



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) 222-3010

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)

Form with sections: 1. Corporate ID No. (53025), 2. Name of Corporation (C. H. A. Holding Company), 3. Street Address (14 Lopez Street), 4. City (Providence), 5. State (RI), 6. Zip (02908), 7. Business Phone No. (331-2720), 8. State of Incorporation (RHODE ISLAND), 9. SIC Code (5538), 8. NAMES AND ADDRESSES OF THE OFFICERS (Allan Goldberg), 9. NAMES AND ADDRESSES OF THE DIRECTORS (none), 10. SHARES AUTHORIZED (100 NO PAR VALUE), 11. SHARES ISSUED (50 common no par value)

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



FILED
File Date FEB 24 2005 268
Check No.
By KB
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: Allan Goldberg
Date: 2/16/05
Print or Type Name of Officer: Allan Goldberg
Title of Officer: President



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 53025		2. Name of Corporation C. H. A. Holding Company			
3. Street Address Principal Business Office 14 Lopez Street			City Providence	State RI	Zip 02908
4. Business Phone No. 331-2720		5. State of Incorporation RHODE ISLAND			6. SIC Code 5538
7. Brief Description of the Character of Business Conducted in Rhode Island PURCHASE AND SALE OF, AND INVESTMENT IN REAL ESTATE					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Allan Goldberg			Vice President Name		
Street Address 14 Lopez Street			Street Address		
City Providence	State RI	Zip 02908	City	State	Zip
Secretary Name Allan Goldberg			Treasurer Name Allan Goldberg		
Street Address 14 Lopez Street			Street Address 14 Lopez Street		
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02908
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name None			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			50	common	no par value

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



File Date: RECEIVED
Check No.: JAN 28 2004
By: LD 259
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.

Allan D. Goldberg
Signature of Officer
Allan D. Goldberg
Print or Type Name of Officer
President
Date: 1/23/04
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. **53025** 2. Name of Corporation **C. H. A. Holding Company**

3. Street Address Principal Business Office **14 Lopez Street** City **Providence** State **RI** Zip **02908**

4. Business Phone No. **331-2720** 5. State of Incorporation **RHODE ISLAND** SIC Code **5538**

7. Brief Description of the Character of Business Conducted in Rhode Island
Purchase and sale of, and investment in, real estate,

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

President Name **Allan D. Goldberg** Vice President Name _____

Street Address **14 Lopez Street** Street Address _____

City **Providence** State **RI** Zip **02908** City _____ State _____ Zip _____

Secretary Name **Allan D. Goldberg** Treasurer Name **Allan D. Goldberg**

Street Address **14 Lopez Street** Street Address **14 Lopez Street**

City **Providence** State **RI** Zip **02908** City **Providence** State **RI** Zip **02908**

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

Director Name **None** 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	Class/Series	Par Value
100 NO PAR VALUE		

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

ISSUED SHARES	Class/Series	Par Value
50	common	no par value

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



* 5 3 0 2 5 *

File Date: 3-6-03
Check No.: 244
By: LLP

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.

Allan D. Goldberg 2/28/03
Signature of Officer Date

Allan D. Goldberg
Print or Type Name of Officer

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. **53025** 2. Name of Corporation **C. H. A. Holding Company**
3. Street Address Principal Business Office **14 Lopez Street** City **Providence** State **RI** Zip **02908**
4. Business Phone No. **331-2720** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **5538**

7. Brief Description of the Character of Business Conducted in Rhode Island
Purchase and sale of, and investment in, real estate, and for any other lawful purpose
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name **Allan D. Goldberg**
Street Address **14 Lopez Street**
City **Providence** State **RI** Zip **02908**

Vice President Name
Street Address
City State Zip
Treasurer Name **Allan D. Goldberg**
Street Address **14 Lopez Street**
City **Providence** State **RI** Zip **02908**

Secretary Name **Allan D. Goldberg**
Street Address **14 Lopez Street**
City **Providence** State **RI** Zip **02908**

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

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

Director Name
Street Address
City State Zip

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

AUTHORIZED SHARES
Number of Shares **100** Class/Series **NO PAR VALUE** Par Value

