



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

Matthew A. Brown
Secretary of State

**Corporations
Division**

Business Section

Phone 401-222-3040
Fax 401-222-1309
corporations@sec.state.ri.us

**Business Information
Center**

Phone 401-222-2185
Fax 401-222-3890
businessinfo@sec.state.ri.us

**Notary & Trademark
Sections**

Phone 401-222-1487
Fax 401-222-3879
notaries@sec.state.ri.us
trademarks@sec.state.ri.us

UCC Section

Phone 401-222-3040
Fax 401-222-3879
ucc@sec.state.ri.us

100 North Main Street
Providence, RI 02903

Office of the
Secretary of State

State House Room 217
Providence, RI 02903

Phone 401-222-2357
Fax 401-222-1356
TTY: 711

www.state.ri.us

July 26, 2005

TCB Olmsted Commons, Inc.
2 Regency Plaza
Providence, RI 02903

Re: **ID 117630**
TCB Olmsted Commons, Inc.

To Whom It May Concern:

A Revocation Certificate was issued to the above-named corporation on November 7, 2003 for failure to file a 2003 Annual Report. After researching our files, we have found that the corporation formally reinstated its certificate of incorporation on December 9, 2003, and the filing was not properly entered into our computer because of a data entry error.

Our records have been amended to properly reflect the reinstatement filing of December 9, 2003. As a result, the corporation is entitled to a refund of \$150.00, representing the filing fee of duplicate 2003 annual reports and 2 years in penalty fees. A refund check will be forwarded to you from the State Treasurer's office. Please allow 4-6 weeks for processing.

Thank you for your patience and cooperation in helping us to address this error. If you have any questions, please feel free to contact Barry Chipman, Fiscal Manager, Office of the Secretary of State, Matthew A. Brown, 100 North Main Street, Providence, RI 02903, PHONE: (401) 222-3040, FAX: (401) 222-3879, Email: bchipman@sec.state.ri.us.

Sincerely,

CORPORATIONS DIVISION

Maureen E. Ewing

Maureen E. Ewing
Assistant to the Director

Enc.



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 2003

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 117630		2. Name of Corporation TCB Olmsted Commons, Inc.			
3. Street Address Principal Business Office 2 REGENCY PLAZA		City PROVIDENCE	State RI	Zip 02903-	
4. Business Phone No. 4013317226		5. State of Incorporation RHODE ISLAND		6. SIC Code 5710	
7. Brief Description of the Character of Business Conducted in Rhode Island TO DEVELOP OR ACQUIRE BY PURCHASE OR BY LEASE, EITHER AS A PARTNER WITH OTHERS OR SOLEY, HOUSING FOR LOW AND MODERATE INCOME PERSONS AND FAMILIES TOGETHER WITH RELATED FACILITIES					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Phillip L. Clay		Vice President Name James F. Rushford			
Street Address 95 Berkeley Street		Street Address 95 Berkeley Street			
City Boston	State MA	Zip 02116	City Boston	State MA	Zip 02116
Secretary Name		Treasurer Name Stephen H. Anthony			
Street Address		Street Address 95 Berkeley Street			
City	State	Zip	City Boston	State MA	Zip 02116
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Phillip L. Clay		Director Name Stephen H. Anthony			
Street Address 95 Berkeley Street		Street Address 95 Berkeley Street			
City Boston	State MA	Zip 02116	City Boston	State MA	Zip 02116
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
4,000 COMM NO PAR VALUE			100	common	no par

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



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File Date

FILED

Check No. JUN 20 2005

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] /20/2005
Signature of Officer Date

James F. Rushford

Print or Type Name of Officer

Secretary

Title of Officer

Form 630 12/01