



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 IN BLACK)

1. Corporate ID No. 10323		2. Name of Corporation 1704 Associates, Inc.			
3. Street Address Principal Business Office 1704 BROAD STREET			City CRANSTON	State RI	Zip 02905
4. Business Phone No. 4017818280		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					
<b>8. NAMES AND ADDRESSES OF THE OFFICERS</b> ( <input checked="" type="checkbox"/> BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Michael C. Artesani, Sr.			Vice President Name None		
Street Address 229 Don Avenue			Street Address .		
City East Providence	State RI	Zip 02916	City .	State .	Zip .
Secretary Name Michael C. Artesani, Sr.			Treasurer Name Michael C. Artesani, Sr.		
Street Address 229 Don Avenue			Street Address 229 Don Avenue		
City East Providence	State RI	Zip 02916	City East Providence	State RI	Zip 02916
<b>9. NAMES AND ADDRESSES OF THE DIRECTORS</b> ( <input checked="" type="checkbox"/> BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Michael C. Artesani, Sr.			Director Name None		
Street Address 229 Don Avenue			Street Address .		
City East Providence	State RI	Zip 02916	City .	State .	Zip .
Director Name None			Director Name None		
Street Address .			Street Address .		
City .	State .	Zip .	City .	State .	Zip .
<b>10. SHARES AUTHORIZED</b> ( <input checked="" type="checkbox"/> BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600	NO PAR VALUE		100	Common	No Par

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



1 0 3 2 3



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.

*Michael C. Artesani* 2/16/05  
Signature of Officer Date  
Michael C. Artesani, Sr.  
Print or Type Name of Officer  
President  
Title of Officer

\*10323 DBC 01/17/05 04:33:18 PM\*  
File Date 2-29-05  
Check No. 1050  
By: [Signature]  
FOR SECRETARY OF STATE USE ONLY





**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. 10323		2. Name of Corporation 1704 Associates, Inc.			
3. Street Address Principal Business Office 1704 Broad Street			City Cranston	State RI	Zip 02905
4. Business Phone No. (401) 781-8280		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					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name William A. Artesani III			Vice President Name Michael C. Artesani		
Street Address 67 Kimberly Lane			Street Address 229 Don Avenue		
City Cranston	State RI	Zip 02921	City East Providence	State RI	Zip 02916
Secretary Name Michael C. Artesani			Treasurer Name Michael C. Artesani		
Street Address 229 Don Avenue			Street Address 229 Don Avenue		
City East Providence	State RI	Zip 02916	City East Providence	State RI	Zip 02916
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Michael C. Artesani			Director Name None		
Street Address 229 Don Avenue			Street Address		
City East Providence	State RI	Zip 02916	City	State	Zip
Director Name William A. Artesani III			Director Name None		
Street Address 67 Kimberly Lane			Street Address		
City Cranston	State RI	Zip 02921	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
600 NO PAR VALUE			100	Common	No Par

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



\* 1 0 3 2 3 \*

File Date 2-17-04  
Check No. 13535  
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.

Michael C. Artesani Feb 4 2004  
Signature of Officer Date  
Michael C. Artesani  
Print or Type Name of Officer  
Vice President  
Title of Officer



**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. **10323** 2. Name of Corporation **1704 Associates, Inc.**  
3. Street Address Principal Business Office **1704 Broad Street** City **Cranston** State **RI** Zip **02905**  
4. Business Phone No. **(401) 781-8280** 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**

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

President Name <b>William A. Artesani III</b>	Vice President Name <b>Michael C. Artesani</b>
Street Address <b>67 Kimberly Lane</b>	Street Address <b>229 Don Avenue</b>
City <b>Cranston</b> State <b>RI</b> Zip <b>02921</b>	City <b>East Providence</b> State <b>RI</b> Zip <b>02916</b>
Secretary Name <b>Michael C. Artesani</b>	Treasurer Name <b>Michael C. Artesani</b>
Street Address <b>229 Don Avenue</b>	Street Address <b>229 Don Avenue</b>
City <b>East Providence</b> State <b>RI</b> Zip <b>02916</b>	City <b>East Providence</b> State <b>RI</b> Zip <b>02916</b>