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

ISSUED SHARES
Number of Shares **50** Class/Series **common** Par Value **no par value**

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



* 5 3 0 2 5 *

File Date: 2-19-02

Check No.: 226

OC

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.
Allan D. Goldberg 2/19/02
Signature of Officer Date

Allan D. Goldberg
Print or Type Name of Officer

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. **53025** 2. Name of Corporation **C. H. A. Holding Company**

3. Street Address Principal Business Office **14 Lopez Street** City **Providence** State **RI** Zip **02908**
4. Business Phone No. **331-2720** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **5538**

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

Purchase and sale of, and investment in, real estate, and for any other lawful purpose

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

President Name Allan D. Goldberg	Vice President Name
Street Address 14 Lopez Street	Street Address
City State Zip Providence RI 02908	City State Zip

Secretary Name Allan D. Goldberg	Treasurer Name Allan D. Goldberg
Street Address 14 Lopez Street	Street Address 14 Lopez Street
City State Zip Providence RI 02908	City State Zip Providence RI 02908

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

Director Name None	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	Class/Series	Par Value
Number of Shares		
100 NO PAR VAL		

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

ISSUED SHARES	Class/Series	Par Value
Number of Shares		
50	common	no par value

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



* 5 3 0 2 5 *

File Date: 2/7/2001
Check No: 208

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 of Officer: [Signature] Date: 1/29/01

Allan D. Goldberg

Print or Type Name of Officer

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. **53025** 2. Name of Corporation **C. H. A. Holding Company**

3. Street Address Principal Business Office **14 Lopez Street** City **Providence** State **RI** Zip **02908**
4. Business Phone No. **331-2720** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **5538**

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

Purchase and sale of, and investment in, real estate, and for any other lawful purpose

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

President Name Allan D. Goldberg Street Address 14 Lopez Street City Providence State RI Zip 02908 Secretary Name Allan D. Goldberg Street Address 14 Lopez Street City Providence State RI Zip 02908	Vice President Name none Street Address 14 Lopez Street City Providence State RI Zip 02908 Treasurer Name Allan D. Goldberg Street Address 14 Lopez Street City Providence State RI Zip 02908
--	--

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

Director Name None Street Address None City None State None Zip None Director Name None Street Address None City None State None Zip None	Director Name None Street Address None City None State None Zip None Director Name None Street Address None City None State None Zip None
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10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Class/Series	Par Value
100 NO PAR VAL		

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

ISSUED SHARES	Class/Series	Par Value
50	common	no par value

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



* 5 3 0 2 5 *

File Date: 2/3/00
Check No: 155
By: D.C.

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] 1/4/00
Signature of Officer Date

Allan D. Goldberg
Print or Type Name of Officer

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. **53025** 2. Name of Corporation **C. H. A. Holding Company**

3. Street Address Principal Business Office **14 Lopez Street** City **Providence** State **RI** Zip **02908**
4. Business Phone No. **331-2720** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **5538**

7. Brief Description of the Character of Business Conducted In Rhode Island
Purchase and Sale of, and investment in, real estate, and for any other lawful purpose

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

President Name Allan D. Goldberg	Vice President Name none
Street Address 14 Lopez Street	Street Address
City State Zip Providence RI 02908	City State Zip
Secretary Name Allan D. Goldberg	Treasurer Name Allan D. Goldberg
Street Address 14 Lopez Street	Street Address 14 Lopez Street
City State Zip Providence RI 02908	City State Zip Providence RI 02908

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

Director Name None	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
50 common no par value

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



File Date: 1.8.99
Check No.: 175
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] Date 1/14/99
Signature of Officer Date

Allan D. Goldberg
Print or Type Name of Officer

President
Title of Officer

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. **53025** 2. Name of Corporation **C. H. A. Holding Company**

3. Street Address Principal Business Office **14 Lopez Street** City **Providence** State **RI** Zip **02908**
4. Business Phone No. **331-2720** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **5538**

7. Brief Description of the Character of Business Conducted in Rhode Island
the purchase and sale of, and investment in, real estate, and for any other lawful purpose

