						
Street Address Principal Business C			City	State	02861			
470 CENTRIAL	. AUE		PARTUCKET	Ril	6 SIC Code			
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(401) 725-609 Brief Description of the Character of		RHODE ISLAND		-	5538			
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NAMES AND ADDRESSES	OF THE OFFICE	ERS: ("X" BOX FOR ATTA	ACHMENT) 🔲 FILL IN	SPACES BEFORE USIN	G ATTACHMENTS			
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1-1-1-0-01	State	02703	ATT PROPO	de s	<sup>Zip</sup> 02703			
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	<u>. J.</u>		·····					
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			Street Address		<del></del>			
treet Address			Street Address					
lity	State	Zψ	Gry	State	Zip			
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			NONE					
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this report must be	signed in ink by	either the President, Vice	riesident, Secretary, Assis	tane occionary, freasure	T. Medelvel of Trustee			
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				erjury, I declare and affirm impanying schedules and :				
*	<del>3 3 U )                                </del>	<del>'                                    </del>	Scontained herein a					
File Date	JII 11/10	1		155	3-2-0			
rar Date	7 2	·	Signature of Officer		3-2-0 Date			
Check No	<u> </u>							
·			<u>DAULD</u> Print or Type Name					
Вv:	. <del>X</del>	<u> </u>						
FOR SECRETARY OF S	TATE USE ONLY		President	) EN 1				
	FOR SECRETARY OF STATE USE ONLY			Title of Officer				

Edward S. Inman, III. Secretary of State Corporations Division 100 North Main Street, Providence, KJ 02903-1335 401-222-3040

### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR \_

lling Perlod: January 1-March 1	•	Filing	Fee:	<b>\$</b> 50.00
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(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

02861

6. SIC Code

5538

401-725-6096

**RHODE ISLAND** 

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

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

President Name

DAUID
Street Address

Street Address

Street Address

Secretary Name

City

State

City

State

7.10

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

Director Name

Street Address

State

City

Street Address

Director Name

Street Address

State

Zip

Director Name

City

Street Address

City

Zip

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

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

ISSUED SHARES

Number of Shares

Class/Series

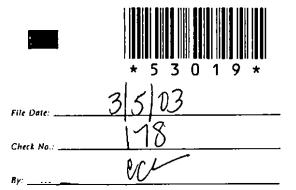
Par Value

**100 NO PAR VALUE** 

FOR SECRETARY OF STATE USE ONLY

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.

DHUXD SILVIA Print or Type Name of Offices

PRESIDENT Title of Officer <-> 5

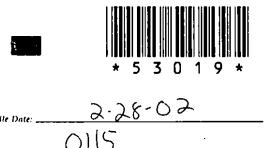
Form 630 12/02

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) 2. Name of Corporation 1. Corporate 1D No. 53019 **DAVLIN REALTY CORP.** 3. Street Address Principal Business Office 470 CENTRAL 6. SIC Code 5. State of Incorporation 4. Business Phone No. 5538 401-725-6135 **RHODE ISLAND** 7. Brief Description of the Character of Business Conducted in Rhode Island MEAL ESTATE HOLDING 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name SILVIA SILVIA-LINDA DAVID
Stieet Addiess Street Address ATTLEBORO Secretary Name DAUID LINDA SILVIA Street Address Street Address DRIVE City 210 State FILL IN SPACES BEFORE USING ATTACHMENTS 9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) Director Name Director Name Street Address Street Address City State City Director Name Street Address Street Address Zip State ZΙρ State City 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 10. SHARES AUTHORIZED (\*X" BOX FOR ATTACHMENT) AUTHORIZITO SHARES ISSUED SHARES Number of Shares Class/Series Par Value Number of Shares 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



FOR SECRETARY OF STATE USE ONLY

this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct. Signature of Officer PRESIDENT

