



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. 125226		2. Name of Corporation TA Housing Inc.			
3. Street Address Principal Business Office 177 UNION STREET			City PROVIDENCE	State RI	Zip 02903-
4. Business Phone No. 4015212255		5. State of Incorporation RHODE ISLAND		6. SIC Code 5538	
7. Brief Description of the Character of Business Conducted in Rhode Island TO SERVE AS A GENERAL PARTNER TO A RHODE ISLAND LIMITED PARTNERSHIP					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Michelle M. Wilcox			Vice President Name Laurie A. Devlin		
Street Address 373 Hopkins Hill Road			Street Address 30 Buena Vista Drive		
City Coventry	State RI	Zip 02816	City Attleboro	State MA	Zip 02703
Secretary Name Laurie A. Devlin			Treasurer Name Laurie Devlin		
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	COMM	\$1.00 PAR VALUE	150	Comm	\$1.00

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



1 2 5 2 2 6

125226 DBC 08/16/05 02:23:29 PM

File Date 8/22/05

Check No. 3056

By: DA

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.

Laurie A. Devlin 8/16/05
Signature of Officer Date

Laurie A. Devlin
Print or Type Name of Officer

V.P. of Administration
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 125226		2. Name of Corporation TA Housing Inc.	
3. Street Address Principal Business Office 177 UNION STREET		City PROVIDENCE	State RI
4. Business Phone No. 4015212255		5. State of Incorporation RHODE ISLAND	6. SIC Code 5538

7. Brief Description of the Character of Business Conducted in Rhode Island
TO SERVE AS A GENERAL PARTNER TO A RHODE ISLAND LIMITED PARTNERSHIP

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

President Name Michelle M. Wilcox			Vice President Name Laurie A. Devlin		
Street Address 373 Hopkin Hill Road			Street Address 30 Buena Vista Drive		
City Coventry	State RI	Zip 02816	City Attleboro	State MA	Zip 02703
Secretary Name Laurie A. Devlin			Treasurer Name Laurie A. Devlin		
Street Address			Street Address		
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			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) 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
8,000	COMM	\$1.00 PAR VALUE	150	Comm	\$1.00

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



125226 DBC 02/24/04 10:51:04 AM

File Date

RECEIVED

Check No. **AUG 06 2004**

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] 2/24/04

Signature of Officer Date

Laurie A. Devlin

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. **125226** 2. Name of Corporation **TA Housing Inc.**
3. Street Address Principal Business Office **177 Union Street** City **Providence** State **RI** Zip **02903**
4. Business Phone No. **401-521-2255** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **5538**

7. Brief Description of the Character of Business Conducted in Rhode Island
To serve as general partner to a Rhode Island Limited Partnership

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

President Name Michelle M. Wilcox	Vice President Name Laurie A. Devlin
Street Address 373 Hopkin Hill Road	Street Address 30 Buena Vista Drive
City Coventry State RI Zip 02816	City So. Attleboro State MA Zip 02703
Secretary Name Laurie A. Devlin	Treasurer Name Laurie A. Devlin
Street Address	Street Address
City	City
State	State
Zip	Zip

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

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

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
8,000 COMM \$1.00 PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
NONE

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



* 1 2 5 2 2 6 *

File Date: **4-1-03**
20888
Check No.:
By: **UP**

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: **Laurie A. Devlin** Date: **2/14/03**
Print or Type Name of Officer: **Laurie A. Devlin**
Title of Officer: **Vice President**