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

President Name Allan D. Goldberg	Vice President Name none
Street Address 14 Lopez Street	Street Address
City State Zip Providence RI 02908	City State Zip
Secretary Name Allan D. Goldberg	Treasurer Name Allan D. Goldberg
Street Address 14 Lopez Street	Street Address 14 Lopez Street
City State Zip Providence RI 02908	City State Zip Providence RI 02908

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

Director Name None	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
50 common no par value

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



File Date: 1/7/98
Check No.: 102
By: KID
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: [Signature]
Allan D. Goldberg
Print or Type Name of Officer
President
Title of Officer



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. **53025** 2. Name of Corporation **C. H. A. Holding Company**

3. Street Address Principal Business Office **14 Lopez Street** City **Providence** State **RI** Zip **02908**

4. Business Phone No. **331-2720** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **5538**

7. Brief Description of the Character of Business Conducted in Rhode Island
the purchase and sale of, and investment in, real estate, and for any other lawful purpose

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

President Name	Allan D. Goldberg	Vice President Name	none
Street Address	14 Lopez Street	Street Address	
City	Prov. RI 02908	City	
Secretary Name	Allan D. Goldberg	Treasurer Name	Allan D. Goldberg
Street Address	14 Lopez Street	Street Address	14 Lopez Street
City	Prov. RI 02908	City	Prov. RI 02908

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

Director Name	None	Director Name	
Street Address		Street Address	
City		City	
Director Name		Director Name	
Street Address		Street Address	
City		City	

10. SHARES AUTHORIZED AND 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			50	common	no par value

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



File Date: 1/3/97

Check No.: 140

By: 1600

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] 1/3/97

Signature of Officer Date

Allan D. Goldberg

Print or Type Name of Officer

President

Title of Officer

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. 2. NAME OF CORPORATION

53025

C. H. A. Holding Company

3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE

14 Lopez Street

CITY

Providence

STATE

RI

ZIP CODE

02908

4. BUSINESS PHONE NO.

331-2720

5. STATE OF INCORPORATION

RHODE ISLAND

6. SIC CODE

5538

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

the purchase and sale of, and investment in, real estate and for any other lawful purpose

8. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME

Allan D. Goldberg

VICE PRESIDENT NAME

none

STREET ADDRESS

STREET ADDRESS

CITY

14 Lopez Street

CITY

STATE

ZIP CODE

Prov. RI

02908

SECRETARY NAME

Allan D. Goldberg

TREASURER NAME

Allan D. Goldberg

STREET ADDRESS

STREET ADDRESS

CITY

14 Lopez Street

CITY

STATE

ZIP CODE

Prov. RI

02908

Prov.

RI

02908

9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME

None

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

NUMBER OF SHARES	AUTHORIZED SHARES CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	ISSUED SHARES CLASS / SERIES	PAR VALUE
100	NO PAR VAL		50	common	no par value

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.

Allan D. Goldberg
Signature of Officer

Allan D. Goldberg
Print or Type Name of Officer

President

Title of Officer

Date

File Date: 2/28/96
Check No: 2086
By: [Signature]
For Secretary of State Use Only

DETACH BOTTOM BEFORE RETURNING



80 274

CA# 115

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.

0053025

1995

Corporate ID: _____ Annual Report for the year: _____

C. H. A. Holding Company

Name of Corporation: _____

Business entity organized under the laws of the State of: RI Business Entity is (check one):

For foreign entity, address and telephone number of principal office: _____ Business Corporation (See RIGL Chapter 7-1.1)

Professional Service Corporation (See RIGL Chapter 7-5.1)

Phone: () _____ Brief statement of the character of business conducted in Rhode Island:

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

14 Lopez Street _____ in, real estate and for any other lawful

Providence, RI _____ purpose

Phone: (401) 331-2720 _____

THE NAMES OF THE OFFICERS ARE:

