



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 62331		2. Name of Corporation L & M MANAGEMENT, INC.			
3. Street Address Principal Business Office 155 Jenckes Hill Road			City Lincoln	State RI	Zip 02865
4. Business Phone No. (401) 723-4460		5. State of Incorporation RHODE ISLAND			6. SIC Code 5579
7. Brief Description of the Character of Business Conducted in Rhode Island TO BUY, SELL, OWN & MANAGE REAL ESTATE					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name MICHEL G. LAMBERT			Vice President Name LUC M. LAMBERT		
Street Address 155 Jenckes Hill Road			Street Address 60 Madeira Avenue		
City Lincoln	State RI	Zip 02865	City Central Falls	State RI	Zip 02863
Secretary Name MICHEL G. LAMBERT			Treasurer Name LUC M. LAMBERT		
Street Address 155 Jenckes Hill Road			Street Address 60 Madeira Avenue		
City Lincoln	State RI	Zip 02865	City Central Falls	State RI	Zip 02863
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name MICHEL G. LAMBERT			Director Name LUC M. LAMBERT		
Street Address 155 Jenckes Hill Road			Street Address 60 Madeira Avenue		
City Lincoln	State RI	Zip 02865	City Central Falls	State RI	Zip 02863
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
300 COMM NO PAR VALUE			200	Common	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 1-18-05
Check No. 2223
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] 1/18/05
Signature of Officer Date
MICHEL G. LAMBERT
Print or Type Name of Officer
PRESIDENT
Title of Officer



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City Lincoln	State RI	Zip 02865	City Central Falls	State RI	Zip 02863
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
300 COMM NO PAR VALUE			200	Common	No Par Value

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



* 6 2 3 3 1 *

File Date 1-26-04
Check No. 18185
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] 1/9/04
Signature of Officer Date
MICHEL G. LAMBERT
Print or Type Name of Officer
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. **62331** 2. Name of Corporation **L & M MANAGEMENT, INC.**
3. Street Address Principal Business Office **153 Jenckes Hill Road** City **Lincoln** State **RI** Zip **02865**
4. Business Phone No. **(401) 723-4460** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **5579**

7. Brief Description of the Character of Business Conducted in Rhode Island
To buy, sell, own & manage real estate and any other lawful business.

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

President Name MICHEL G. LAMBERT	Vice President Name LUC M. LAMBERT
Street Address 153 Jenckes Hill Road	Street Address 60 Madeira Avenue
City State Zip Lincoln RI 02865	City State Zip Central Falls RI 02863
Secretary Name MICHEL G. LAMBERT	Treasurer Name LUC M. LAMBERT
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9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

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Street Address 153 Jenckes Hill Road	Street Address 60 Madeira Avenue
City State Zip Lincoln RI 02865	City State Zip Central Falls RI 02863
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
	300	COMM NO PAR VALUE	

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	200	Common	No par value

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



* 6 2 3 3 1 *

File Date: **FILED** **JAN 31 2003**
Check No.: **BY CAM 31199**
By: _____
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.

Michel G. Lambert 1/24/03
Signature of Officer Date

MICHEL G. LAMBERT
Print or Type Name of Officer

PRESIDENT
Title of Officer

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. **62331** 2. Name of Corporation **L & M MANAGEMENT, INC.**
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President Name MICHEL G. LAMBERT	Vice President Name LUC M. LAMBERT
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Director Name MICHEL G. LAMBERT	Director Name LUC M. LAMBERT
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City Lincoln State RI Zip 02865	City Central Falls State RI Zip 02863
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
300 COMM NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
200 Common No par value

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



* 6 2 3 3 1 *

File Date: 1/31/02
Check No.: 57097
By: [Signature]

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] 1/31/02
Signature of Officer Date

MICHEL G. LAMBERT

Print or Type Name of Officer

President

Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

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

(FORM MUST BE TYPED IN BLACK)

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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
300 COMM NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
200 Common 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: 2/26
Check No.: 5302
By: [Signature]

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: [Signature] Date: 1/16/01
MICHEL G. LAMBERT
Print or Type Name of Officer
President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

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

(FORM MUST BE TYPED IN BLACK)

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

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

AUTHORIZED SHARES	Class/Series	Par Value
300 SHS COM NO PAR VAL		

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

ISSUED SHARES	Class/Series	Par Value
200	Common	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: 8-17-00
Check No.: 5080
By: AMF
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.