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



Form (30 12/01

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

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

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Filling Period: January	I-March I •	Filing Fee: \$50.00			INSTRU
(FORM MUST BE TYPED IN BLAC	(K)				
I. Corporate ID No.	2. Name of Corporati				
53019	DAVLIN REA	LTY CORP.		_	
3. Street Address Principal Business C	,-		City	State	21p 0286/
4. Business Phone No.	L AVE	5. State of incorporation	PANTUCKET	R.1.	6. SIC Code 5538
7. Brief Description of the Character	CO9C of Business Conducted in	RHODE ISLAND Rhode Island			
ICAL ESTATE 8. NAMES AND ADDRESS President Name	E //OCDING ES OF THE OFFICE	COMPANY CERS (*X* BOX FOR ATTACH!	MENT) FILL IN SPACES BE Vice President Name	FORE USING ATTAC	HMENTS
DAVID 510 Sueet Addiess			LINDA 514V Street Address		
79 HEMLOCI ATTLEBONO	State	Zip	79 HEMLOCA ATTLEBORD	C DIZ. State	02703
Secretary Name		02703	ATTLEBORO Ticosurei Nome	MASS	02105
LINDA 51LV Street Address	11A		DAVID 5/1 Street Address	ivin-	
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESS Director Name	SES OF THE DIRE	CTORS ("X" BOX FOR ATTAC	CHMENT) FILL IN SPACES I  Director Name	BEFORE USING ATTA	CHMENTS
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 AUTHORIZED SHARES	) ("X" BOX FOR ATTA	ACHMENT)	11. SHARES ISSUED (*x* ISSUED SHARES	BOX FOR ATTACHMENT	)
Number of Shares	Class/Series	far Value	Number of Shares	Class/Series	Par Value
100 NO PAR VAL			Nons		

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.:	602
	7,

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.

Dilsel	3-14-01
Signature of Officer	Date
TORVID SILVIA	
Print or Type Name of Officer	

PRESIDENT

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-

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(FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 53019 DAVLIN REALTY CORP. 3. Street Address Principal Business Office State 02861 R.1. CENTICAL AUE PAUTUCKET S. State of Incorporation 6. SIC Code 401) 725-6135 7. Brief Description of the Character of Business Conducted in Rhode Island 5538 REAL ESTATE HOLDING CONFANY 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name SINIA SILVIA DAVID LINOA Street Address 79 HEMLOCK DRIVE City City Zip 02703 HΑ ATTLEBUR O Secretary Name Treasurer Name SILVI A-SILVIA LINDA DAVID Street Address Street Address 79 HEMLOCIC DR. State City State ZIP MA 02703 ATTLEBORD 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 City 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 100 NO PAR VAL NOVE

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

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ile Date:	5-10-00 520
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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 begin are true and correct.

3-13-00

Signature of Officer

Date

DAVID SILVIAFrint or Type Name of Officer

PACSIDENT



Title of Officer



2. Name of Corporation

DAVLIN REALTY CORP.

(FORM MUST BE TYPED IN BLACK)

53019

1. Corporate ID No.

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

STOP-PLEASE READ INSTRUCTIONS

3. Street Address Principal Business O	ffice		City	; si	ate 1	* zīp	
470 CENTR	AC AVE	•	· PAWTUC	CKET	R.	02861	
4. Business Phone No.	/	S. State of Incorporation RHODE ISLAND				6. SIC Code <b>5538</b>	
7. Brief Description of the Character o	<b>6</b> f Rusiness Conducted in Rho						,
REAL FOTATE	XpusiNG.	Courpsul					
8. NAMES AND ADDRESS		RS ("X" BOX FOR ATTACHI	MENT) - FILL IN S	PACES BEFOR	E USING ATTACHM	ENTS	1
President Name			Vice President Name				
DAVID SILV	in		LINDA	SILVIA			ŧ
Street Address	DRIVE		Street Municis				
City	State	Zip	City	S	rate	Zip	
ATTEBURO	PIASS	02703					
Secretary Name	•		Treasurer Name				
LINDA SILVI	17		Street Address	SILVIA			-
76 06	11 Danie		Jiret Addition				
City	State	Zip	City	S	late	Zip	+
ATTLEBORO	MASS.	82703					į
9. NAMES AND ADDRESS	ES OF THE DIRECT	ORS ("X" BOX FOR ATTAC		N SPACES BEFO	DRE USING ATTACH	MENTS	1
Director Name			Director Name				
Street Address			Street Address				
						<b>.</b> .	
City	State	Zip	City	S	tate	Zip	
Director Name			Director Name				
Street Address			Street Address			-	'
				_		•	
City	State	Zip	City	S	late	Zip	
10. SHARES AUTHORIZED	("Y" ROX FOR ATTACH	MENT)	11. SHARES IS	SUED (*x* BOX	FOR ATTACHMENT)		,
AUTHORIZED SHARES	i n bon ron attach		ISSUED SHARES				•
Number of Shares	Class/Series	Far Value	Number of Shares	C	lass/Series	Par Value	•
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This report must be signe	<b>d in ink</b> by either	the President, Vice P	resident, Secreta	ry, Assistant S	Secretary, Treasure	, Receiver or Truste	e