PRESIDENT STREET ADDRESS CITY/STATE ZIP CODE

Allan D. Goldberg, 14 Lopez Street, Providence, RI _____

VICE PRESIDENT STREET ADDRESS CITY/STATE ZIP CODE

SECRETARY STREET ADDRESS CITY/STATE ZIP CODE

Allan D. Goldberg, 14 Lopez Street, Providence, RI _____

TREASURER STREET ADDRESS CITY/STATE ZIP CODE

Allan D. Goldberg, 14 Lopez Street, Providence, RI _____

THE NAMES OF THE DIRECTORS ARE:

NAME STREET ADDRESS CITY/STATE ZIP CODE

none _____

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 ISSUED AND OUTSTANDING (Rider may be attached)

Number of Shares Class / Series Number of Shares Class / Series

100 common 50 common

Date 10 19 95 By: Allan D. Goldberg

PRINT OR TYPE NAME OF OFFICER SIGNING President

TITLE OF OFFICER SIGNING _____

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.

PAUL T. JONES, JR.
 578 SMITH ST.
 PROVIDENCE RI 02908

112 11/12

ing fee \$50.00
able to:
retary of State

PLEASE TYPE or PRINT

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

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

Corporate ID: 0053025 Annual Report for the year: 1994
Name of Business Entity: C. H. A. Holding Company

Business entity organized under the laws of the State of RI

Federal Taxpayer Identification Number: _____

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):

14 Lopez Street
Providence, RI

Phone: (401) 331-2720

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:

Allan Goldberg
14 Lopez Street
Providence, RI

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

the purchase and sale of, and investment in,
real estate and for any other lawful purpose

Date of Organization: 12/23/88

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

THE NAMES OF THE OFFICERS ARE:

- | | | | |
|---|---|------------|----------|
| <input type="checkbox"/> CHIEF EXECUTIVE OFFICER OR <input checked="" type="checkbox"/> PRESIDENT (Check One) | STREET ADDRESS | CITY/STATE | ZIP CODE |
| | <u>Allan D. Goldberg, 14 Lopez Street, Providence, RI</u> | | |
| <input type="checkbox"/> CHIEF OPERATING OFFICER OR <input type="checkbox"/> VICE PRESIDENT (Check One) | STREET ADDRESS | CITY/STATE | ZIP CODE |
| <input type="checkbox"/> CUSTODIAN OF RECORDS OR <input checked="" type="checkbox"/> SECRETARY (Check One) | STREET ADDRESS | CITY/STATE | ZIP CODE |
| | <u>Allan D. Goldberg, 14 Lopez Street, Providence, RI</u> | | |
| <input type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input checked="" type="checkbox"/> TREASURER (Check One) | STREET ADDRESS | CITY/STATE | ZIP CODE |
| | <u>Allan D. Goldberg, 14 Lopez Street, Providence, RI</u> | | |

THE NAMES OF THE DIRECTORS ARE:

- | | | | |
|-------------|----------------|------------|----------|
| NAME | STREET ADDRESS | CITY/STATE | ZIP CODE |
| <u>None</u> | | | |
| NAME | STREET ADDRESS | CITY/STATE | ZIP CODE |
| NAME | STREET ADDRESS | CITY/STATE | ZIP CODE |

NUMBER OF SHARES AUTHORIZED (If Applicable)		NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)	
NUMBER	<u>100</u>	NUMBER	<u>50</u>
CLASS	<u>common</u>	CLASS	<u>common</u>
SERIES		SERIES	
PAR VALUE OR WITHOUT PAR	<u>without par</u>	PAR VALUE OR WITHOUT PAR	<u>without par</u>

Date 2/21 19 94

By: _____

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

JAT *107*

Corporate ID 0058025

Annual Report for the year 1993

FIRST: The name of the corporation is C. H. A. Holding Company

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is The purchase and sale of, and investment in, real estate and for any other lawful purpose

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

FIFTH: Business address in Rhode Island 14 Lopez Street, Providence, Rhode Island

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

Name	Office	Address (including number, street, zip code)
.....	Director	.....
.....	Director	.....
.....	Director	.....
<u>Allan D. Goldberg</u>	President	<u>14 Lopez Street, Providence, RI</u>
.....	Vice President	.....
<u>Allan D. Goldberg</u>	Secretary	<u>14 Lopez Street, Providence, RI</u>
<u>Allan D. Goldberg</u>	Treasurer	<u>14 Lopez Street, Providence, RI</u>

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>100</u>	<u>common</u>	<u>PAID</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>50</u>	<u>common</u>		<u>no par value</u>

FEB 19 1993
SECY OF STATE

Dated February 19 93

C.H.A. Holding Company
(Name of Corporation)

By *Allan D. Goldberg*

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

Corporate ID 0059035 Annual Report for the year 1992

FIRST: The name of the corporation is C. H. A. Holding Company

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is The purchase and sale of, and investment in, real estate and for any other lawful purpose.

