

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

Form 630 Rev. 12/03

2005

ence, ki 02905-1335 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR _____

Filing Period: January 1 - March 1 💎 🔹 Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 109824 Industrial Realty Corp. 3 Street Address Principal Business Office City 915 Smith Street Providence RI 02908 4 Business Phone No. 5. State of Incorporation 6. SIC Code 331-2600 RHODE ISLAND 7. Brief Description of the Character of Business Conducted in Rhode Island GENERAL CONSTRUCTION BUSINESS. 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) \Box FILL IN SPACES REFORE USING ATTACHMENTS President Name Vice President Name Bernice Tudino Bernice Tudino Street Address Street Address 1615 Smith St. 1615 Smith St. State State 02911 No. Prov. RI No. Prov. 02911 Secretary Mania Bernice Tudino Bernice Tudino Street Address Street Address 1615. Smith St. 1615 Smith St. City State No. Prov. RΙ 02911 No. Prov. 02911 RΙ Director Name Street Address Street Address State Zip City State Zip Director Name Street Address Street Address State City Zip. State 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 1,000 NO PAR VALUE 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 Signature of Officer Bernice Tudino Print or Type Name of Officer President FOR SECRETARY OF STATE USE ONLY

Title of Officer



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

Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222.3040

Filing Period: January 1 (FORM MUST BE TYPED OR		Illing Fee: \$50.00			
1 Corporate ID No.	2. Name of Corpor	ation			
109824	Industrial R	ealty Com.	= -		
3. Street Address Principal Busi	ness Office	, ,	City	State	Zip
915 Smith Stre	et		Providence	RI	02908
		5 State of Incorporation	n		G. SIC Code
_331-2600 7. Brief Description of the Chan	actes of Business Conducto	RHODE ISLANG		-	
GENERAL CONSTR	•	a in Rodae Mana			
		ERS: ("X" BOX FOR AT	TACHMENT) □ FILL IN SP	ACES BEFORE USIN	G ATTACHMENTS
President Name			Vice President Name		
Bernice Tudino			Bernice Tudino		
Street Address 1615 Smith St.			Street Address 1615 Smith St.		
City	State	Z.ip 0.2011	City	State RI	Zip 02911
No. Prov.	RI	02911	No. Prov.		
Secretary Name			Treasurer Name		
Bernice Tudino			Bernice Tudino		
Street Address			Street Address 1615 Smith St.		
1615 Smith St.	Store	7/1.		Te	9%
No. Prov.	State RI	<i>Ζιμ</i> 02911	No. Prov.	State RI	$\frac{z_{ip}}{02911}$
		TORS: ("X" BOX FOR A	:		 ING ATTACHMENTS
Director Name			Director Name		
1	NONE.				
Sirvei Address			Street Address		
Guy	State	Zip	City	State	Zip
·		<u> </u>			
Director Name		***************************************	Director Name		
	<u>.</u>				
Street Address			Street Address		
City	State	Zip	City	State	Zip
·····]5	\(\frac{1}{2}\)	City	Jimes.	··4·
10. SHARES AUTHORIZ	i ED <i>("X" BOX FOR</i> :	I ATTACHMENT) □	: 11. SHARES ISSUED (*)	 (" BOX FOR ATTAC	 HMENT) ∏
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Scries	Par Value
			·		
1,000 NO PAR VALUE			100	Common	No Par
		.			
					. l <u> </u>
This report must	be signed in ink by	either the President, Vice	President, Secretary, Assistant	Secretary, Treasurer	. Receiver or Trustee
					that I have examined this r
· · · · · · · · · · · · · · · · · · ·	1-0-9-8-2	** *			atements, and that all state
	-mwED		contained herein are to	mo , ·	,1.1.
File DateRE	CEINER			e dudich	1/3/04
Check Ma			Signature of Officer		Date
Check No.	N-0-5 , ZUU* → 0	rt	Bern:	ice Tudino	
1105_1			Print or Type Name of Officer		
BY		_	President		
FOR SECRETARY C	OF STATE USE ONLY		Title of Officer		

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

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

I. Carporate ID No.

AUTHORIZED SHARES

1,000 NO PAR VALUE

Number of Shares

2. Name of Corporation

109824 3. Street Address Principal Business Offi	Industrial Rea	alty Corp.	City	State		Zip
•			Providence	311116	RI	02908
915 Smith St. 4. Business Phone No.		5. State of Incorporation	riovidence		K.	6. SIC Code
331-2600 7. Brief Description of the Gharacter of i	Business Conducted in	RHODE ISLAND				0
Real estate.						
B. NAMES AND ADDRESSES President Name	S OF THE OFFIC	CERS (*X* BOX FOR ATTAC	HMENT) FILL IN SPACES BE Vice President Name	FORE US	ING ATTACH!	MENTS
Bernice Tudino			Bernice Tudino			
1615 Smith St.			1615 Smith St			
City	State	Zip	City	State		Zip
No. Prov.	RI	02911	No. Prov.		RI .	02911
Secretary Name			Treasurer Name			
Bernice Tudino Street Address			Bernice Tudino Street Address			
1615 Smith St.			1615 Smith St.			
City	State	Zip	City	State		Zip
No. Prov.	RI	02911	No. Prov.		RI	02911
9. NAMES AND ADDRESSES Director Name	S OF THE DIRE	CTORS ("X" BOX FOR ATT	ACHMENT) FILL IN SPACES I Director Name	BEFORE	USING ATTAC	HMENTS
None.						
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 CHAREC AUTHORIZED /	***	COVENT	11 CHADEC ISSUED /eye	BUX EUR	ATTACISMENT)	-

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

	* 1 0 9 8 2 4 *
File Date:	1.24.03
Check No.:	325
Ву:	W .
FOR SECRETARY OF	STATE USE ONLY

Class/Series

Par Value

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

Common

Bernier Tudiris 1/7/03
Signature of Officer Date

R_	rnica	Tudino-	
Print or	Type Name	of Officer	

President_

No Par

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)

1. Corporate ID No.

2. Name of Corporation

109824

Industrial Realty Corp.

