

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, R1 02903-1335 401.222.3040

20 /2005

Form 630 12/01

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January FORM MUST BE TYPED I		ung ree: \$50.00		•	вK		
I. Corporate ID No. 117630	2. Name of Carpon	ation I Commons, Inc.					
3. Street Address Principal B	!		City	State	Zip		
2 REGENCY PLAZA			PROVIDENCE	RI	02903-		
4. Business Phone No. 5. State of Incorporation			ntion	A	6. SIC Code		
4013317226 RHODE ISLAN					5710		
7. Brief Description of the Ci	UIRE BY PURCHASI	R OR BY LEASE, E	ITHER AS A PARTNER WIT	TH OTHERS OR SOLEY	, HOUSING FOR LOW		
8. NAMES AND ADDR	ESSES OF THE OFF	ICERS ("X" BOX FOR	R.,WITH.RBLATED_FACILITY ATTACHMENT)	ACES BEFORE USING AT	TACHMENTS		
President Name			Vice President Name				
Phillip L. Clay				James F. Rushford			
Street Address			Street Address				
95 Berkeley Stre	eet		• 95 Berkeley Sti	reet			
City	State	Zip	City	State	Zip		
Boston	MA	02116	Boston	, MA	02116		
Secretary Name			Treasurer Name Stephen H. Anth	iony			
Street Address			Street Address				
GIVE ET THAT COS			.95 Berkeley Street				
City	State	Zip	City	State	Zip		
	ŀ	1	. Boston	MA	02116		
Director Name Phillip L. Clay Street Address 95 Berkeley Stree			ORATTACHMENT)   FILL IN  Director Name  Stephen H. Anth  Street Address  95 Berkeley Sti	nony	A Linear Property of the Control of		
City	State	Zip	·City	State	Zip		
Boston	MA	02116	Boston	MA	02116		
Director Name			Director Name				
Street Address			Street Address	· · · · · · · · · · · · · · · · · · ·			
City	State	Zip	City	State	AP.		
10. SHARES AUTHOR	IZED ("X" BOX FOR	ATTACHMENT)	11. SHARES ISSUED (*)	X" BOX FOR ATTACHMEN	$m = \frac{1}{\omega}$		
Number of Shares	Class/Scries	Par Value	Number of Shares	Class/Series	Par Valueti i		
4,000 COMM NO PAR VALUE		100	common	no par			
			٠				
This report must be sign	gned in ink by eithe	er the President, Vice	e President, Secretary, Assi				
1 1	( 0 3 U		Under penalty of pe	rjury, I declare and affirm	mai i nave examined		

this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct. \*117630 DBC 05/ File Date James F. Rushford Check No. Print or Type Name of Officer Secretary FOR SECRETARY OF STATE USE ONLY Title of Officer



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 IN	BLACK)							
1. Corporate ID No. 2. Name of Corporation								
117630	TCB Olmste	d Commons, Inc.						
3. Street Address Principal Bus	iness Office		City	State	Zip			
2 REGENCY PLAZA			PROVIDENCE	RI	02903-			
4. Business Phone No. 5. State of Incorporation			ation		6. SIC Code			
4013317226 RHODE ISLANI		ND		5710				
7. Brief Description of the Cha	racter of Business Con-	ducted in Rhode Island		<del> </del>				
			ither as a partner wi	TH OTHERS OR SOLE	Y, HOUSING FOR LOW			
AND MODERATE INCOM	B-PERSONS AND	FAMILIES TOGETHE	R_WITH_RELATED_FACILI	TIES.	TTACUMENTS			
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR A President Name			Vice President Name					
Phillip L. Clay			James F. Rushf	ord				
Street Address			Street Address	<u> </u>				
95 Berkeley Stree	<b>&gt;</b> +		. 95 Berkeley St	reet				
		12:-	*City	State	Zip			
City Boston	State MA	Zip	• •	MA	02116			
Secretary Name	I PLA	02116	- Boston Treasurer Name					
Secretary Name			Stephen H. Ant	hony				
	<del></del>			nony				
Street Address			•	Street Address				
			.95 Berkeley St					
City	State	Zip	City	State	Zip			
			. Boston	MA	02116			
	SSES OF THE DIR	ECTORS ("X" BOX FO	OR ATTACHMENT)   FILL IN	SPACES BEFORE USING	GATTACHMENTS' 1			
Director Name			Director Name					
Phillip L. Clay			Stephen H. Ant	hony				
Street Address			Street Address	<del></del>				
95 Berkeley Stree	et		95 Berkeley St	reet				
City	State	Zip	•City	State	Zip			
Boston	MA	02116	Boston	MA	02116			
Director Name		!	· Director Name					
			•		~			
Street Address			Street Address	<del>,</del>	<del></del>			
			•		<u> </u>			
City	State	Zip	City	State	Zig			
,		'	•		N			
10 SHARES ATTHORIS	ZED ("Y" ROY FOR	ATTACHMENT []	IL SHARES ISSUED /	"X" BOX FOR ATTACHME	תאי			
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)		ISSUED SHARES						
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value			
4,000 COMM NO PAR	VALUE		100	common	လ no par			
! 				İ	Δ,			
				<u> </u>				
This report must be sign	t <b>ed in ink</b> by eithe	er the President, Vic	e President, Secretary, Ass	istant Secretary, Trea	surer, Receiver or Trustee			
T1 11E11 1TE11 1E	118							
	olo ėliocinių igi							
1 1 7	630		Under penalty of p	erjury, I declare and affire	n that I have examined			

