

FOR SECRETARY OF STATE USE ONLY

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

Form 630 12/01

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005 Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK) 2. Name of Corporation 1. Corporate ID No. 1031 EXCHANGE SERVICES, INC. 92929 Zip State 3. Street Address Principal Business Office RI 02908 200 SMITH STREET PROVIDENCE 6. SIC Code 14. Business Phone No. 5. State of Incorporation 7880 RHODE ISLAND 4013310083 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) | FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name President Name NONE Charles J. Ajootian Sireei Address Street Address 200 Smith Street State Zip City State Zip City Providence RI 02908 Treasurer Name Secretary Name Charles J. Ajootian Charles J. Ajootian Street Address Street Address 200 Smith Street 200 Smith Street State Zip Ciry Zip City State 02908 RI 02908 Providence RI Providence 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name Charles J. Ajootian Street Address Sirect Address 200 Smith Street State Zip ·City City State 02908 Providence RΙ Director Name Director Name Street Address Street Address City State State City Zip II. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ISSUED SHARES AUTHORIZED SHARES Class/Series Par Value Number of Shores Par Value Class/Series Number of Shares No par value Common 100 1,000 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. *92929 DBC 01/10/05 11:02:21 AM* File Date /- // - 05 Signature of Officer Charles J. Ajoolian Print or Type Name of Officer President



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

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

Matthew A. Brown, Secretary of State

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PROFIT CORPO	RATION A	NNUAL REPO	RT FOR THE YEA	.R20	<u> </u>		
Filing Period: January 1 - N	farch I • F	iling Fee: \$50.00					
(FORM MUST HE TYPED OR PRI	VTED IN BLACK)						
1. Corporate ID No	2. Name of Corpor	ation					
92929	1031 EXCH	ANGE SERVICES, INC.					
3. Street Address Principal Business Office			City	State	Zip		
200 Smith Stree	et .		Providence	R.I.	02908		
4. Business Phone No.		5 State of Incorporati	lon		6. SIC Code		
(401) 331-0083 RHODE ISLAN		ND		7880			
7. Brief Description of the Character TO EXCHANGE, BUY,		d in Rhode Island D MORTGAGE REAL ES					
8. NAMES AND ADDRESSES	S OF THE OFFICE	ERS: ("X" BOX FOR A	TTACHMENT) FILL IN	SPACES BEFORE USIN	NG ATTACHMENTS		
President Name		-	Vice President Name				
Charles J. Ajoo	otian		Edward Ajooti	an			
Street Aildress		Street Address					
200 Smith Street		47 Chestnut S	Street				
City	State	Zip	City	State	Zip		
Providence	R.I.	02908	Wakefield	MA	01.88.0		
Secretary Name			Treasurer Name				
Charles J. Ajootian			Edward Ajootian				
Street Address			Street Address				
200 Smith Stree			47 Chestnut S				
City	State	Zip	Clly	State	Z.lp		
Providence	R.I.	02908	Wakefield	MA.	01880		
9. NAMES AND ADDRESSES Director Name	S OF THE DIREC	TORS: (X BOX FOR	: Director Name	N SPACES BEFORE US	SING ATTACHMENTS		
Charles J. Ajoc	otian		Edward Ajoot	lan			
200 Smith Stree	s t		•	47 Chestnut Street			
City	State	Zip	City	State	Zφ		
Providence	R.I.	02908	Wakefield	MA	01880		
Director Name)02300	Director Name		d.taab		
Street Address			Sireet Address	Street Address			
City	State	Zip	City	State	Zip		
10. SHARES AUTHORIZED AUTHORIZED SHARES	 ("X" BOX FOR	ATTACHMENT)	11. SHARES ISSUED	 (*X* BOX FOR ATTAC	. CHMENT) []		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value		
1,000 NO PAR VALUE			100	Common	No Par Value		
			I	1	i		

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

	* 9 2 9 2		
File Date	FILED		
Check No	JAN 15 2004		
Ву:	By CU724 OR SECRETARY OF STATE USE ONLY	BEOENVED TEST	l

Under penalty of perjury, I declare and including any accompanying schedules	
Commined herein are true and correct.	tion 1-15-04
Signature of Office	Date
CHARLES J. AJ	TOOTIAIN
Print or Type Name of Officer	
PRESIDENT	
Title of Officer	

Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence. RI 02903-1335 401-222-3040

2003 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR Filling Period: January 1-March 1 • Filing Fee: \$50.00

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,	Corporate ID No.		,

2. Name of Corporation

92929

1031 EXCHANGE SERVICES, INC.

3. Street Address Principal Business Office

ZIp

200 Smith Street

Providence 5. State of Incorporation

RI

02908

4. Business Phone No. (401) 331-0083

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

State

City

State

Zip

Providence

RI

02908

Wakefield

01880

Secretary Name

Charles J. Ajootian

200 Smith Street

Treasurer Name

Edward Ajootian

Street Address

47 Chestnut Street

Providence

Providence

RI

02908

City Wakefield State MA

01880

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

Director Name

City

City

Street Address

Charles J. Ajootian

Street Address

2010 Smith Street

State RI

02908

Director Name Edward Ajootian

Street Address

47 Chestnut Street

City Wakefield State MA Zio

01880

Director Name

Street Address

Street Address

Director Name

State

City

State

Zip

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

AUTHORIZZZO SHARES Number of Shares

1,000 NO PAR VALUE

Class/Series

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



*1-13-0*3

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

Signature of Officer

Charles J. Ajootian Print or Type Name of Officer

President

Title of Officer - S

Form 630 12/02

Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

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PROFIT COR!		ANNUAL REP	ORT FOR TH	E YEAR	DZ STOP PLEASE RIAD INSTRUCTIONS
(FORM MUST BE TYPED IN B	•				
1. Corporate ID No.	2. Name of Carpore	atlon			
92929	1031 EXCH	ANGE SERVICES, INC.			
3. Street Address Principal Busine	ess Office		City	State	Zip
200 Smith Stree 4. Business Phone No.	et	5. State of Incorporation	Providence	RI	02908 6. SIC Code
(401) 331-0083 7. Brief Description of the Charac	ter of Rusiness Conducted	RHODE ISLAND In Rhode Island			7880
		nges and acting as ICERS (*X* BOX FOR ATTACH			CHMENTS
Charles J. Ajor	otian		Edward Ajootia Street Address	ın	
200 Smith Stree	et		47 Chestnut St	reet	
City	State	Zip	City	State	Zip
Providence Secretary Name	RI	02908	Wakefield Treasurer Name	MA	01880
Charles J. Ajos	otian		Edward Ajootia Sureet Address	ın	
200 Smith Stree	et		47 Chestnut St	reet	
City	State	Zip	City	State	Zip
Providence 9. NAMES AND ADDRE Director Name	RI ESSES OF THE DIR	02908 ECTORS (*X* BOX FOR ATTAI	Wakefield CHMENT) : FILL IN SPACE Director Name	MA ES BEFORE USING ATTA	01880 ACHMENTS
Charles J. Ajo	otian		Edward Ajootia Street Address	ın	
200 Smith Stre	et		47 Chestnut St	reet	
City	State	Zip	City	State	Zip
Providence Director Name	RI	02908	Wakefield Director Name	MA	01880
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZ	ED ("X" BOX FOR AT)	FACHMENT)	11. SHARES ISSUED (* ISSUED SHARES	"X" BOX FOR ATTACHMENT	r)
Number of Shares	Class/Serles	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 lnk by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



