



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. 92929		2. Name of Corporation 1031 EXCHANGE SERVICES, INC.			
3. Street Address Principal Business Office 200 SMITH STREET			City PROVIDENCE	State RI	Zip 02908
4. Business Phone No. 4013310083		5. State of Incorporation RHODE ISLAND			6. SIC Code 7880
7. Brief Description of the Character of Business Conducted in Rhode Island TO EXCHANGE, BUY, SELL, LEASE AND MORTGAGE REAL ESTATE.					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Charles J. Ajootian			Vice President Name NONE		
Street Address 200 Smith Street			Street Address		
City Providence	State RI	Zip 02908	City	State	Zip
Secretary Name Charles J. Ajootian			Treasurer Name Charles J. Ajootian		
Street Address 200 Smith Street			Street Address 200 Smith 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 Charles J. Ajootian			Director Name		
Street Address 200 Smith Street			Street Address		
City Providence	State RI	Zip 02908	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
1,000 NO PAR VALUE			100	Common	No par value

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



9 2 9 2 9

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.

Charles J. Ajootian 1-10-05
Signature of Officer Date
Charles J. Ajootian
Print or Type Name of Officer
President
Title of Officer

92929 DBC 01/10/05 11:02:21 AM

File Date 1-11-05

Check No. 1518

By: De

FOR SECRETARY OF STATE USE ONLY

Form 630 12/01



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 2004

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 92929		2. Name of Corporation 1031 EXCHANGE SERVICES, INC.									
3. Street Address Principal Business Office 200 Smith Street		City Providence	State R.I.	Zip 02908							
4. Business Phone No. (401) 331-0083		5. State of Incorporation RHODE ISLAND		6. SIC Code 7880							
7. Brief Description of the Character of Business Conducted in Rhode Island TO EXCHANGE, BUY, SELL, LEASE AND MORTGAGE REAL ESTATE.											
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS											
President Name Charles J. Ajootian		Vice President Name Edward Ajootian									
Street Address 200 Smith Street		Street Address 47 Chestnut Street									
City Providence	State R.I.	Zip 02908	City Wakefield	State MA	Zip 01880						
Secretary Name Charles J. Ajootian		Treasurer Name Edward Ajootian									
Street Address 200 Smith Street		Street Address 47 Chestnut Street									
City Providence	State R.I.	Zip 02908	City Wakefield	State MA	Zip 01880						
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS											
Director Name Charles J. Ajootian		Director Name Edward Ajootian									
Street Address 200 Smith Street		Street Address 47 Chestnut Street									
City Providence	State R.I.	Zip 02908	City Wakefield	State MA	Zip 01880						
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	
1,000 NO PAR VALUE						100		Common		No Par Value	

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



* 9 2 9 2 9 *

FILED

File Date

JAN 15 2004

Check No.

By:

By C6724

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 Charles J. Ajootian Date 1-15-04

Print or Type Name of Officer
CHARLES J. AJOOTIAN

Title of Officer
PRESIDENT



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

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

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.

92929

2. Name of Corporation

1031 EXCHANGE SERVICES, INC.

3. Street Address Principal Business Office

200 Smith Street

City

Providence

State

RI

Zip

02908

4. Business Phone No.

(401) 331-0083

5. State of Incorporation

RHODE ISLAND

6. SIC Code

7880

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

Structuring like-kind exchanges as qualified intermediary

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

President Name

Charles J. Ajootian

Vice President Name

Edward Ajootian

Street Address

200 Smith Street

Street Address

47 Chestnut Street

City

Providence

State

RI

Zip

02908

City

Wakefield

State

MA

Zip

01880

Secretary Name

Charles J. Ajootian

Treasurer Name

Edward Ajootian

Street Address

200 Smith Street

Street Address

47 Chestnut Street

City

Providence

State

RI

Zip

02908

City

Wakefield

State

MA

Zip

01880

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

Director Name

Charles J. Ajootian

Director Name

Edward Ajootian

Street Address

200 Smith Street

Street Address

47 Chestnut Street

City

Providence

State

RI

Zip

02908

City

Wakefield

State

MA

Zip

01880

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

1,000 NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

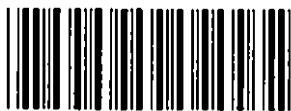
Par Value

100

Common

No par value

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



* 9 2 9 2 9 *

File Date: 1-13-03

Check No.: 1898

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.

