

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
401 222-3640

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. 81232
2. Name of Corporation Carver Street, Inc.
3. Street Address Principal Business Office 150 CHESTNUT STREET
City PROVIDENCE State RI Zip 02903
4. Business Phone No. 4012720300
5. State of Incorporation RHODE ISLAND
6. SIC Code 5579
7. Brief Description of the Character of Business Conducted in Rhode Island
TO PURCHASE, OWN, OPERATE, MANAGE AND SELL REAL ESTATE

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

President Name David Malkin Street Address 150 Chestnut Street City Providence State RI Zip 02903	Vice President Name David Malkin Street Address 150 Chestnut Street City Providence State RI Zip 02903
Secretary Name David Malkin Street Address 150 Chestnut Street City Providence State RI Zip 02903	Treasurer Name David Malkin Street Address 150 Chestnut Street City Providence State RI Zip 02903

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

Director Name David Malkin Street Address 150 Chestnut Street City Providence State RI Zip 02903	Director Name Street Address City State Zip
Director Name Street Address City State Zip	Director Name Street Address City State Zip

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

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
500	common	none

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



8 1 2 3 2

81232 DBC 02/01/05 08:22:12 AM	
File Date	2-9-05
Check No	1795
By	KB
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 Date 2/5/05
David Malkin
Print or Type Name of Officer
President
Title of Officer



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 3049

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. 81232 2. Name of Corporation Carver Street, Inc.
3. Street Address Principal Business Office 150 CHESTNUT STREET City PROVIDENCE State RI Zip 02903
4. Business Phone No. 4012720300 5. State of Incorporation RHODE ISLAND 6. SIC Code 5579
7. Brief Description of the Character of Business Conducted in Rhode Island
TO PURCHASE, OWN, OPERATE, MANAGE AND SELL REAL ESTATE

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

President Name DAVID MALKIN Street Address 150 CHESTNUT STREET City PROVIDENCE State RI Zip 02903			Vice President Name DAVID MALKIN Street Address 150 CHESTNUT STREET City PROVIDENCE State RI Zip 02903		
Secretary Name DAVID MALKIN Street Address 150 CHESTNUT STREET City PROVIDENCE State RI Zip 02903			Treasurer Name DAVID MALKIN Street Address 150 CHESTNUT STREET City PROVIDENCE State RI Zip 02903		

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

Director Name DAVID MALKIN Street Address 150 CHESTNUT STREET City PROVIDENCE State RI Zip 02903			Director Name Street Address City State Zip		
Director Name Street Address City State Zip			Director Name Street Address City State Zip		

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

AUTHORIZED SHARES	Class/Series	Par Value
1,000 NO PAR VALUE		

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

ISSUED SHARES	Class/Series	Par Value
500	COMMON	NONE

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



8 1 2 3 2

81232 DBC 01/19/04 03:20:51 PM

File Date 1-28-04

Check No 1049

By 10P

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

Date 1-22-04

DAVID MALKIN

Print or Type Name of Officer

PRESIDENT

Title of Officer

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 2003

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. *81232*		2. Name of Corporation Carver Street, Inc.	
3. Street Address Principal Business Office 150 CHESTNUT STREET		City PROVIDENCE	State RI
4. Business Phone No. 4012720300		5. State of Incorporation RHODE ISLAND	6. SIC Code 5579
7. Brief Description of the Character of Business Conducted in Rhode Island TO PURCHASE, OWN, OPERATE, MANAGE AND SELL REAL ESTATE			
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name DAVID MALKIN		Vice President Name DAVID MALKIN	
Street Address 150 CHESTNUT STREET		Street Address 150 CHESTNUT STREET	
City PROVIDENCE	State RI	City PROVIDENCE	State RI
Zip 00903		Zip 02903	
Secretary Name DAVID MALKIN		Treasurer Name DAVID MALKIN	
Street Address 150 CHESTNUT STREET		Street Address 150 CHESTNUT STREET	
City PROVIDENCE	State RI	City PROVIDENCE	State RI
Zip 02903		Zip 02903	
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name DAVID MALKIN		Director Name	
Street Address 150 CHESTNUT STREET		Street Address	
City PROVIDENCE	State RI	City	State
Zip 02903		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
AUTHORIZED SHARES			
Number of Shares	Class/Series	Par Value	
1,000 NO PAR VALUE			
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
ISSUED SHARES			
Number of Shares	Class/Series	Par Value	
500	COMMON	NONE	

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



* 8 1 2 3 2 *

**81232* 2/8/03 1:00:38 PM*

File Date 2/12/03

Check No. 1535

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 of Officer

Date

DAVID MALKIN

Print or Type Name of Officer

PRESIDENT

Title of Officer

Form 630 12/01



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.

81232

2. Name of Corporation

Carver Street, Inc.