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

Director Name <b>Michael C. Artesani</b>	Director Name <b>None</b>
Street Address <b>229 Don Avenue</b>	Street Address
City <b>East Providence</b> State <b>RI</b> Zip <b>02916</b>	City State Zip
Director Name <b>William A. Artesani III</b>	Director Name <b>None</b>
Street Address <b>67 Kimberly Lane</b>	Street Address
City <b>Cranston</b> State <b>RI</b> Zip <b>02921</b>	City State Zip

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

AUTHORIZED SHARES	Class/Series	Par Value
<b>600 NO PAR VALUE</b>		

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

ISSUED SHARES	Class/Series	Par Value
<b>100</b>	<b>Common</b>	<b>No Par</b>

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



\* 1 0 3 2 3 \*

File Date: 2/24/03  
Check No.: 12973  
By: [Signature]

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] 2/12/03  
Signature of Officer Date  
**Michael C. Artesani**  
Print or Type Name of Officer  
**Vice President**  
Title of Officer



**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. **10323**  
2. Name of Corporation **1704 Associates, Inc.**  
3. Street Address Principal Business Office  
**1704 Broad Street**  
4. Business Phone No. **(401) 781-8280**  
5. State of Incorporation **RHODE ISLAND**

City **Cranston** State **RI** Zip **02905**  
6. SIC Code **5538**

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**

President Name **William A. Artesani III**  
Street Address **67 Kimberly Lane**  
City **Cranston** State **RI** Zip **02921**

Vice President Name **Michael C. Artesani**  
Street Address **229 Don Avenue**  
City **East Providence** State **RI** Zip **02916**

Secretary Name **Michael C. Artesani**  
Street Address **229 Don Avenue**  
City **East Providence** State **RI** Zip **02916**

Treasurer Name **Michael C. Artesani**  
Street Address **229 Don Avenue**  
City **East Providence** State **RI** Zip **02916**

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

Director Name **Michael C. Artesani**  
Street Address **229 Don Avenue**  
City **East Providence** State **RI** Zip **02916**

Director Name **None**  
Street Address  
City State Zip

Director Name **William A. Artesani III**  
Street Address **67 Kimberly Lane**  
City **Cranston** State **RI** Zip **02921**

Director Name **None**  
Street Address  
City State Zip

**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**  
AUTHORIZED SHARES  
Number of Shares **600 NO PAR VALUE** Class/Series Par Value

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**  
ISSUED SHARES  
Number of Shares **100** Class/Series **Common** Par Value **No Par**

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



File Date: 1-31-02  
Check No.: 4100  
By: [Signature]

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] 1/24/02  
Signature of Officer Date

**Michael C. Artesani**  
Print or Type Name of Officer  
**Vice President**  
Title of Officer



**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. **10323** 2. Name of Corporation **1704 Associates, Inc.**

3. Street Address Principal Business Office **1704 Broad Street** City **Cranston** State **RI** Zip **02905**  
4. Business Phone No. **(401) 781-8280** 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**

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

<b>President Name</b> <b>William A. Artesani III</b>	<b>Vice President Name</b> <b>Michael C. Artesani</b>
<b>Street Address</b> <b>67 Kimberly Lane</b>	<b>Street Address</b> <b>535 Wayland Avenue</b>
<b>City</b> <b>Cranston</b> <b>State</b> <b>RI</b> <b>Zip</b> <b>02921</b>	<b>City</b> <b>Providence</b> <b>State</b> <b>RI</b> <b>Zip</b> <b>02906</b>
<b>Secretary Name</b> <b>Michael C. Artesani</b>	<b>Treasurer Name</b> <b>Michael C. Artesani</b>
<b>Street Address</b> <b>535 Wayland Avenue</b>	<b>Street Address</b> <b>535 Wayland Avenue</b>
<b>City</b> <b>Providence</b> <b>State</b> <b>RI</b> <b>Zip</b> <b>02906</b>	<b>City</b> <b>Providence</b> <b>State</b> <b>RI</b> <b>Zip</b> <b>02906</b>

