

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401 222.3640

EAD 2005

2 Name of Corpor Carver Stree				
		City	State	Ζφ
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	•			6 SIC Cod 5579
		'ATE		
ESSES OF THE OFF	ICERS ("X" BOX FOR AT	Vice President Name	CES BEFORE USING AT	PTACHMENTS
eet.			reet	
	Zισ	City	State	Z_{ip}
RI		Providence	RI	02903
	02,00	Treasurer Name David Malkin		
		Street Address		
eet		150 Chestnut Sti	reet	
State	Zip	City	State	Z_{ip}
RI	02903	Providence	RI	02903
ESSES OF THE DIR	ECTORS ("X" BOX FOR A		PACES BEFORE USING	ATTACHMENTS
		Director Name		
		Director Name		
		Street Address		
eet				
State	Lip 00002		State	Zap
	<i>Σιρ</i> 02903	Street Address Cuy	State	Zιρ
State	·	Street Address	State	Zφ
State	·	Street Address Cuy	State	Zφ
State	·	Street Address City Director Name	State State	Zap Zap
State RI	02903 Ζφ	Street Address City Director Name Street Address City 11. SHARES ISSUED ("X"	State	Ζιρ
State R I State	02903 Ζφ	Street Address City Director Name Street Address City	State	Ζιρ
	nsiness Office REET naracter of Business Com OPERATE, MANAGESSES OF THE OFF TEET. State RI TEET State RI TEET	State of Incorporation RHODE ISLAND AGRICULT S. State of Incorporation RHODE ISLAND AGRICULT OF Business Conducted in Rhode Island OPERATE, MANAGE AND SELL REAL EST ESSES OF THE OFFICERS ("X" BOX FOR ATT TEEL. State Zip RI 02903 TEEL State Zip RI 02903	REET PROVIDENCE S. State of Incorporation RHODE ISLAND Advanced of Business Conducted in Rhode Island OPERATE, MANAGE AND SELL REAL ESTATE ESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPANAL FROM Malkin Street Address Feet. 150 Chestnut St. State Zup Cav RI 02903 Providence Treasurer Name David Malkin Street Address Feet 150 Chestnut St. State Zup Cav RI 02903 Providence Treasurer Name David Malkin Street Address 150 Chestnut St. State Zup Cav RI 02903 Providence Providence State Zup Cav Providence Providence State Zup Cav Providence Providence Providence	REET PROVIDENCE RI S. State of Incorporation RHODE ISLAND TOPERATE, MANAGE AND SELL REAL ESTATE ESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENT Freet. 150 Chestnut Street State Zip City State RI 02903 Providence RI Treasurer Name David Malkin Street Address David Malkin Street Address Feet 150 Chestnut Street Treasurer Name David Malkin Street Address Feet 150 Chestnut Street State Zip City State Feet State State Street State State State Street State State State Street State State State State State State State Stat



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FOR SECRE	TARY 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.

Suprapore of Officer Date

David Malkin

Pent or Type Name of Officer

President Title of Officer

Form 630 (2011

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 461 222 3049

*****	2004
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR	2004
Filing Period: January 1 - March 1 • Filing Fee: \$50.00	

PROFIT CORP Filing Period: January I	ORATION / !-March 1 ● F	ANNUAL REP iling Fee: \$50.00	ORT FOR THE	YEAR 2004	
FORM MUST BE TYPED IN	BLACK)				
I. Corporate ID No. 81232	2. Name of Corpo Carver Stree				
3. Street Address Principal Bus	siness Office		City	State	Zip
150 CHESTNUT STR	EET		PROVIDENCE	RI	02903
Business Phone No.	•	5. State of Incorporat	ion	•	6. SIC Cod
4012720300		RHODE ISLAN	1D		5579
7. Brief Description of the Cha		ducted in Rhode Island		• • • • • • • • • • • • • • • • • • • •	
8. NAMES AND ADDRE	SSES OF THE OFF	TICERS ("X" BOX FOR A	ATTACHMENT) FILL IN SP.	ACES BEFORE USING A	ITACHMENTS
DAVID MALKIN			DAVID MALKIN		
Sweet Address			Street Address	·	• •
.50 CHESTNUT STRI	EET		150 CHESTNUT ST	rreet	
	State .	Zιρ	City	State	Zφ
PROVIDENCE	RI	02903	PROVIDENCE	RI	02903
ecretary Name	***	02303	Treasurer Name		
AVID MALKIN			DAVID MALKIN		
treet Address			Street Address	•	
reel Address .50 CHESTNUT STRI	EET		150 CHESTNUT ST	REET	
ιίν	State	Zip	Citv	State	Zip
ROVIDENCE	RI	02903	PROVIDENCE	RI	02903
9. NAMES AND ADDRE Director Name DAVID MALKIN	SSES OF THE DIR	ECTORS ("X" BOX FO	RATTACHMENT) FILL IN S Director Name	SPACES BEFORE USING	ATTACHMENTS
ireet Address			Street Address		
.50 CHESTNUT STRE	EET				
itv	 State	Zip	City	State	Z _{IP}
PROVIDENCE	RI	02903	City	1	Σψ
wector Name	K1	02503	Director Name	• •	•
treet Address			Street Address		
Litv	State	Zip	Cuty	State	Zıp
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10. SHARES AUTHORIZ UTHORIZED SHARES	ZED ("X" BOX FOR	ATTACHMENT) 🗌	11. SHARES ISSUED ("X ISSUED SHARES	" BOX FOR ATTACHMEN	(T) [
iumber of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
,000 NO PAR VALUE	Ē		500	COMMON	NONE
This report must be sig t	ied in ink by eith	er the President, Vice	President, Secretary, Assis	stant Secretary, Treas	urer, Receiver
	T				