*117630	DBC (5100511517):17 PM*
File Date	
Check No.	JUN 20 2005
 Ву:	Byn radial
*******	TARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm	
this report, including any accompanying sch	edules and statements,
and that all statements contained herein are t	
<b>A</b> .	1 1
Same Custonel	6 pd 2005
Semature of Officer	Date
James F. Rushford	
Print or Type Name of Officer	
Secretary	
Title of Officer	Form 630 12/01

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3640

PROFIT CORPO Filing Period: January I -			RT FOR THE YEA	R 2003	_
FORM MUST BE TYPED IN BI					
I Corporate ID No. 117630	2 Name of Corporation TCB Olmsted (				
3 Street Address Principal Busine	ess Office		City	State	Zιp
c/o The Community	Builders Inc	.2 Regency Plaza	Providence	RI	02903
4. Business Phone No	•	5. State of Incorporation			6 SIC Code
401 331-7226		Rhode Island			5710
7 Brief Description of the Chara As the general parts	cter of Business Conduction of limited	cted in Rhode Island partnership which	develops affordable ho	ousing.	
8. NAMES AND ADDRESS President Name	SES OF THE OFFIC	CERS ("X" BOX FOR ATTA	CHMENT) T FILL IN SPACES	BEFORE USING ATTA	CHMENTS
Phillip L. Clay			James Rushford, As:	sistant Secret	ary
Street Address			Street Address		
95 Berkeley Street			95 Berkeley Street		
City	State	Ζφ	City	State	Zip
Boston	MA	02116	Boston	. MA	02116
Secretary Name		. :	Treasurer Name		• •
Christopher L. Nob	le		Stephen H. Anthony		
Street Address		-	Street Address		
95 Berkeley Street			95 Berkeley Street		
City	State	Zip	City	State	Zip
Boston	MA	02116	Boston	RI	02116 .
		CTORS ("X" BOX FOR AT	TACHMENT) TELL IN SPACE	ES BEFORE USING AT	TACHMENTS
Phillip L. Clay			Stephen H. Anthony		<u>こ</u> 、
Street Address			Street Address		5
317eer Address 95 Berkeley Street			95 Berkeley Street		' '
		7 -	City	State	<u>Σ</u> 7.φ
City	State	Ζιρ 02116	Boston	MA	ΩR Ω02116
Boston	MA	02116		Pikra	£. 2110
Director Name	مد		Director Name		
Christopher L. Nol	***	· · · · · · · · · · · · · · · · · · ·	Street Address	· · · · - · - · · · · · · · · · · · · ·	•
Street Address 75 BEIKELOW Street			Sireer Mauress		
City	State	Zip	- City	State	Zip
<del>dicator</del>	-X-A	100116	•		
10. SHARES AUTHORIZI	ED ("X" BOX FOR A	TTACILMENT)	11. SHARES ISSUED ("X" BO.	X FOR ATTACHMENT)	
AUTHORIZED SHARES Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
4 000 COMM NO DAD	VALUE		100	common	no par
4,000 COMM NO PAR '	VALUE		100		
This raport must ha signs	a in ink by Fill	LED ident Vice Pr	esident, Secretary, Assistant	Secretary Treasur	er Receiver or Trus.
ima report must be signe		0 9 2003		-2- 2-2-y, 2-2-4-10	•
	Вy	tmc			
	·-y				. 11.
		C 13422	Under penalty of perjury, this report, including any and that all statements co	accompanying schedu	les and statements,
			1 . P. /	1	11.5
File Dute			Separare of Officer	M 12	12 ( 03
Check No			Yames Rushfor Print or Type Name of Office		
В <u>у:</u>			Assistant Secre		
FOR SECRETARY OF STATE	USE ONLY		Title of Officer		Form 630 L

100 North Main Street, Providence, RJ 02903-133

401-222-3040

## ANNUAL REPORT FOR THE YEAR 2002 PROFIT CORPORATION

 i triou.	Junuary	1- Multin 1	•	riling	ree:	₽30.00	

FORM MUST	BE TY	PED IN	BLACK
-----------	-------	--------	-------

1. Corporate ID No.

2. Name of Corporation

117630

TCB Olmsted Commons, Inc.

401-331-7226

& Street Address Principal Business Office Builders, Inc. 2 Regency
4. Business Phone No.

5. State of Incorporation **RHODE ISLAND**  City

State

ZIp

Providence

RI

5710

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

As the general partner of limited partnership which develops affordable housing

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

President Name

Phillip L. Clay

Street Address

Secretary Name

Street Address

City

95 Berkeley Street

Christopher L. Noble

95 Berkeley Street

Boston

State

95 Berkeley Street

James Rushford

City

Street Address

State

Zip

Boston

MA

02116

Treasurer Name

Stephen H. Anthony

Stephen H. Anthony

95 Berkeley Street

95 Berkeley Street

City

MA

02116

Zip

MA 02116 Boston 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

Phillip L. Clay

Boston

Street Address

95 Berkeley Street

Christopher L. Noble

95 Berkeley Street

City Boston

Director Name

Street Address

MA

MA

02116

02116

MA

Zip

02116

Boston Director Name

Director Name

Street Address

Street Address

City

State

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

ZIp

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

AUTHORIZED SHARES

Boston

Number of Shares

Class/Series

Par Value

Number of Shares

ISSUED SHARES

Class/Serles

Par Value

31,

Date

100

4,000 COMM NO PAR VALUE

common

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

no par

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



2-1-02 File Date:

Check No .:

FOR SECRETARY OF STATE USE ONLY

that all statements contained herein are true and correct. James Rushford

Print or Type Name of Officer

<u> Assistant Secretary</u> Title of Officer **€**> 5

Form 630 12/01

2002