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

<b>Director Name</b> <b>Michael C. Artesani</b>	<b>Director Name</b> <b>None</b>
<b>Street Address</b> <b>535 Wayland Avenue</b>	<b>Street Address</b> <b></b>
<b>City</b> <b>Providence</b> <b>State</b> <b>RI</b> <b>Zip</b> <b>02906</b>	<b>City</b> <b></b> <b>State</b> <b></b> <b>Zip</b> <b></b>
<b>Director Name</b> <b>William A. Artesani III</b>	<b>Director Name</b> <b>None</b>
<b>Street Address</b> <b>67 Kimberly Lane</b>	<b>Street Address</b> <b></b>
<b>City</b> <b>Cranston</b> <b>State</b> <b>RI</b> <b>Zip</b> <b>02921</b>	<b>City</b> <b></b> <b>State</b> <b></b> <b>Zip</b> <b></b>

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

**AUTHORIZED SHARES**

<b>Number of Shares</b>	<b>Class/Series</b>	<b>Par Value</b>
<b>600 NO PAR</b>		

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

**ISSUED SHARES**

<b>Number of Shares</b>	<b>Class/Series</b>	<b>Par Value</b>
<b>100</b>	<b>Common</b>	<b>No Par</b>

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



\* 1 0 3 2 3 \*

File Date: 3-12-01  
Check No.: 3979  
By: [Signature]

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.

Michael C. Artesani 3/7/01  
Signature of Officer Date  
**Michael C. Artesani**  
Print or Type Name of Officer  
**Vice President**  
Title of Officer



**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. **10323** 2. Name of Corporation **1704 Associates, Inc.**  
3. Street Address Principal Business Office  
**1704 Broad Street** City **Cranston** State **RI** Zip **02905**  
4. Business Phone No. **(401) 781-8280** 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**

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

President Name <b>William A. Artesani III</b>	Vice President Name <b>Michael C. Artesani</b>
Street Address <b>67 Kimberly Lane</b>	Street Address <b>535 Wayland Avenue</b>
City State Zip <b>Cranston RI 02921</b>	City State Zip <b>Providence RI 02906</b>
Secretary Name <b>Michael C. Artesani</b>	Treasurer Name <b>Michael C. Artesani</b>
Street Address <b>535 Wayland Avenue</b>	Street Address <b>535 Wayland Avenue</b>
City State Zip <b>Providence RI 02906</b>	City State Zip <b>Providence RI 02906</b>

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

Director Name <b>Michael C. Artesani</b>	Director Name <b>None</b>
Street Address <b>535 Wayland Avenue</b>	Street Address
City State Zip <b>Providence RI 02906</b>	City State Zip
Director Name <b>William A. Artesani III</b>	Director Name <b>None</b>
Street Address <b>67 Kimberly Lane</b>	Street Address
City State Zip <b>Cranston RI 02921</b>	City State Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)	11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)
AUTHORIZED SHARES	ISSUED SHARES
Number of Shares	Number of Shares
Class/Series	Class/Series
Par Value	Par Value
<b>600 NO PAR</b>	<b>100 Common No Par</b>

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



\* 1 0 3 2 3 \*

File Date: 2/22/00  
Check No.: 3846  
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.