Michel G. Lambert 1/18/00
Signature of Officer Date
MICHEL G. LAMBERT
Print or Type Name of Officer
President
Title of Officer



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. **62331** 2. Name of Corporation **L & M MANAGEMENT, INC.**

3. Street Address Principal Business Office
153 Jenckes Hill Road City Lincoln State RI Zip 02865

4. Business Phone No. (401) 723-4460 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **5579**

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

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
300 SHS COM NO PAR VAL			

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	200	Common	No par value

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



* 6 2 3 3 1 *

File Date: April 1999
4374
Check No.: _____
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.

X Michel G. Lambert 4/1999
Signature of Officer Date

MICHEL G. LAMBERT
Print or Type Name of Officer

President
Title of Officer



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. **62331** 2. Name of Corporation **L & M MANAGEMENT, INC.**
3. Street Address Principal Business Office
153 Jenckes Hill Road City **Lincoln** State **RI** Zip **02865**
4. Business Phone No. **(401) 723-4460** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **5579**

7. Brief Description of the Character of Business Conducted in Rhode Island
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8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

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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
300 SHS COM NO PAR VAL

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

ISSUED SHARES
Number of Shares Class/Series Par Value
200 Common 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: 2.20.98
Check No.: 3832
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] 2/19/98
Signature of Officer Date
MICHEL G. LAMBERT
Print or Type Name of Officer
President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT 1997
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **62331** 2. Name of Corporation **L & M MANAGEMENT, INC.**
3. Street Address Principal Business Office **153 Jenckes Hill Road** City **Lincoln** State **RI** Zip **02865**
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Street Address 153 Jenckes Hill Road	Street Address 60 Madeira Avenue
City State Zip Lincoln RI 02865	City State Zip Central Falls RI 02863
Secretary Name MICHEL G. LAMBERT	Treasurer Name LUC M. LAMBERT
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9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name MICHEL G. LAMBERT	Director Name LUC M. LAMBERT
Street Address 153 Jenckes Hill Road	Street Address 60 Madeira Avenue
City State Zip Lincoln RI 02865	City State Zip Central Falls RI 02863
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

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

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
300 SHS COM NO PAR VAL			200	Common	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: 3-10-97
Check No.: 3339
By: LUP

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.
Michel G. Lambert 3-10-97
Signature of Officer Date
MICHEL G. LAMBERT
Print or Type Name of Officer
President
Title of Officer

**PROFIT CORPORATION
ANNUAL REPORT**

1996



State of Rhode Island and Providence Plantations
James R. Langevin, *Secretary of State*
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335 • (401) 277-3040

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

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. 62331		2. NAME OF CORPORATION L & M MANAGEMENT, INC.	
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 153 Jenckes Hill Road		CITY Lincoln	STATE RI
4. BUSINESS PHONE NO. (401) 723-4460		5. STATE OF INCORPORATION RHODE ISLAND	
		6. SIC CODE 5579	

7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND
TO BUY, SELL, OWN & MANAGE REAL ESTATE & ANY OTHER LAWFUL BUSINESS

8. NAMES AND ADDRESSES OF THE OFFICERS		
PRESIDENT NAME MICHEL G. LAMBERT		VICE PRESIDENT NAME LUC M. LAMBERT
STREET ADDRESS 153 Jenckes Hill Road		STREET ADDRESS 60 Madeira Avenue
CITY Lincoln	STATE RI	ZIP CODE 02865
SECRETARY NAME MICHEL G. LAMBERT		TREASURER NAME LUC M. LAMBERT
STREET ADDRESS 153 Jenckes Hill Road		STREET ADDRESS 60 Madeira Avenue
CITY Lincoln	STATE RI	ZIP CODE 02865
		CITY Central Falls
		STATE RI
		ZIP CODE 02863

9. NAMES AND ADDRESSES OF THE DIRECTORS		
DIRECTOR NAME MICHEL G. LAMBERT		DIRECTOR NAME LUC M. LAMBERT
STREET ADDRESS 153 Jenckes Hill Road		STREET ADDRESS 60 Madeira Avenue
CITY Lincoln	STATE RI	ZIP CODE 02865
		CITY Central Falls
		STATE RI
		ZIP CODE 02863

10. SHARES AUTHORIZED AND ISSUED					
AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
300 SHS COM	NO PAR VAL		200	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, and that all statements contained herein are true and correct.