 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
Print or Type Name of Officer

PRESIDENT

Title of Officer



James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040

#### 

1998

401-277-3040

(FORM MUST BE TYPED IN BLACK) 1. Carporate ID No. **53019** 2. Name of Corporation DAVLIN REALTY CORP. 3. Street Address Principal Business Office 4. Business Phone No. 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 SILVIA SILVIA LINDA DAUID Street Address Street Address 79 HEMLOCK 02703 ATTLEBORD Secretary Name SILVIA LINDA SILVIA Street Address Zip City State Zip City State 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name **Director Name** Street Address Street Address City City State 210 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)

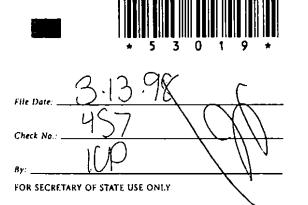
This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

ISSUED SHARES

Number of Shares

NONE

Signature of Officer



Class/Series

Par Value

AUTHORIZED SHARES

100 NO PAR VAL

Number of Shares

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.

Class/Series

Par Value

100

DAVID SILVIA

Print or Type Name of Officer

Tile of Officer



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

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-277-3040

#### PROFIT CORPORATION ANNUAL REPORT 1997

(FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation DAVLIN REALTY CORP. 53019 3. Street Address Principal Business Office CENTRAL AUE 470 6. SIC Gaite 5. State of Incorporation 4. Business Phone No. 5538 (401) 725-6096 **RHODE ISLAND** 7. Bilef Description of the Character of Business Conducted in Rhode Island COMPANY REAL ESTATE HOLDING 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) Vice President Name President Name ロルハロ SILVIA Street Address Street Address HEMLUCIC Zip State City ATTLEBUILD Trensurer Name Secretary Name LINDA Street Address Street Address HEMLOCK DRIVE Zip City City State 02703 ATTLEBORD 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name Director Name Street Address Street Address

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

State

State

AUTI HORIZZED SHARES

City

Clly

Director Name

Street Address

Number of Shares

**100 NO PAR VAL** 

Class/Series

Par Value

Zip

ISSUED SHARES

Director Name

Street Address

City

City

Number of Shares

Class/Series

State

State

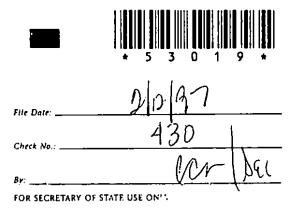
Par Value

Zip

Zip

NONE

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



#### **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	ሰበ

		PLEASE TYPE OR	PRINT IN BLACK INK.		
CORPORATE IO NO.	2, NAME OF CORPORATION			/	
53019	DAVLII	N REALTY CORP.			
STREET ADDRESS PRINCIPAL BUSINESS OF	ά	<del></del>	aty	STATE	120 CODE
470 CENTICAL	. AUE		PAWTUCKET	· R.I.	
USINESS PHONE NO.		5. STATE OF INCORPORATION			€ SIC COOE
(401) 725-609		RHODE I	SLAND		3938
REEF DESCRIPTION OF THE CHARACTER OF	BUSINESS CONDUCTED IN RHOOS	ISLAND	· · · · · · · · · · · · · · · · · · ·	<del></del>	······································
REALTY HO					
SIDENT HAME	8. N A	MES AND ADDE	RESSES OF THE OF VICE PRESIDENT HAVE	FICERS	
	4			A	
DAVID SILVE	4		STREET ADDRESS	576.0174	
19 HEHLOCK	DRIVE	⊅FCOÕĒ	79 ITEHLOCI	STATE	ZIP COOE
79 ITETILOCK ATTLEBORO SOTIARY NAME	MASS	30703			02703
RETARY NAME		1 02 703	ATTLE BURU TREASURER NAME	777733	07/03
LINDA P.					
EET ADDRESS	3/64/74		DIAUID S	ICVI A	
CET AUDITESS			SINCELPOONESS		
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	AUTHORIZED SHARES			ISSUED SHARES	•
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This report must be SIGNED IN INK by either the