Michael C. Artesani 2/14/00  
Signature of Officer Date  
**Michael C. Artesani**  
Print or Type Name of Officer  
**Vice President**  
Title of Officer



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. **10323** 2. Name of Corporation **1704 Associates, Inc.**  
3. Street Address Principal Business Office  
**1704 Broad Street** City **Cranston** State **RI** Zip **02905**  
4. Business Phone No. **(401) 781-8280** 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**

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

President Name **William A. Artesani III**  
Street Address **67 Kimberly Lane**  
City **Cranston** State **RI** Zip **02921**

Vice President Name **Michael C. Artesani**  
Street Address **535 Wayland Avenue**  
City **Providence** State **RI** Zip **02906**

Secretary Name **Michael C. Artesani**  
Street Address **535 Wayland Avenue**  
City **Providence** State **RI** Zip **02906**

Treasurer Name **Michael C. Artesani**  
Street Address **535 Wayland Avenue**  
City **Providence** State **RI** Zip **02906**

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

Director Name **Michael C. Artesani**  
Street Address **535 Wayland Avenue**  
City **Providence** State **RI** Zip **02906**

Director Name **None**  
Street Address  
City State Zip

Director Name **William A. Artesani III**  
Street Address **67 Kimberly Lane**  
City **Cranston** State **RI** Zip **02921**

Director Name **None**  
Street Address  
City State Zip

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

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
**600 NO PAR**

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

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**100 Common No Par**

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



\* 1 0 3 2 3 \*

File Date: Feb 22, 99

Check No.: 3730

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.

Michael C. Artesani 2/14/99  
Signature of Officer Date

**Michael C. Artesani**  
Print or Type Name of Officer

**Vice President**  
Title of Officer

Filing Fee: \$50.00

To be filed annually between  
September 1 and November 1

**State of Rhode Island and Providence Plantations**

Office of the Secretary of State  
Corporation Division  
100 North Main Street  
Providence, RI 02903-1335

**LIMITED LIABILITY COMPANY**

LLC I.D.# 84077

Annual Report for the year 1996

**FIRST:** The name of the limited liability company is: **1704 ASSOCIATES, II, LLC**

**SECOND:** The address of the principal office of the limited liability company is:

1704 Broad Street, Cranston, RI 02905

**THIRD:** The state or other jurisdiction under the laws of which it is formed is: **Rhode Island**

**FOURTH:** The name and address of its resident agent is:

Jonathan V. Kalander, Esq., Reale & Kalander, Ltd.

146 Westminster Street, Providence, RI 02903

**FIFTH:** The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are:

William A. Artesani, III

1704 Broad Street, Cranston, RI 02905

**SIXTH:** A brief statement of the character of the business in which the corporation is actually engaged in this state:

This company was formed for the purposes of acquiring, developing, leasing and dealing in real property and for engaging in any business permitted under the Act which the Members deem desirable or expedient.

Dated 10/31, 19 96

1704 Associates, II, LLC

*Exact Name of Limited Liability Company*

File Date:	<u>10/31/96</u>
Check No:	<u>1095</u>
By:	<u>[Signature]</u>
For Secretary of State Use Only	

\*By [Signature]  
\*To be signed in the manner required by the home state.

Title member

**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 10323  
2 NAME OF CORPORATION 1704 Associates, Inc.  
3 STREET ADDRESS PRINCIPAL BUSINESS OFFICE 1704 Broad Street  
CITY Cranston STATE RI ZIP CODE 02905  
4 BUSINESS PHONE NO (401) 781-8280  
5. STATE OF INCORPORATION RHODE ISLAND  
8. SIC CODE 5538

7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED BY RHODE ISLAND

Real estate holding

8. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME William A. Artesani III			VICE PRESIDENT NAME Michael C. Artesani		
STREET ADDRESS 67 Kimberly Lane			STREET ADDRESS 535 Wayland Avenue		
CITY Cranston	STATE RI	ZIP CODE 02921	CITY Providence	STATE RI	ZIP CODE 02906
SECRETARY NAME Michael C. Artesani			TREASURER NAME Michael C. Artesani		
STREET ADDRESS 535 Wayland Avenue			STREET ADDRESS 535 Wayland Avenue		
CITY Providence	STATE RI	ZIP CODE 02906	CITY Providence	STATE RI	ZIP CODE 02906