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File Date 1-08-01	
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FOR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affirm that I have examined this report, including apy accompanying schedules and statements, and that all statements contained herein are true and correct.

Eignature of Officer DAVID MALKIN

Print or Type Name of Officer

PRESIDENT Title of Officer

Form 630 12/01



Check No.

FOR SECRETARY OF STATE USE ONLY

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

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

PROFIT. CORPO Filing Period: January I (FORM MUST BE TYPED IN	- March I 🍨 Fi	NNUAL REPO ling Fee: \$50.00	RT FOR THE	YEAR 2003 _	<u> </u>
1. Corporate ID No.	2. Nume of Corpor				
81232 3. Street Address Principal Busi		i, inc.	City	State	Zip
150 CHESTNUT STRE	ET		<u> PROVIDENCE</u>	RI	02903
4. Business Phone No. 4012720300		5. State of Incorporation RHODE ISLAND			6. SIC Code 5579
7. Brief Description of the Char TO PURCHASE, OWN, O		lucted in Rhode Island	ATE		3379
8. NAMES AND ADDRES President Name	SES OF THE OFF	ICERS ("X" BOX FOR ATT.	Vice President Name	PACES BEFORE USING AT	TACHMENTS
DAVID MALKIN			DAVID MALKIN		
Street Address	re		Street Address	rocer	
150 CHESTNUT STRE		*Zip	- 150 CHESTNUT S'		Zip
PROVIDENCE	State RI	00903	- PROVIDENCE	State • RI	· 02903
Secretary Name			Treasurer Name		
DAVID MALKIN			DAVID MALKIN		!
Sircet Address			Sircei Address		
150 CHESTNUT STRE	ET		.150 CHESTNUT ST	TREET	
City	\State	Zip	City	State	Zip
PROVIDENCE	RI	02903	PROVIDENCE	RI	02903
9. NAMES AND ADDRES Director Name DAVID MALKIN	SES OF THE DIK	EUTURS ("X" BOX FOR A	TTACHMENT) FILL IN Director Name	SPACES BEFORE USING	ATTACHMENTS
Street Address			· Street Address		
150 CHESTNUT STRE	ET		*		· · ·
City	State	Zip	City	State ·	Zip
PROVIDENCE	.RI	02903	• • • • • • • • • • • • •]
Director Nume			• Director Nume		
Sireet Address			*Sireet Address		
City	State	Ζιρ	.Cliy	State	Zip
10. SHARES AUTHORIZ	ED ("X" BOX FOR	ATTACHMENT)	II. SHARES ISSUED ("2	X" BOX FOR ATTACHMEN	חמי
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 NO PAR VALUE			. 500	COMMOIN	NONE
•					
This report must be sign	ed in ink by eithe	r the President, Vice Pr	esident, Secretary, Assi	istant Secretary, Treasi	urer, Receiver or Trustee
**81232* 2/8/031:00:3	8 PM*		this report, includin	erjury, I declare and affirm ig any accompanying school nts contained herein are tri	fules and statements,

DAVID MALKIN
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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Filing Period: January 1-March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK) I. Corporate ID No. 2. Name of Corporation 81232 Carver Street, Inc. 3. Street Address Principal Business Office ¹62903 150 Chestnut Street Providence RI S. State of Incorporation 6. SIC Code 272-0300 **RHODE ISLAND** 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 Vice President Name David Malkin David Malkin Street Address 150 Chestnut Street Street Address 150 Chestnut Street Providence 02903 RI Providence ნ2903 Secretary Name Treasurer Name David Malkin David Malkin Street Address Street Address 150 Chestnut Street 150 Chestnut Street Providence Providence ^{ZIP} 02903 02903 RI RI 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name David Malkin Street Address Street Address 150 Chestnut Street Providence City State Zip 02903 RI Director Name Director Name Street Address Street Address City State Zio City State 2.10 10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) 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 500 Common None

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



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	nerein	are tru	e and	correct.
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Signature of Officer David Malkin

Date

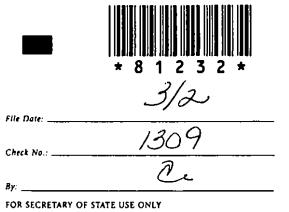
int	or	Type	Name	of	Officer	
ייוי	9	: Ta	ent.	•	Officer	