File Date: 2-9-96

Check No: 2784

By: *msf/yp*
For Secretary of State Use Only

Michel G. Lambert
Signature of Officer

MICHEL G. LAMBERT
Print or Type Name of Officer

PRESIDENT
Title of Officer

2/5/96
Date



ANNUAL REPORT

Please Type or Print
 File Annually - Jan. 1 - March 1
 Filing Fee \$50.00
 Make Checks Payable to: Secretary of State

ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.

Corporate ID: 0062331 Annual Report for the year: 1995

Name of Corporation: L & M MANAGEMENT, INC.

Business entity organized under the laws of the State of: Rhode Island

For foreign entity, address and telephone number of principal office:

N/A

Business Entity is (check one):

Business Corporation (See RIGL Chapter 7-1.1)

Professional Service Corporation (See RIGL Chapter 7-5.1)

Brief statement of the character of business conducted in Rhode Island:

To buy, sell, own and manage real estate and any other lawful business

Phone: ()

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

74 Madeira Avenue

Central Falls, RI 02863

Phone: (401) 723-4460

THE NAMES OF THE OFFICERS ARE:

OFFICER	STREET ADDRESS	CITY/STATE	ZIP CODE
PRESIDENT	Michel G. Lambert	74 Madeira Avenue, Central Falls, RI	02863
VICE PRESIDENT	Luc M. Lambert	60 Madeira Avenue, Central Falls, RI	02863
SECRETARY	Michel G. Lambert	74 Madeira Avenue, Central Falls, RI	02863
TREASURER	Luc M. Lambert	60 Madeira Avenue, Central Falls, RI	02863

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
Michel G. Lambert	74 Madeira Avenue, Central Falls, RI	02863	
Luc M. Lambert	60 Madeira Avenue, Central Falls, RI	02863	

NUMBER OF SHARES AUTHORIZED (Rider may be attached)

Number of Shares 300 Class / Series Common/No Par Value

NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)

Number of Shares 200 Class / Series Common/No Par Value

Date February 28, 1995

By:

Michel G. Lambert

MICHEL G. LAMBERT

PRINT OR TYPE NAME OF OFFICER SIGNING

PRESIDENT

TITLE OF OFFICER SIGNING

DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

JOHN A. SABATINI
 716 CENTRAL AVENUE
 PAWTUCKET RI 02861

FILED

MAR 14 1995

By: *AMT#24*
137777

Filing Fee \$50.00
Payable to:
Secretary of State

PLEASE TYPE or PRINT
State of Rhode Island and Providence Plantations
Office of The Secretary of State
100 North Main Street
Providence, Rhode Island 02903-1335
401-277-3040

Chart 1864
MAL

File Annually
LLC: Sept. 1 - Nov. 1
CORP: Jan. 1 - March 1

Corporate ID 0062551 Annual Report for the year: 1994

Name of Business Entity: L & M MANAGEMENT, INC.

Business entity organized under the laws of the State of: RI

Federal Taxpayer Identification Number: X05-0456291

For foreign entity, address and telephone number of principal office:
N/A

Phone: ()

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box)

74 Madeira Avenue
Central Falls, RI 02864

Phone: (401) 723-4460

Business Entity is (check one)

- Business Corporation (See RIGL Chapter 7-1.1)
- Professional Service Corporation (See RIGL Chapter 7-5.1)
- Limited Liability Company (See RIGL 7-16)

Name, title and mailing address of contact person to whom communications may be directed

Michel G. Lambert, Pres.
74 Madeira Avenue
Central Falls, RI 02863

Brief statement of the character of business conducted in Rhode Island:
To buy, sell, own and manage real estate
and any other lawful purpose.

Date of Organization: October 31, 1990

Date of Qualification to do business in Rhode Island (if foreign entity):

THE NAMES OF THE OFFICERS ARE:

OFFICE	NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<input checked="" type="checkbox"/> PRESIDENT (CON. OR)	Michel G. Lambert	74 Madeira Avenue, Central Falls, RI	RI	02863
<input checked="" type="checkbox"/> VICE PRESIDENT (CON. OR)	Luc M. Lambert	60 Madeira Avenue, Central Falls, RI	RI	02863
<input checked="" type="checkbox"/> SECRETARY (CON. OR)	Michel G. Lambert	74 Madeira Avenue, Central Falls, RI	RI	02863
<input checked="" type="checkbox"/> TREASURER (CON. OR)	Luc M. Lambert	60 Madeira Avenue, Central Falls, RI	RI	02863

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
Michel G. Lambert	74 Madeira Avenue, Central Falls, RI	RI	02863
Luc M. Lambert	60 Madeira Avenue, Central Falls, RI	RI	02863

NUMBER OF SHARES AUTHORIZED (If Applicable)	NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)
NUMBER 300	NUMBER 200
CLASS Common	CLASS Common
SERIES	SERIES
PAR VALUE OR WITHOUT PAR No Par Value	PAR VALUE OR WITHOUT PAR No Par Value

FILED
JUN 13 1994

By *MAL*

Date FEBRUARY 28, 19 94

By *Michel G. Lambert*

MICHEL G. LAMBERT
PRINT OR TYPE NAME OF OFFICER SIGNING
PRESIDENT
TITLE OF OFFICER SIGNING

Form 3 1-54

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form LLC 3 must be filed.