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 14 Lopez Street, Providence, Rhode Island

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

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
Allan D. Goldberg	President	14 Lopez Street, Providence, RI
	Vice President	
Allan D. Goldberg	Secretary	"
Allan D. Goldberg	Treasurer	"

SEVENTH: Number of Shares authorized:

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

SEP 9 4 1992

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
50	common	RECORD OF STATE	no par value

Dated June 30 19 92

C.H.A. Holding Company

(Name of Corporation)

By Allan D. Goldberg

Title President

(Report must be signed by an officer)

Filing Fee \$50.00

11/15/91
January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0053025 Annual Report for the year 1991

FIRST: The name of the corporation is C. H. A. Holding Company

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is The purchase and sale of, and investment in, real estate and for any other lawful purpose

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

FIFTH: Business address in Rhode Island 14 Lopez Street, Providence, Rhode Island

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

Name	Office	Address (including number, street, zip code)
.....	Director	.....
.....	Director	.....
.....	Director	.....
Allan D. Goldberg	President	14 Lopez Street, Providence, Rhode Island
.....	Vice President	.....
Allan D. Goldberg	Secretary	14 Lopez Street, Providence, Rhode Island
Allan D. Goldberg	Treasurer	14 Lopez Street, Providence, Rhode Island

SEVENTH: Number of Shares authorized:

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

EIGHTH: Number of Shares issued:

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

Dated April 19 91

REC'D & FILED JUN 27 1991
PAID JUN 28 1991
REG'Y OF STATE
C. H. A. Holding Company
(Name of Corporation)
By [Signature]
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

Corporate ID 0052025 Annual Report for the year 1990

FIRST: The name of the corporation is C. H. A. Holding Company

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is The purchase and sale of and investment in real estate and for any other lawful purpose.

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

FIFTH: Business address in Rhode Island 14 Lopez Street, Providence, Rhode Island

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

Name	Office	Address (including number, street, zip code)
.....	Director	.....
.....	Director	.....
.....	Director	.....
<u>Allan D. Goldberg</u>	<u>President</u>	<u>14 Lopez Street Providence, Rhode Island</u>
.....	<u>Vice President</u>	.....
<u>Allan D. Goldberg</u>	<u>Secretary</u>	<u>14 Lopez Street, Providence, Rhode Island</u>
<u>Allan D. Goldberg</u>	<u>Treasurer</u>	<u>14 Lopez Street, Providence, Rhode Island</u>

SEVENTH: Number of Shares authorized:

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

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>50</u>	<u>Common</u>	.....	<u>no</u>

Dated March 13, 19 90

C.H.A. Holding Company
(Name of Corporation)

By Albert J. Gahr

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 53025 Annual Report for the year 1989

FIRST: The name of the corporation is C.H.A. Holding Company

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is The purchase and sale of and investment in real estate and for any other lawful purpose.

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

FIFTH: Business address in Rhode Island 14 Lopez Street, Providence, Rhode Island

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

Name	Office	Address (including number, street, zip code)
.....	Director	.....
.....	Director	.....
.....	Director	.....
Allan E. Goldberg	President	14 Lopez Street, Providence, RI
.....	Vice President	.....
Allan E. Goldberg	Secretary	14 Lopez Street, Providence, RI
Allan E. Goldberg	Treasurer	14 Lopez Street, Providence, RI

SEVENTH: Number of Shares authorized:

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

EIGHTH: Number of Shares issued:

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

Dated March 15 1989

C.H.A. Holding Company
(Name of Corporation)

By Allan E. Goldberg

Title President

(Report must be signed by an officer)