3. Street Address Principal Business Office

150 Chestnut Street

City

Providence

State

RI

Zip

02903

4. Business Phone No.

272-0300

5. State of Incorporation

RHODE ISLAND

6. SIC Code

5579

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

Real estate property managers

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

President Name

David Malkin

Vice President Name

David Malkin

Street Address

150 Chestnut Street

Street Address

150 Chestnut Street

City

Providence

State

RI

Zip

02903

City

Providence

State

RI

Zip

02903

Secretary Name

David Malkin

Treasurer Name

David Malkin

Street Address

150 Chestnut Street

Street Address

150 Chestnut Street

City

Providence

State

RI

Zip

02903

City

Providence

State

RI

Zip

02903

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

Director Name

David Malkin

Director Name

Street Address

150 Chestnut Street

Street Address

City

Providence

State

RI

Zip

02903

City

State

Zip

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

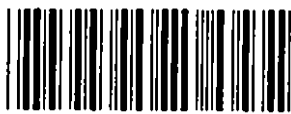
Par Value

500

Common

None

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



* 8 1 2 3 2 *

File Date: 2/12/02

Check No.: 16123

By: T.B.

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]
Signature of Officer David Malkin Date

Print or Type Name of Officer
President

Title of Officer

5

Form 630 12/01



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



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. **81232** 2. Name of Corporation **Carver Street, Inc.**

3. Street Address Principal Business Office **150 Chestnut Street** City **Providence** State **RI** Zip **02903**

4. Business Phone No. **272-0300** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **5579**

7. Brief Description of the Character of Business Conducted in Rhode Island
Real estate property managers

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

President Name David Malkin	Vice President Name David Malkin
Street Address 150 Chestnut Street	Street Address 150 Chestnut Street
City Providence State RI Zip 02903	City Providence State RI Zip 02903
Secretary Name David Malkin	Treasurer Name David Malkin
Street Address 150 Chestnut Street	Street Address 150 Chestnut Street
City Providence State RI Zip 02903	City Providence State RI Zip 02903

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

Director Name David Malkin	Director Name
Street Address 150 Chestnut Street	Street Address
City Providence State RI Zip 02903	City State Zip
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
500 Common None

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



* 8 1 2 3 2 *

File Date: 3/2

Check No.: 1309

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] Date 2/27/01
Signature of Officer David Malkin

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.

81232

2. Name of Corporation

Carver Street, Inc.

3. Street Address Principal Business Office

150 Chestnut Street

City

Providence

State

RI

Zip

02903

4. Business Phone No.

272-0300

5. State of Incorporation

RHODE ISLAND

6. SIC Code

5579

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

Real estate property managers

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

President Name

David Malkin

Street Address

150 Chestnut Street

City

Providence

State

RI

Zip

02903

Secretary Name

David Malkin

Street Address

150 Chestnut Street

City

Providence

State

RI

Zip

02903

Vice President Name

David Malkin

Street Address

150 Chestnut Street

City

Providence

State

RI

Zip

02903

Treasurer Name

David Malkin

Street Address

150 Chestnut Street

City

Providence

State

RI

Zip

02903

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

Director Name

David Malkin

Street Address

150 Chestnut Street

City

Providence

State

RI

Zip

02903

Director Name

Director Name

David Malkin

Street Address

150 Chestnut Street

City

Providence

State

RI

Zip

02903

Director Name

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

1000 SHS NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

500

common

none

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



* 8 1 2 3 2 *

File Date: 2/23/00

Check No.: 1187

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] 2/23/00
Signature of Officer Date

DAVID MALKIN

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. 81232		2. Name of Corporation Carver Street, Inc.		
3. Street Address Principal Business Office 150 Chestnut Street		City Providence	State RI	Zip 02903
4. Business Phone No. 272-0300		5. State of Incorporation RHODE ISLAND		6. SIC Code 5579
7. Brief Description of the Character of Business Conducted in Rhode Island Real estate property managers				
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name David Malkin		Vice President Name David Malkin		
Street Address 150 Chestnut Street		Street Address 150 Chestnut Street		
City Providence	State RI	Zip 02903	City Providence	State RI
Secretary Name David Malkin		Treasurer Name David Malkin		
Street Address 150 Chestnut Street		Street Address 150 Chestnut Street		
City Providence	State RI	Zip 02903	City Providence	State RI
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name David Malkin		Director Name David Malkin		
Street Address 150 Chestnut Street		Street Address 150 Chestnut Street		
City Providence	State RI	Zip 02903	City Providence	State RI
Director Name David Malkin		Director Name David Malkin		
Street Address 150 Chestnut Street		Street Address 150 Chestnut Street		
City Providence	State RI	Zip 02903	City Providence	State RI
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
1000 SHS NO PAR VALUE			0	None

