



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. 117423		2. Name of Corporation River Run Development Company			
3. Street Address Principal Business Office 573 MENDON ROAD			City CUMBERLAND	State RI	Zip 02864-
4. Business Phone No. 4013339520		5. State of Incorporation RHODE ISLAND		6. SIC Code 5710	
7. Brief Description of the Character of Business Conducted in Rhode Island TO OWN, HOLD, LEASE, MORTGAGE, BUY, SELL, MANAGE AND DEVELOP REAL ESTATE					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Thomas E McNulty			Vice President Name Thomas E. McNulty		
Street Address 573 Mendon Road, Suite 1			Street Address 573 Mendon Road, Suite 1		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
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) <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
8,000	NO PAR VALUE		0		

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.

Thomas E. McNulty 2-28-05
Signature of Officer Date
Thomas E. McNulty
Print or Type Name of Officer
President
Title of Officer

117423 DBC 02/18/05 09:10 PM

FILED

File Date: MAY 16 2005 6:28

Check No. _____

By: *LB*

FOR SECRETARY OF STATE USE ONLY

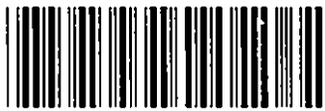


PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 117423		2. Name of Corporation River Run Development Company			
3. Street Address Principal Business Office 573 Menden Rd Ste 1			City Cumberland	State RI	Zip 02864
4. Business Phone No. 401 333 9520		5. State of Incorporation RHODE ISLAND			6. SIC Code 5710
7. Brief Description of the Character of Business Conducted in Rhode Island TO OWN, HOLD, LEASE, MORTGAGE, BUY, SELL, MANAGE AND DEVELOP REAL ESTATE					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Thomas E. McNulty			Vice President Name Thomas E. McNulty		
Street Address 573 Menden Rd Ste 1			Street Address 573 Menden Rd Ste 1		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
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) <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
8,000 NO PAR VALUE			0		

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



* 1 1 7 4 2 3 *

File Date 2/18
Check No. 200
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.

Thomas E. McNulty 2/11/04
Signature of Officer Date
Thomas E. McNulty
Print or Type Name of Officer
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. **117423**
2. Name of Corporation **River Run Development Company**
3. Street Address Principal Business Office
573 Mendon Rd suite 1
4. Business Phone No. **401-333-9520**
5. State of Incorporation **RHODE ISLAND**
7. Brief Description of the Character of Business Conducted in Rhode Island
Subdividers - developers

City **Cumberland** State **RI** Zip **02864**
6. SIC Code **5710**

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

President Name **Thomas E. McNulty**
Street Address **573 Mendon Rd**
City **Cumberland** State **RI** Zip **02864**
Secretary Name **Thomas E. McNulty**
Street Address **573 Mendon Rd**
City **Cumberland** State **RI** Zip **02864**

Vice President Name **Thomas E. McNulty**
Street Address **573 Mendon Rd**
City **Cumberland** State **RI** Zip **02864**
Treasurer Name **Thomas E. McNulty**
Street Address **573 Mendon Rd**
City **Cumberland** State **RI** Zip **02864**

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

Director Name
Street Address
City State Zip
Director Name
Street Address
City State Zip

Director Name
Street Address
City State Zip
Director Name
Street Address
City State Zip

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

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

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

ISSUED SHARES
Number of Shares Class/Series Par Value
0

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



* 1 1 7 4 2 3 *

File Date: **4-3-03**
Check No.: **170**
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 of Officer **[Signature]** Date **3-20-03**
Print or Type Name of Officer **Thomas E. McNulty**
Title of Officer **President**



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. **117423** 2. Name of Corporation **River Run Development Company**
3. Street Address Principal Business Office **573 Mendon Road** City **Cumberland** State **RI** Zip **02864**
4. Business Phone No. 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **5710**

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

hold, own, buy, sell, manage and develop real estate

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

President Name Thomas E. McNulty	Vice President Name
Street Address 573 Mendon Road	Street Address
City Cumberland State RI Zip 02864	City State Zip
Secretary Name Thomas E. McNulty	Treasurer Name Thomas E. McNulty
Street Address Same	Street Address Same
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 Thomas E. McNulty	Director Name Robert A. Manney
Street Address 573 Mendon Road	Street Address Same
City Cumberland State RI Zip 02864	City State Zip
Director Name Francis R. Foley, Jr.	Director Name
Street Address Same	Street Address
City State Zip	City State Zip

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

AUTHORIZED SHARES	Class/Series	Par Value
8,000 NO PAR VALUE		

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

ISSUED SHARES	Class/Series	Par Value
300	No Par Value	

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



* 1 1 7 4 2 3 *

FILED

File Date: **MAR 04 2002**

Check No. **By CAM 2002**

By: _____

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 **Thomas E. McNulty** Date **2-22-02**

Thomas E. McNulty
Print or Type Name of Officer

President
Title of Officer