3. Street Address Principal Business Office

915 Smith Street

RI

02908

4. Business Phone No.

5. State of Incorporation

6. SIC Code

331-2600

RHODE ISLAND

0

7. Bilef Description of the Character of Business Conducted in Rhade Island

Real estate.

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

President Name Bernice Tudino

Street Address

1615 Smith St.

Bernice Tudino

1615 Smith St.

Secretary Name

Street Address

City

City

City

No. Prov.

State RI 2.10 02911 Vice President Name

Bernice Tudino

Providence

Street Address

1615 Smith St.

City No. Prov. State RΙ

02911

Treasurer Name

Bernice Tudino

Street Address

1615 Smith St.

No. Prov.

RI

02911

No. Prov.

RI

02911

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

Director Name

NONE.

Street Address

Director Name

Street Address

Street Address

State

ZIP

City

State

Zip

Director Name

Street Address

State

City

State

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

AUTHORIZED SHARES

1,000 NO PAR VALUE

Number of Shares

Class/Series

Par Value

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

Par Value

100

Number of Shares

Class/Series Common

No Par

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



File Date: _

Check No.: .

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

<u>Bernice_Tudino</u>

Print or Type Name of Officer President

Title of Officer

Form 630 12/01

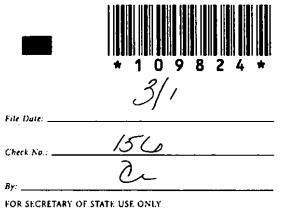
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001 Filing Period: January 1-March 1 • Filing Fee: \$50.00

STOP PIE WI. READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK) 3. Street Address Principal Business Office City State Zip 915 Smith Street Providence R.I. 02908 6. SIC COC 4. Business Phone No. 401 331-2600 7. Brief Description of the Character of Business Conducted in Rhode Island Real Estate 8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name . Vice President Name Bernice Tudino Bernice Tudino Street Address Street Address 1615 Smith Street 1615 Smith Street City No. Providence R.I. 02911 No. Providence R.I. 02911 Secretary Name Treasurer Name Bernice Tudino Bernice Tudino Street Address 1615 Smith Street 1615 Smith Street City City No. Providence R.I. 02911 No. Providence R.I. 02911 9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name NONE Street Address Street Address City 210 Zip Director Name Director Name Street Address Street Address City City State Zip State Zip 10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES DSUED SHARES Number of Shares Number of Shares Cluss/Series Far Value Class/Series Par Value 1,000 NO PAR VALUE 100

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.

Bernice Tuding 2-28-01

BERNICE Tudino

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

Filing Period: January (FORM MUST BE TYPED IN BLAC		Filing Fee: \$50.00			TXXIRL C II
1. Corporate ID No. 1.09824	2. Name of Corpor	otion strial Realty Co	rp.	-	
3. Street Address Principal Business C 915 Smith Street		•	city Providence	State RI	zip 02908
4. Business Phone No. (401) 331-2600		S. State of Incorporation Rhode			6. SIC Code
7. Brief Description of the Character Real estate.	of Business Conducted	in Rhode Island			
8. NAMES AND ADDRESS President Name Bernice Tudino	ES OF THE OF	FICERS (*X* BOX FOR ATTA	ACHMENT) Vice President Name Bernice Tudino		
Street Address 1615 Smith Street			Street Address 1615 Smith St.		
chy No. Prov.	State RI	zıp 02908	City No. Prov.	State RI	^{Zip} 02908
Secretary Name Bernice Tudino			Treasurer Name Bernice Tudino		
Street Address 1615 Smith Street			Street Address 1615 Smith St.		
city No. Prov.	State RI	žip 02908	No. Prov.	State RI	21p 02908
9. NAMES AND ADDRESS Director Name		RECTORS ("X" BOX FOR A	TTACHMENT) Director Name	•	
NONE . Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	Clly	State	Zip
10. SHARES AUTHORIZES	O ("X" BOX FOR AT	TTACHMENT)	11. SHARES ISSUED ('X' . ISSUED SHARES	BOX FOR ATTACHMEN	r) ·
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1000	Common	No Par			
This report must be sign	ed in ink by ei	ther the President, Vic	re President, Secretary, Assista	nt Secretary, Treas	urer, Receiver or Tru

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and

> 8/10/00 Date

	that all statements contained herein are true and correct.		
File Date: PAID ()	Berne Tuders	8/10/0	
, AID MED	Signature of Officer	Date	
Check No.: AUG 1 1 2000	President		
2000	Print or Type Name of Officer		
FOR SECRETARY OF STATE OF STATE OF STATE			
FOR SECKETARY OF STATE ASS. ONLY A LE	Title of Officer		