President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

		report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.
Cile Deter	111,106	
File Date:	7/1/12	Signature of Officer

Print or Type Name of Officer

PRESIDENT -TREASURER Title of Officer

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

Check No:

Ву:

Far Secretary of State Use Only

# 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 Corporate ID:	A nnus1	Report for the year	1995	
DAVLIN REALTY C	ORP.	report for the yea	41	
Name of Corporation:		siness Entity is (chec	ck one):	National Advisor de Salada de S
For foreign entity, address and telephone number of principal office:  470_CENTERL AVE			tion (See RIGL Chapter 7-1	
PAUTUCKET R.1. 02861		J Professional Servi	ice Corporation (See RIGL (	_napter /-3.1)
Phone: (44) 725-6135		ef statement of the c	haracter of business conduc-	ted in Rhode Island:
Address and telephone of the principal office of business entity in Rho	ode	REALTY_HOU	DINIC COMPANY	
Island (Provide street address - Not P.O. Box):	_		<del></del>	
Phone: ( )				<del></del>
THE NAM	MES OF THE OFI	ICERS ARE:	CITY/STATE	ZIP CODE
		TLE BORD		
DAVID SILVIA 79 HEALOGI STEPRESIDENT LINDA SILVIA 79 HEALO SECRETARY	STREET ADDRESS		CITY/STATE.	ZIPCODE
LINDIA SILVIII 19 IFEMLO SECRETARY	STREET ADDRESS	TTLEBURU	CITYSTATE	02703 ZIPCODE
TREASURER	STREET ADDRESS		CITY/STATE	ZIP CODE
	ES OF THE DIRI	ECTORS ARE:		
NAME	STREET ADDRESS		CITY/STATE	A15 CODE
NAME	STREET ADDRESS		СПУ/STATE	Z.P CODE
NAME.	STREET ADDRESS	· <del>-</del>	CITY/STATE	XIP CODE
NUMBER OF SHARES AUTHORIZED (Rider may be attached)	NUME	BER OF SHARES ISSU	UED AND OUTSTANDING (F	Rider may be attached)
Number of Shares Class / Series	Numb	er of Shares	Class / Series	
100 BOHHOM NO PA	α   <u>_</u>	VENE		
Date	By:	150	Q.	
	PRINT OR TYPE NAME		PRESIDENT	
-cim 31 1/95	TITLE OF CEFFICER SIG	·- <u>-</u>		<del></del>
DESIGNATED REGIST	ERED AGENT FO	<u>DR SERVICE OF</u>	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 0 6 1995

By be 337

#### Filing Fee \$50.00 Payable to: Secretary of State

#### PLEASE TYPE or PRINT

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297 \$50 /B

File Annually LLC Sept. 1 - Nov. 1 CORP. Jun. 1 - March 1

100 North Main Street Providence, Rhode Island 02903-1335 401-277-3040

Corporate ID:	0053019	Annual Report for the year:	1994
Name of Business Ent	ity:	DAVLIN REALTY CORP.	
Federal Taxpayer Identific	under the laws of the State of: Ruccation Number:	Business Corporation (See F.) Professional Service Corpor	ation (See RIGL Chapter 7-5.1) (See RIGL 7-16)
Prione ( )		DAVID SICULA  79 HEALOGE OR.  ATTUENURO, MASS	
Island (Provide street add <u>470</u> CEN	TRAC AUE  T R.1. 0286/	Date of Quairfication to do business in B	4 PH
DAVID SILV	THE COR DO PRES CENTION & DOWN  THE CORD PRES CENTION & DOWN  THE	_	2,7,000. 627,03 7,7,000 2,7,03 2,7,000;
	COLA THE	NAMES OF THE DIRECTORS ARE:  STREET ADDRESS  CITYSTAIL	ZIP CODE.
NAME	·	STREET ADDRESS CONSTATE  STREET AD IRUSS CONSTATE	ZIP CODE.
<del></del> -	S AUTHORIZED (If Applicable)	NUMBER OF SHARES ISSUED AND O	UTSTANDING (If Applicable)
NUMBER /00	: .V	NUMBER CLASS	
SERIES		SERIES	
PAR VALUE OR WITHOUT PAR	VONE	PAR VALUE OR WITHOUT PAR	·-
Date2/24	,, 19 <u>53</u>	By:  DAVID SILVIA  RIST OR TO PE SUME OF OPENCER SIGNING  PRESIDENT  HILLE OF OPTION R S GS SE	
Form 31 - 1/94		TITLE OF DETICUE'S GNISS.	