Charles J. Ajootian 1/9/03
Signature of Officer Date

Charles J. Ajootian

Print or Type Name of Officer

President

Title of Officer

5

Form 630 12/02



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

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 2002

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **92929** 2. Name of Corporation **1031 EXCHANGE SERVICES, INC.**

3. Street Address Principal Business Office

200 Smith Street

City

Providence

State

RI

Zip

02908

4. Business Phone No.

(401) 331-0083

5. State of Incorporation

RHODE ISLAND

6. SIC Code

7880

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

Structuring like-kind exchanges and acting as qualified intermediary

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

President Name

Charles J. Ajootian

Street Address

200 Smith Street

City

Providence

State

RI

Zip

02908

Vice President Name

Edward Ajootian

Street Address

47 Chestnut Street

City

Wakefield

State

MA

Zip

01880

Secretary Name

Charles J. Ajootian

Street Address

200 Smith Street

City

Providence

State

RI

Zip

02908

Treasurer Name

Edward Ajootian

Street Address

47 Chestnut Street

City

Wakefield

State

MA

Zip

01880

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

Director Name

Charles J. Ajootian

Street Address

200 Smith Street

City

Providence

State

RI

Zip

02908

Director Name

Edward Ajootian

Street Address

47 Chestnut Street

City

Wakefield

State

MA

Zip

01880

Street Address

City

State

Zip

Street Address

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

1,000 NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

100

Common

No par value

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



* 9 2 9 2 9 *

File Date: 3-18-02

Check No.: 1622

By: CC

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.

Charles J. Ajootian 1/31/02
Signature of Officer Date

Charles J. Ajootian
Print or Type Name of Officer

President

Title of Officer



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

Corporations Division
100 North Main Street, Providence, RI 02903-133
401-222-304



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. 92929 2. Name of Corporation 1031 EXCHANGE SERVICES, INC.

3. Street Address Principal Business Office 200 Smith Street City Providence State RI Zip 02908

4. Business Phone No. (401) 331-0083 5. State of Incorporation RHODE ISLAND 6. SIC Code 7880

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

Structuring like-kind exchanges and acting as qualified intermediary.

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

President Name <u>Charles J. Ajootian</u> Street Address <u>200 Smith Street</u> City <u>Providence</u> State <u>RI</u> Zip <u>02908</u> Secretary Name <u>Charles J. Ajotian</u> Street Address <u>200 Smith Street</u> City <u>Providence</u> State <u>RI</u> Zip <u>02908</u>	Vice President Name <u>Edward Ajootian</u> Street Address <u>47 Chestnut Street</u> City <u>Wakefield</u> State <u>MA</u> Zip <u>01880</u> Treasurer Name <u>Edward Ajootian</u> Street Address <u>47 Chestnut Street</u> City <u>Wakefield</u> State <u>MA</u> Zip <u>01880</u>
---	---

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

Director Name <u>Charles J. Ajootian</u> Street Address <u>200 Smith Street</u> City <u>Providence</u> State <u>RI</u> Zip <u>02908</u> Director Name <u>Charles J. Ajootian</u> Street Address <u>200 Smith Street</u> City <u>Providence</u> State <u>RI</u> Zip <u>02908</u>	Director Name <u>Edward Ajootian</u> Street Address <u>47 Chestnut Street</u> City <u>Wakefield</u> State <u>MA</u> Zip <u>01880</u> Director Name <u>Edward Ajootian</u> Street Address <u>47 Chestnut Street</u> City <u>Wakefield</u> State <u>MA</u> Zip <u>01880</u>
--	--

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
<u>1,000</u>	<u>NO</u>	<u>PAR VALUE</u>

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
<u>100</u>	<u>Common</u>	<u>No par value</u>

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



* 9 2 9 2 9 *

File Date: 2/20/2001

Check No.: 1350

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] 2/20/01
Signature of Officer Date

Charles J. Ajootian
Print or Type Name of Officer

President
Title of Officer



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

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



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.