3-18-02

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

Print or Type Name of Officer

President

Title of Officer

Ferm K30 12/01

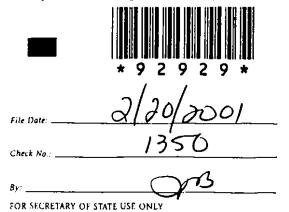


PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

STOP
PEFMI READ
INSTRUCTIONS

PROFIT CORP Filing Period: January			EPORT FOR TH	E YEAR	PEFASI R ENSTRUCT
(FORM MUST BE TYPED IN BLA	CK)				
1. Corporate ID No.	2. Name of Corpor	HÄNGE SERVICES,	INC.		
 Street Address Principal Business 200 Smith Street 	**	•	_{City} Pro v idence	State RI	zip 02908
4. Business Phone No. (401) 331-0083 7. Brief Description of the Character	of Business Conducted	5. State of Incorporate RHOOE ISL. in Rhode Island	ÅND		^{6.} 7880
Structuring like 8. NAMES AND ADDRES President Name Charles J. Ajoot	SES OF THE OFF		as qualified interr FACHMENT) FILL IN SPACES Vice President Name Edward Ajootia	BEFORE USING ATT	ACHMENTS
Street Address	•	·	Street Address		
200 Smith Street	State	Zip	47 Chestnut_St	treet State	Zip
Providence. Secretary Name	RI	02908	Wakefield Treasurer Name	MA	01880
Charles J. Ajoti Street Address	lan	· 	Edward Ajootia Street Address	an ,	.
200 Smith Street	State	 Zip	47 Chestnut St	State	
Providence 9. NAMES AND ADDRESS Director Name	RI SES OF THE DIR	02908 ECTORS (*x* BOX FOR)	Wakefield ATTACHMENT) FILL IN SPACE Director Name	MA ES BEFORE USING AT	01880
Charles J. Ajo <u>ot</u> Street Address	ian		Edward Ajootia	an	
200 Smith Street	State		47 Chestnut S	treet State	
Providence. Director Name	RI	02908	Wakefield Director Name	MĄ	01880
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZEI	O ("X" BOX FOR ATT	TACHMENT)	11. SHARES ISSUED ("X" BOX FOR ATTACHME	NT)
Number of Shares	Class/Senes	Par Value	Number of Shares	Class/Series	Par Value
1,000 NO PAR VAL	UE		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



Under penalty of perjury, I declare and affirm that I have examined
this report, including any accompanying schedules and statements, an
that all statements contained herein are true and correct.
that all statements contained herein are true and correct.
1 //4.14 1/0.1 0/24/4/

Months 2/20

Charles J. Ajootian
Print or Type Name of Officer

President

Title of Officer

-- 620 1300

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

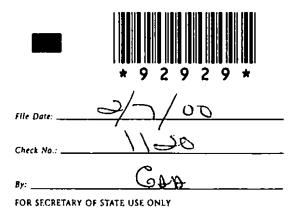
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No par value

Filing Period: January	1-March 1 •	Filing Fee: \$50.00			INSERT TION
(FORM MUST BE TYPED IN BLA	ick)				
1. Corporate ID No.	2. Name of Corporal	ilon —			
92929	1031 EXCH	ANGE SERVICES, IN	: .		
3. Street Address Principal Business	Office		City	State	Zip
200 Smith Stree 4. Business Phone No. (401) 331-0083	t	5. State of Incorporation RHODE ISLAND	Providence	RI	02908 6. SIC Code 7880
7. Brief Description of the Character Structuring lik	•	n Rhode Island nges and acting as	qualified inter	mediary	
8. NAMES AND ADDRES President Name Charles J. Ajoo Street Address 200 Smith Stree	tian	CERS (*X* BOX FOR ATTACH	MENT) FILL IN SPACES Vice President Name Edward Ajootia Street Address 47 Chestnut St		HMENTS
City Providence	State RI	zip 02908	cw Wakefield	State MA	21p 01880
Secretary Name Charles J. Ajoo	tian	•	Treasurer Name Edward Ajootia	n	
Street Address 200 Smith Stree	t		Sinet Address 47 Chestnut St	reet	
Providence	State RI	zip 02908	City Wakefield	State MA	^{Zip} 01880 .
9. NAMES AND ADDRES Director Name Charles J. Ajoo Street Address 200 Smith Stree	tian	ECTORS (*X* BOX FOR ATTA	Director Name Edward Ajootia Street Address		ACHMENTS
City	State	Zip	47 Chestnut St	reet State	Zip
Providence Director Name	RI .	02908	Wakefield Director Name	MA	01880
Street Address			Street Address		
City	State	ZIp	City	State	Zip
10. SHARES AUTHORIZE AUTHORIZED SHARES	D (*X* BOX FOR ATT)	ACHMENT)	11. SHARES ISSUED (ISSUED SHARES	'X' BOX FOR ATTACHMENT	r)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value

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

100



1,000 NO 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.