JOHN A. SABATINI
50 SUMMIT STREET
PAWTUCKET RI 02860

Filing Fee \$50.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

1173

Corporate ID 0052331 Annual Report for the year 1993

FIRST: The name of the corporation is L & M MANAGEMENT, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is to buy, sell, own and manage real estate and any other lawful purpose.

FOURTH: If foreign corporation, address of its principal office N/A

FIFTH: Business address in Rhode Island 74 Madeira Avenue, Central Falls, RI 02863

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Luc M. Lambert	Director	60 Madeira Avenue, Central Falls, RI 02863
Michel G. Lambert	Director	74 Madeira Avenue, Central Falls, RI 02863
	Director	
Michel G. Lambert	President	74 Madeira Avenue, Central Falls, RI 02863
Luc M. Lambert	Vice President	60 Madeira Avenue, Central Falls, RI 02863
Michel G. Lambert	Secretary	74 Madeira Avenue, Central Falls, RI 02863
Luc M. Lambert	Treasurer	60 Madeira Avenue, Central Falls, RI 02863

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
300	Common	PAID	No Par Value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
200	Common		No Par Value

FEB 22 1993
SECY OF STATE

Dated February 19, 1993

L & M MANAGEMENT, INC.
(Name of Corporation)

By Michel G. Lambert
MICHEL G. LAMBERT

Title President

(Report must be signed by an officer)

Filing Fee \$50.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

0052331

Corporate ID 0052331 Annual Report for the year 1992

FIRST: The name of the corporation is L & M MANAGEMENT, INC.

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THIRD: Character of business, briefly stated, is to buy, sell, own and manage
real estate and any other lawful purpose.

FOURTH: If foreign corporation, address of its principal office N/A

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SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Luc M. Lambert	Director	60 Madeira Ave., Central Falls, RI 02863
Michel G. Lambert	Director	74 Madeira Ave., Central Falls, RI 02863
	Director	
Michel G. Lambert	President	74 Madeira Ave., Central Falls, RI 02863
Luc M. Lambert	Vice President	60 Madeira Ave., Central Falls, RI 02863
Michel G. Lambert	Secretary	74 Madeira Ave., Central Falls, RI 02863
Luc M. Lambert	Treasurer	60 Madeira Ave., Central Falls, RI 02863

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
300	Common		No Par Value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
200	Common		No Par Value

PAID
MAR 09 1992
SECY OF STATE

Dated February 28, 1992

L & M MANAGEMENT, INC.

(Name of Corporation)

By Michel G. Lambert

Title President

(Report must be signed by an officer)

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0062881 Annual Report for the year 1991

FIRST: The name of the corporation is L & M MANAGEMENT, INC.

SECOND: It is incorporated under the laws of RHODE ISLAND

THIRD: Character of business, briefly stated, is to buy, sell, own and manage real estate and any other lawful purpose.

FOURTH: If foreign corporation, address of its principal office N/A

FIFTH: Business address in Rhode Island 74 Madeira Avenue, Central Falls, RI 02863

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Luc M. Lambert	Director	60 Madeira Avenue, Central Falls, RI 02863
Michel G. Lambert	Director	74 Madeira Avenue, Central Falls, RI 02863
	Director	
Michel G. Lambert	President	74 Madeira Avenue, Central Falls, RI 02863
Luc M. Lambert	Vice President	60 Madeira Avenue, Central Falls, RI 02863
Michel G. Lambert	Secretary	74 Madeira Avenue, Central Falls, RI 02863
Luc M. Lambert	Treasurer	60 Madeira Avenue, Central Falls, RI 02863

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
300	Common		No Par Value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
200	Common		No Par Value

PAID
MAR 05 1991
SECY OF STATE

Dated February 11, 19 91

L & M MANAGEMENT, INC.
(Name of Corporation)

By Michel G. Lambert

Title PRESIDENT

(Report must be signed by an officer)