92929

2. Name of Corporation

1031 EXCHANGE SERVICES, INC.

3. Street Address Principal Business Office

City

State

Zip

200 Smith Street

Providence

RI

02908

4. Business Phone No.

(401) 331-0083

5. State of Incorporation

RHODE ISLAND

6. SIC Code

7880

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

Structuring like-kind exchanges and acting as qualified intermediary

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

President Name

Charles J. Ajootian

Vice President Name

Edward Ajootian

Street Address

200 Smith Street

Street Address

47 Chestnut Street

City

State

Zip

Providence

RI

02908

City

State

Zip

Wakefield

MA

01880

Secretary Name

Charles J. Ajootian

Treasurer Name

Edward Ajootian

Street Address

200 Smith Street

Street Address

47 Chestnut Street

City

State

Zip

Providence

RI

02908

City

State

Zip

Wakefield

MA

01880

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

Director Name

Charles J. Ajootian

Director Name

Edward Ajootian

Street Address

200 Smith Street

Street Address

47 Chestnut Street

City

State

Zip

Providence

RI

02908

City

State

Zip

Wakefield

MA

01880

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

1,000 NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

100

Common

No par value

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



* 9 2 9 2 9 *

File Date: 2/7/00

Check No.: 1120

By: GAA

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: Charles J. Ajootian Date: 2/3/00

Charles J. Ajootian

Print or Type Name of Officer

President

Title of Officer



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

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



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. 92929		2. Name of Corporation 1031 EXCHANGE SERVICES, INC.			
3. Street Address Principal Business Office 200 Smith Street		City Providence	State RI	Zip 02908	
4. Business Phone No. (401) 331-0083		5. State of Incorporation RHODE ISLAND			6. SIC Code 7880
7. Brief Description of the Character of Business Conducted in Rhode Island Structuring like-kind exchanges and acting as qualified intermediary					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Charles J. Ajootian			Vice President Name Edward Ajootian		
Street Address 200 Smith Street			Street Address 30 Shawsheen Avenue		
City Providence	State RI	Zip 02908	City Bedford	State MA	Zip 01730
Secretary Name Charles J. Ajootian			Treasurer Name Edward Ajootian		
Street Address 200 Smith Street			Street Address 30 Shawsheen Avenue		
City Providence	State RI	Zip 02908	City Beford	State MA	Zip 01730
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Charles J. Ajootian			Director Name Edward Ajootian		
Street Address 200 Smith Street			Street Address 30 Shawsheen Avenue		
City Providence	State RI	Zip 02908	City Bedford	State MA	Zip 01730
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> 11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 NO PAR VALUE			100	common	No par value

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



* 9 2 9 2 9 *

File Date: **Feb 5, 99**

Check No.: **1029**

By: **ID. [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.

Charles J. Ajootian **2-4-99**
Signature of Officer Date

Charles J. Ajootian
Print or Type Name of Officer

President
Title of Officer



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

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 **1998**

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **92928** 2. Name of Corporation **1031 EXCHANGE SERVICES, INC.**

3. Street Address Principal Business Office

200 Smith Street

City

Providence

State

RI

Zip

02908

4. Business Phone No.

(401) 331-0083

5. State of Incorporation
RHODE ISLAND

6. SIC Code

7880

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

Structuring like-kind exchanges and acting as qualified intermediary

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

President Name

Charles J. Ajootian

Street Address

200 Smith Street

City

Providence

State

RI

Zip

02908

Secretary Name

Charles J. Ajootian

Street Address

200 Smith Street

City

Providence

State

RI

Zip

02908

Vice President Name

Edward Ajootian

Street Address

118 Washington Street

City

Westwood

State

MA

Zip

02090

Treasurer Name

Edward Ajootian

Street Address

118 Washington Street

City

Westwood

State

MA

Zip

02090

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

Director Name

Charles J. Ajootian

Street Address

200 Smith Street

City

Providence

State

RI

Zip

02908

Director Name

Edward Ajootian

Street Address

118 Washington Street

City

Westwood

State

MA

Zip

02090

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

1,000 NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

100

--

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: 2/25/98

Check No.: 13798

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.

Charles J. Ajootian 2/24/98
Signature of Officer Date

Charles J. Ajootian President
Print or Type Name of Officer Title of Officer