9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME Michael C. Artesani			DIRECTOR NAME None		
STREET ADDRESS 535 Wayland Avenue			STREET ADDRESS		
CITY Providence	STATE RI	ZIP CODE 02906	CITY	STATE	ZIP CODE
DIRECTOR NAME William A. Artesani III			DIRECTOR NAME None		
STREET ADDRESS 67 Kimberly Lane			STREET ADDRESS		
CITY Cranston	STATE RI	ZIP CODE 02921	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
600	NO PAR		100	Common	No Par

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: 2/20/96

Check No: 3396

By: n C.F.  
For Secretary of State Use Only

*Michael C. Artesani*  
Signature of Officer

Michael C. Artesani  
Print or Type Name of Officer

Vice President  
Title of Officer  
2/13/96  
Date



**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: 0010325 Annual Report for the year: 1995

Name of Corporation: 1704 Associates, Inc.

Business entity organized under the laws of the State of: RI  
 For foreign entity, address and telephone number of principal office:  
 Business Entity is (check one):  
 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):  
1704 Broad Street  
Cranston, RI 02905  
 Phone: ( 401 ) 781-8280  
 Brief statement of the character of business conducted in Rhode Island:  
Real Estate Holding

**THE NAMES OF THE OFFICERS ARE:**

PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>William A. Artesani III</u> VICE PRESIDENT	<u>67 Kimberly Lane</u>	<u>Cranston, RI</u>	<u>02921</u>
<u>Michael C. Artesani</u> SECRETARY	<u>535 Wayland Avenue</u>	<u>Providence, RI</u>	<u>02906</u>
<u>Michael C. Artesani</u> TREASURER			
<u>Michael C. Artesani</u>			

**THE NAMES OF THE DIRECTORS ARE:**

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>Michael C. Artesani</u>			
<u>William A. Artesani III</u>			

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>600</u>	<u>Common</u>	<u>100</u>	<u>Common</u>

**FILED**  
**FEB 15 1995**  
 BY CPH 30-3070

Date February 8, 19 95  
 By: Michael C. Artesani  
 Michael C. Artesani  
 VICE PRESIDENT

**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.

MARK A. CHARLESON  
 170 WESTMINSTER STREET, SUITE 700  
 PROVIDENCE RI 02908

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

File Annually  
LLC Sept 1 - Nov 1  
CORP Jan 1 - March 1

Corporate ID: 0010523 Annual Report for the year 1994

Name of Business Entity: 1704 Associates, Inc.

Business entity organized under the laws of the State of RI

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)

1704 Broad Street  
Cranston, RI 02905

Phone: 401 781-8280

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

Mark A. Charleson, Esq.  
170 Westminster Street, Suite 700  
Providence, RI 02903

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

Real Estate Holding

Date of Organization: 05/24/74 4/29/84 (76)

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"/> PRESIDENT (INCORP)	<u>67 Kimberly Lane</u>	<u>Cranston, RI</u>	<u>02906</u>
<input type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input checked="" type="checkbox"/> VICE PRESIDENT (INCORP)	<u>535 Wayland Ave.</u>	<u>Providence, RI</u>	<u>02906</u>
<input type="checkbox"/> CLERK OF RECORDS OR <input checked="" type="checkbox"/> SECRETARY (INCORP)	<u>Michael C. Artesani</u>	<u>Providence, RI</u>	<u>02906</u>
<input type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input checked="" type="checkbox"/> PRESIDENT (CORP)	<u>Michael C. Artesani</u>	<u>Providence, RI</u>	<u>02906</u>

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>Michael C. Artesani</u>	<u>Providence, RI</u>	<u>02906</u>	<u>02906</u>
<u>William A. Artesani III</u>	<u>Providence, RI</u>	<u>02906</u>	<u>02906</u>