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: It 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. PAWTUCKET RI 02860 FILED APR 15 1994 EVME59

porate ID			port for the year	<u> </u>
FIRST: The name of	of the corporation is	DAVLIN REA	ALTY CORF.	
SECOND: It is inco	rporated under the laws of	40DE 154	9ND	
	of business, briefly stated, is			HOLDING CU.
FOURTH: If foreign	corporation, address of its princi	pal office		
FIFTH: Business ad	Idress in Rhode Island 470	CLATICAL	HUE PAWI	UCKET RI
SIXTH: Names and	l addresses of its directors and office		ress (including number, stree	(Attach rider if necessary)
	Director			
	Director	,,		
	Director			
DAVID SILV	President	79 HEML	UCK DR. ATT	LEBORO MASS OF
LINDH SILV				
LINDA SILV	Secretary			
	V/A T	11	C	
DAUID 510	V/4 Treasurer	.,,		
* 1 * 1 * * * * * *   * * * * * * * * *	r of Shares authorized:			Par Value or statement that
		Series	tau)	Par Value
SEVENTH: Number	r of Shares authorized:	Series	KAU) MAR 0 3 1902	Par Value or statement that shares are without
SEVENTH: Number	r of Shares authorized:		9 103.3	Par Value or statement that shares are without par value
SEVENTH: Number	r of Shares authorized:		MAR 0 3 1993	Par Value or statement that shares are without par value ////////////////////////////////////
SEVENTH: Number	Class		9 103.3	Par Value or statement that shares are without par value NONG
SEVENTH: Number  No of Shares  / 0 0  EIGHTH: Number of	Class  Common  of Shares issued:	SI	9 103.3	Par Value or statement that shares are without par value ////////// Par Value or statement that shares are without
SEVENTH: Number  No of Shares  / O U  EIGHTH: Number of Shares  / O O	Class  Common  Class  Common  Class  Common	S <i>l</i> Series	FORETURY OF STATE	Par Value or statement that shares are without par value NONG  Par Value or statement that shares are without par value NONE.
SEVENTH: Number  No of Shares  / e U  EIGHTH: Number of Shares	Class  Common  Class  Common  19 93	S <i>l</i> Series	9 103.3	Par Value or statement that shares are without par value NONG  Par Value or statement that shares are without par value NONE.
SEVENTH: Number  No of Shares  / O U  EIGHTH: Number of Shares  / O O	Class  Common  Class  Common  19 93	Series  DAULIN 1	FORETURY OF STATE	Par Value or statement that shares are without par value  // // // //  Par Value or statement that shares are without par value  // // // E.

Corporate ID	00053019.	*******************	An	nual Repo	ort for the ye	ar133	(
First:	The name of the corpo	oration is	DāVA	.INBEA	LIYCORP		
	: It is incorporated ur Character of business,						
17111(1).	Character (7) Callings	<i>-</i>	•				
Fourth	: If foreign corporation	on, address of its p	orincipal offic	e			
<b>Г</b> ІГТ <b>Н</b> :	Business address in Rh	node Island	O CENTI	CAL 1	NE P	PAWTUKE	TRI
Sixth:	Names and addresses	Office			_	er, street, zip code)	ider if necessary)
		Distan	***************************************	**************			
			*******************************			•••••••	***************************************
			_			0-11 ER)	
	O SILVIA				,,	//	CO , HASS. U
	4 SiviA		dent		//	//	((
•	A SILVIA		•••••••	//	<i>j</i> !	//	,,,
DAU	D SILVIA	Treasurer			, <del></del>	· , • ,	
SEVENT	H: Number of Shares	authorized:				Par Va or stateme	
No. of S	Shares /0 0	Class COMMON	ν	Series	i Bar	shares are par va NONE	ilue
Еідитн	t: Number of Shares is	ssued:	Rec'd & Fil	<b>अं</b>	L.	Par Vi or statemi shares are	ent that
No. of S	Shares NONE	Class	Rec'd &	Series		par va	alue
Dated	-EBWARY	. 19 <i>21</i>	Name of Corpora	WE TEL	TALTHITC Sis	20RP,	
(	Report must be signed by ar	officer)	Title Price	51129W	T 7/2	Eiteween	<u> </u>