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



File Date: 11/10/99
1069
Check No.:
By: JD

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: David Malkin Date: 2/26/99
Print or Type Name of Officer: DAVID MALKIN
Title of Officer: Pres



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

1998



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **81232** 2. Name of Corporation **Carver Street, Inc.**

3. Street Address Principal Business Office **P.O. Box 72762** City **Providence** State **RI** Zip **02907**
4. Business Phone No. **RHODE ISLAND** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **5579**

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

to purchase, own, operate, manage and sell real estate

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

President Name	David Malkin	Vice President Name	David Malkin
Street Address	P.O. Box 72762	Street Address	P.O. Box 72762
City	Prov. RI 02907	City	Providence RI 02907
Secretary Name	David Malkin	Treasurer Name	David Malkin
Street Address	Same	Street Address	Same
City	State Zip	City	State Zip

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

Director Name	None	Director Name	
Street Address		Street Address	
City	State Zip	City	State Zip
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
1000 SHS NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
500 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: **25.98**
Check No.: **1340**
By: **100**
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 **David Malkin** Date **23 98**
Print or Type Name of Officer **David Malkin**
Title of Officer **President**



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 1997

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 81232 2. Name of Corporation Carver Street, Inc.
3. Street Address Principal Business Office P.O. Box 72762 City Providence State RI Zip 02907
4. Business Phone No. 785-4800 5. State of Incorporation Rhode Island 6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island
to purchase, own, operate, manage and sell Real Estate

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

President Name	David Malkin	Vice President Name	David Malkin
Street Address	P.O. Box 72762	Street Address	same
City	Providence	City	same
State	R.I.	State	RI
Zip	02907	Zip	02907
Secretary Name	David Malkin	Treasurer Name	David Malkin
Street Address	same	Street Address	same
City	Providence	City	Providence
State	R.I.	State	RI
Zip	02907	Zip	02907

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

Director Name	none	Director Name	
Street Address		Street Address	
City		City	
State		State	
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City		City	
State		State	
Zip		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
1000	Common		500	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: 2/7/97
Check No.: 1255
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 of Officer: David Malkin Date: 2/5/99
Print or Type Name of Officer: David Malkin
Title of Officer: President

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.		2. NAME OF CORPORATION			
812321		Carver Street, Inc.			
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE		CITY	STATE	ZIP CODE	
P.O. Box 72762		Providence	RI	02907	
4. BUSINESS PHONE NO.		5. STATE OF INCORPORATION			6. SIC CODE
		Rhode Island			5579
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND					
to purchase, own, operate, manager and sell real estate					
8. NAMES AND ADDRESSES OF THE OFFICERS					
PRESIDENT NAME			VICE PRESIDENT NAME		
David Malkin			David Malkin		
STREET ADDRESS			STREET ADDRESS		
P. O. Box 72762			P.O. Box 72762		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
Providence	RI	02907	Providence	RI	02907
SECRETARY NAME			TREASURER NAME		
David Malkin			David Malkin		
STREET ADDRESS			STREET ADDRESS		
Same			Same		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
9. NAMES AND ADDRESSES OF THE DIRECTORS					
DIRECTOR NAME			DIRECTOR NAME		
None					
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
DIRECTOR NAME			DIRECTOR NAME		
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
10. SHARES AUTHORIZED AND ISSUED					
AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
1,000	Common	No par value	500	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:

2/8/96

Check No:

1126

By:

cc

For Secretary of State Use Only

Signature of Officer

David Malkin

David Malkin
Print or Type Name of Officer

President

Title of Officer

2/8/96
Date



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

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: 0081232 Annual Report for the year: 1995

Name of Corporation: Carver Street, Inc.

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

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

Phone: ()

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

273 Bowen Street
Providence, RI

Phone: (401) 781-2435

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 purchase, own, operate, manage and sell
Real Estate.

THE NAMES OF THE OFFICERS ARE:

PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
-----------	----------------	------------	----------

David Malkin

273 Bowen Street, Providence, RI 02906

VICE PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
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SECRETARY	STREET ADDRESS	CITY/STATE	ZIP CODE
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David Malkin

273 Bowen Street, Providence, RI 02906

TREASURER	STREET ADDRESS	CITY/STATE	ZIP CODE
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David Malkin

273 Bowen Street, Providence, RI 02906

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
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David Malkin

273 Bowen Street, Providence, RI 02906

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
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NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
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NUMBER OF SHARES AUTHORIZED (Rider may be attached)

Number of Shares 1,000 Class / Series Common

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

Number of Shares 500 Class / Series Common

Date 3/29, 19 95

By: [Signature]

David Malkin

PRINT OR TYPE NAME OF OFFICER SIGNING

President

TITLE OF OFFICER SIGNING

Form 31 1/95

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 B. MURPHY
38 NORTH COURT STREET
PROVIDENCE RI 02903

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MAY 30 1995
1053
SECRETARY OF STATE