NUMBER OF SHARES AUTHORIZED (If Applicable)		NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)	
NUMBER	CLASS	NUMBER	CLASS
<u>600</u>	<u>Common</u>	<u>100</u>	<u>Common</u>
			<u>By <u>299076</u></u>
			<u>MAR 01 1994</u>

Date Feb 24 1994 By Michael C. Artesani  
\_\_\_\_\_  
Michael C. Artesani  
VICE PRESIDENT

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

MARK A. CHARLESON  
170 WESTMINSTER STREET, SUITE 700  
PROVIDENCE RI 02903

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 0010323 Annual Report for the year 1993

FIRST: The name of the corporation is 1704 Associates, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is real estate holding

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 1704 Broad Street, Cranston, RI 02905

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

Name	Office	Address (including number, street, zip code)
<u>Michael C. Artesani</u>	<u>Director</u>	<u>535 Wayland Ave., Providence, RI</u>
<u>William A. Artesani III</u>	<u>Director</u>	<u>67 Kimberly Lane, Cranston, RI</u>
	<u>Director</u>	
<u>William A. Artesani III</u>	<u>President</u>	
<u>Michael C. Artesani</u>	<u>Vice President</u>	
<u>Michael C. Artesani</u>	<u>Secretary</u>	
<u>Michael C. Artesani</u>	<u>Treasurer</u>	

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>600</u>	<u>common</u>		<u>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>100</u>	<u>common</u>		<u>without par value</u>

Rec'd & Filed MAR 12 1993  
*W.A. Artesani III*

Dated 3/8 19 93

1704 Associates, Inc.  
(Name of Corporation)

By *William A. Artesani III*  
William A. Artesani III

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

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Michael C. Artesani	Director	535 Wayland Avenue, Providence, RI
William A. Artesani III	Director	67 Kimberly Lane, Cranston, RI
	Director	
William A. Artesani III	President	
Michael C. Artesani	Vice President	
Michael C. Artesani	Secretary	
Michael C. Artesani	Treasurer	

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
600	common		without par value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	common		without par value

*cert # 77805*  
**PAID**  
**MAR - 3 1992**  
**SECY OF STATE**

Dated Feb 24 19 92

1704 ASSOCIATES, INC.  
(Name of Corporation)

By *William A. Artesani III*  
Title President

(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

57

Corporate ID 0010323 Annual Report for the year 1991

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Michael C. Artesani	Director	535 Wayland Avenue, Providence, RI
William A. Artesani III	Director	67 Kimberly Lane, Cranston, RI
	Director	
William A. Artesani III	President	
Michael C. Artesani	Vice President	
Michael C. Artesani	Secretary	
Michael C. Artesani	Treasurer	

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
600	common		without par value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	common		without par value

PAID  
FEB 20 1991  
CORPORATE DIVISION

Dated 1-29 19 91

1704 ASSOCIATES, INC.  
(Name of Corporation)

By [Signature]  
William A. Artesani III  
Title President

(Report must be signed by an officer)

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

*AT*

Corporate ID 0010323 Annual Report for the year 1990

FIRST: The name of the corporation is 1704 Associates, Inc

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Michael C. Artesani	Director	535 Wayland Ave., Providence, R.I.
William A. Artesani, III	Director	67 Kimberly Lane, Cranston, RI
	Director	
William A. Artesani, III	President	
Michael C. Artesani	Vice President	
Michael C. Artesani	Secretary	
Michael C. Artesani	Treasurer	

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
600	Common		without par value

**PAID**

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value

FEB 23 1990  
SECY. OF STATE

Dated February 26 19 90

1704 ASSOCIATES, INC.  
(Name of Corporation)

By *William A. Artesani, III*  
William A. Artesani, III  
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 0010323 Annual Report for the year 1989

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THIRD: Character of business, briefly stated, is real estate holding