62110	100 NORTH MAI PROVIDENCE, RHOD	E ISLAND 02903		^	_
Corporate ID 53619		Annual Report	for the year	1991 10	مستعمر
FIRST: The name of the cor	poration is DANLIA	REALTY COR	e P	· · ·	
SECOND: It is incorporated THIRD: Character of busine					
FOURTH: If foreign corpora	tion, address of its princi	pal office			· · · · · ·
FIFTH: Business address in	Rhode Island 4/20.	CENTRAL A	UE, PK	UN (UET	
SIXTH: Names and addresse	es of its directors and offi		cluding number, st	(Attach rider if necess	ary)
	Director				
•	Director .		•••••		
DIRAID 516414	Director .	79 115H60C1	ORIVE,	ATTLE BORO, MA	 55
LINDA SILVIA			······································		
	Vice President .	, "	······································	······································	
LINON SILVIA			t e		· • • • • •
DAZIO SILVIA	Ireasurer .				· • • • •
SEVENTH: Number of Share	Class COMMON	Series		Par Value or statement that shares are without par value	
,,,,,		[PA]	¥	NONE	
		JAN 774	. 19.01		
EIGHTH: Number of Shares	issued:	1 4 PM ( ) 7		Par Value or statement that	
No. of Shares No. No.	Class	Series		shares are without par value	
Dated /- 22-9/		DAULIAI REF	9624 60	RP.	
	By		SEC		•••••
(Report must be signed by	an officer) Title	PRESIDENT/	TREASUR	2018	••••

Corporate ID	0053013		Annual Report for	r the year 1990
FIRST: T	he name of the corporation is	DAVL	IN RESULTY COS	
Second:	It is incorporated under the l	aws of	Q. 1	
Third: (	Character of business, briefly s	tated, is Re	TAL USTATO	<b>=</b>
Fourth:	If foreign corporation, address	es of its principal	office	
Fігтн: В	usiness address in Rhode Islan	nd 470 C	FNTRAL AVE	PANTUCKET
	lames and addresses of its dire	Office		(Attach rider if necessary) ling number, street, zip code)
	Di	rector		
	Di	rector		
DAVID		esident	79 HEMLOCA	OR ATTLEBUNO, MASS
LINDA	SILVIA Vi			
	۶ Se	cretary		
DAVIC	SILVIA Tr	easurer		
Seventh:	Number of Shares authorize	d:		Par Value or statement that
No. of Share	S 100 Class	1900 D	Series	shares are without  NOVE par value
EIGHTH:	Number of Shares issued:		PAID  JAN 25 1997  SCOTY. OF ST	Par Value or statement that shares are without par value
Dated	2Y- 19 FG	(Name of C	CUN REAL) orporation)	oc C
(Rep	ort must be signed by an officer)	Title	PRESIDENT	

Form 31 1/85

## . 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 198	7
FIRST: The name of the corp	oration isDAU	LIN REALTY	wep.	
Second: It is incorporated u	nder the laws of	R.J.		
THIRD: Character of business	s, briefly stated, is	REAL ESTATE	<u> </u>	
FOURTH: If foreign corporation	on, address of its prin	cipal office		
FIFTH: Business address in R	hode Island 470	CENTRAL AC	VE PAWTUCKE	<del>/</del>
SIXTH: Names and addresses	of its directors and of		(Attach ride cluding number, street, zip code)	er if necessary)
	Director			
	Director	.,		
	Director			
DAVID SILVIA	President	79 HEMLOCK	OR. ATTLE BURG	MASS 027
LINDA SINIA	Vice President			
DAVID SILVEA	Treasurer			
SEVENTH: Number of Shares	authorized:		Par Value or statement t shares are with par value	hat tout
No. of Shares 100	Class	Senes DAID		
EiGHTH: Number of Shares is	ssued:	PAID  JAN 25 1  Seng Y. OF	Par Value  STF: or statement t	
No. of Shares NONE	Class	.Sen.C.Y. Or	shares are with par value	10UL
Dated /- 24-	(Na	AVLIN REAL	TY CORP.	
(Report must be signed by an			_	