Common

Charles J. Cyorlan
Signature of Officer

Charles J. Ajootian

Print or Type Name of Officer

President



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

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PILAS	EREAD TOTIONS

(FORM MUST BE TYPED IN BLAC	K)					
1. Carporate ID No. 92929	2. Name of Corpora. 1031 EXCH	tion ANGE SERVICES,	INC.	······································		
3. Street Address Principal Business O	•		City	State	Zip	
200 Smith Street	· -		Providence	RI	02908	
4. Business Phone No.		5. State of Incorporati RHODE ISL	on AND		6, SIC Code 7880	
(401) 331-0083	. :	:		· · · · · · · · · · · · · · · · · · ·	7000	
7. Brief Description of the Character o						
			as qualified inter			
	ES OF THE OFFI	CERS ("X" BOX FOR AT	TACHMENT) FILL IN SPACES	BEFORE USING ATTAC	HMENTS .	
President Name			Vice President Name			
Charles J. Ajoot	lan		Edward Ajootia	n		
			Street Address			
200 Smith Street	State	1 4:-	: 30 Shawsheen A			
Providence	1	Zip	City	State	Zip	
Secretary Name	RI	' 02908	Bedford	MA	01730	
•	inn		Treasurer Name	_		
Charles J. Ajootian Street Address		Edward Ajootia	<u>n</u>			
200 Smith Street		•	30 Shawsheen A	•••		
City City	State	Zip	: 50 Shawsheen A	State	Zip	
Providence	RI	02908	Beford	MA	01730	
			ATTACHMENT) PILL IN SPACE			
Director Name	ra or tric piki	LCTORS TA BOX TOX 7	Director Name	S BLIVE CSING ATTA	· ·	
Charles J. Ajoot	ian		Edward Ajootia	n	·	
Street Address			: Street Address	··		
200 Smith Street			30 Shawsheen A	30 Shawsheen Avenue		
City	State	Zip	City	State	Zip	
Providence	RI	02908	Bedford	MA	01730	
Director Name		•••••••	Director Name			
Street Address	· 	·	Street Address			
City	State	Zip	City	State	Zip	
	<u>[</u>					
10. SHARES AUTHORIZED	("X" BOX FOR ATT	ACHMENT) 🔲	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	
1,000 NO PAR VALUE	Ē	,	100	common	No par value	
		· · · - · - · - · - · - ·				
				<u>l</u>		
This report must be signed	d in ink by eith	ner the President. Vi	ce President, Secretary, Ass	istant Secretary. Treasu	rer, Receiver or Trustee	
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 11 1	8 8 8 8 8 8 8 8 8 8 8 8 8					

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نيدُ وعد	Fah G. QQ	
File Date:	1029	
Check No.:	ID. PO	-
FOR SECRETARY O	F 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.

Date

Charles J. Ajootian

Print or Type Name of Officer

President

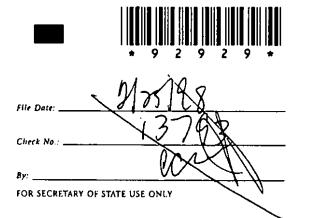


James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335 401-277-3040

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

(FORM MUST BE TYPED IN BLAC	к)				
1. Corporate ID No. 92929	2. Name of Corpore 1031 EXCH	ilange services, i	NC.	<u>-</u>	
3. Street Address Principal Business O	(fice		City	State	Zip
200 Smith Street 4. Business Phone No. (401) 331-0083 2. Brief Description of the Character of	f Rusiness Conducted	S. State of Incorporation RHODE ISLA	Providence ÄND	RI	02908 6. SIC Cade 7880
Structuring like-kind exchanges and acting a 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTAC President Name Charles J. Ajootian Street Address			_		
200 Smith Street			118 Washingto	n Street	
City	State	Zip	City	State	Zip
Providence Secretary Name	RI	02908	Westwood Treasurer Name	MA.	02090
Charles J. Ajoot: Street Address	lan		Edward Ajooti Street Address	an	
200 Smith Street			118 Washingto	n Street	•
City	State	Zip	City	State	Zip
Providence 9. NAMES AND ADDRESSI Director Name	RI ES OF THE DIR	02908 ECTORS (*X* BOX FOR A	Director Name	MA	02090
Charles J. Ajootian			Edward Ajootian		
200 Smith Street			118 Washington Street		
Providence	State RI	^{zip} 02908	City Westwood	State MA	^{zi} 02090
Director Name	•	• •	Director Name	• • • • •	••••
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED AUTHORIZED SHARES	("X" BOX FOR ATT	FACHMENT)	11. SHARES ISSUED (* ISSUED SHARES	X" BOX FOR ATTACHM	ENT)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 NO 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



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
Print or Type Name of Officer

President