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

FIFTH: Business address in Rhode Island 1704 Broad Street, Cranston, RI 02905

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

Name	Office	Address (including number, street, zip code)
Michael C. Artesani	Director	72 Betsy Williams Drive, Cranston, RI
William A. Artesani, III	Director	67 Kimberly Lane, Cranston, RI
	Director	
William A. Artesani, III	President	
Michael C. Artesani	Vice President	
Michael C. Artesani	Secretary	
Michael C. Artesani	Treasurer	

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
600	common	PAID	without par value

FEB 21 1989

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	common	SECY OF STATE	without par value

Dated February 17 19 89

1704 Associates, Inc.  
(Name of Corporation)

By

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  
270 WESTMINSTER MALL  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 10323 Annual Report for the year 1988

FIRST: The name of the corporation is 1704 Associates, Inc.

SECOND: It is incorporated under the laws of Rhode Island

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

FIFTH: Business address in Rhode Island 1704 Broad Street, Cranston, RI 02905

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

Name	Office	Address (including number, street, zip code)
Michael C. Artesani	Director	72 Betsy Williams Drive, Cranston, RI
William A. Artesani, III	Director	67 Kimberly Lane, Cranston, RI
	Director	
William A. Artesani, III	President	
Michael C. Artesani	Vice President	
Michael C. Artesani	Secretary	
Michael C. Artesani	Treasurer	

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
600	common	PAID	without par value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	common		without par value

Dated February 19 88..

1704 ASSOCIATES, INC.

(Name of Corporation)

By Michael C. Artesani

Title V. Pres

(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  
270 WESTMINSTER MALL  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 10323 Annual Report for the year 1987

FIRST: The name of the corporation is 1704 Associates, Inc.

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

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Name	Office	Address (including number, street, zip code)
Michael C. Artesani	Director	72 Betsy Williams Drive, Cranston, RI
William A. Artesani, III	Director	67 Kimberly Lane, Cranston, RI
	Director	
William A. Artesani, III	President	Same as above
Michael C. Artesani	Vice President	Same as above
Michael C. Artesani	Secretary	
Michael C. Artesani	Treasurer	

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
600	Common		Without Par Value

EIGHTH: Number of Shares issued: SECRETARY OF STATE

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	Common		Without Par Value

Dated January 23, 19 87

1704 ASSOCIATES, INC.

(Name of Corporation)

By Michael C. Artesani

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  
270 WESTMINSTER MALL  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 10323 Annual Report for the year 1986

FIRST: The name of the corporation is 1704 Associates, Inc.

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	Director	
William A. Artesani, III	President	
Michael C. Artesani	Vice President	
Michael C. Artesani	Secretary	
Michael C. Artesani	Treasurer	

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
600	Common		No Par Value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	Common		No Par Value

MAR 19 1986

02/10/86 FAT

Dated January 20, 1986

1704 ASSOCIATES, INC.  
(Name of Corporation)

By Michael C. Artesani

Title 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  
270 WESTMINSTER MALL  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 10323 Annual Report for the year 1985

FIRST: The name of the corporation is 1704 Associates, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is real estate holding

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 1704 Broad Street, Cranston, RI

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

Name	Office	Address (including number, street, zip code)
<u>Michael C. Artesani</u>	<u>Director</u>	<u>72 Betsy Williams Dr., Cranston, R.I. 02905</u>
<u>William A. Artesani, III</u>	<u>Director</u>	<u>67 Kimberly Lane Cranston, R.I. 02920</u>
	<u>Director</u>	
<u>William A. Artesani III</u>	<u>President</u>	<u>same as above</u>
<u>Michael C. Artesani</u>	<u>Vice President</u>	<u>same as above</u>
<u>Michael C. Artesani</u>	<u>Secretary</u>	<u>same as above</u>
<u>Michael C. Artesani</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>-600-</u>	<u>Common</u>		<u>No Par Value</u>

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>-100-</u>	<u>Common</u>		<u>No Par Value</u>

Dated February 22, 19 85

1704 ASSOCIATES, INC.

(Name of Corporation)

By Michael C. Artesani

Vice-President

Title

(Report must be signed by an officer)