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 150 Chestnut Sti			city Providence	State RI	^{zip} 02903
1. Business Phone No. 272-0300		5. State of Incorporation RHODE ISLAN	D		6. 35 59\$
7. Brief Description of the Characte Real estate proj					
8. NAMES AND ADDRES President Name David Malkin	SES OF THE OFFIC	CERS ("X" BOX FOR ATTAC	HMENT) FILL IN SPACES B Vice President Name David Malkin	EFORE USING ATTACHN	MENTS
street Address 150 Chestnut St:	reet		Street Address 150 Chostnut St	treet	
Providence	State RI	^{zıp} 02903	Providence	State RI	^{zip} 02903
Secretary Name David Malkin			Treasurer Name David Malkir	1	
Street Address 150 Chestnut St	reet		Street Address 150 Chestri	ıt Street	
Providence	State RI	^{ZIp} 02903	Providence	State	^{zip} 02903
9. NAMES AND ADDRES Director Name David Malkin	SES OF THE DIRE	CTORS (*X* BOX FOR ATT	ACHMENT) FILL IN SPACES Director Name	S BEFORE USING ATTAC	HMENTS
Street Address 150 Chestnut St	reet		Street Address		
Providence	State RI	^{z_{ip}} 02903	1 Gity	State	Zip
Director Name			Director Name	• • •	• ••
Street Address			Street Address	•	
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZE AUTHORIZED SHARES	D (*X* BOX FOR ATTA	CHMENT)	11. SHARES ISSUED (*) ISSUED SHARES	(* BOX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 NO PAR VA	LUE		500	Common	None

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.

Signature of Officer David Malkin

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 2000

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

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1. Corporate ID No.

2. Name of Corporation

81232	
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Carver Street, Inc.

Ì.	Street	Address	Principal	Business	Office
----	--------	---------	-----------	----------	--------

City

State

Zip

150 Chestnut Street

Providence

RT

02903 6. SIC Code

4. Business Phone No. 272-0300

5. State of Incorporation RHODE ISLAND

5579

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

Real estate property managers

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

President Name

Street Address

Street Address

City

City

City

Vice President Name

David Malkin

David Malkin

150 Chestnut Street

State

RI

Zip

150 Chestnut Street

150 Chestnut Street

State

Providence Secretary Name

02903

Providence

David Malkin

RI

RI

FILL IN SPACES BEFORE USING ATTACHMENTS

02903

Treasurer Name

David Malkin

Street Address

Street Address

150 Chestnut Street

State

Zip 02903

City

Providence

02903

RIProvidence

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

David Malkin

Street Address

150 Chestnut Street

Zip

David Malkin

Street Address

150 Chestnut Street

Žip

Providence Director Name

RI

02903

Providence

RI

02903

Director Name

Street Address

Street Address

City

State

Zio

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

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

Class/Series

Par Value

1000 SHS NO PAR VALUE

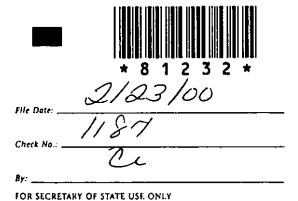
500

Number of Shares

COMMON

none

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.

Signature of Officer

DAVID MALKIN

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

(FORM MUST BE TYPED IN BL	LACK)						
i. Corporate ID No. 81232	2. Name of Corpor Carver Str						
3. Street Address Principal Busine. 150 Chestnu			Providence	State RI	02903		
4. Business Phone No. 272-0300		S. State of incorporation RHODE ISLA	ND		6. SIC Gode 5579		
	estate pro	operty manager					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACH President Name David Malkin			CHMENT) FILL IN SPACES B Vice President Name David Malkin	Vice President Name			
Street Address 150 Chestnu	t Street		Street Address 150 Chestnut	Street			
Providence	State	02903	City Providence	State RI	^z ίβ2903 ·		
Secretary Name David Malki	n		Treasurer Name David Malkin				
Street Address 150 Chestnut Street			Street Address 150 Chestnut Street				
Providence	State RI	02903	cuy Providence	State RI	^{zi} 62903 !		
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATT. Director Name David Malkin			Director Name David Malkin				
Street Address 150 Chestnut	Street		Street Address ; 150 Chestnut Street				
City Providence	State	02903	Chy Providence	State RI	02903;		
Director Name David Malk:	in	•••••••	Director Name David Malkin				
Street Address 150 Chestnut Street			150 Chestnut Street				
CHy . Providence	State DI	21p 02903.	City Providence	State RI	ñ2903		
10. SHARES AUTHORIZ	ED ("X" BOX FOR AT	TACHMENT)	11. SHARES ISSUED (*)	O BOX FOR ATTACHMENT			
AUTHORIZED SHARES	·		ESSUED SHARES				
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value		
1000 SHS NO PAR	VALUE		<i>−</i> υ−	Nove			

his report must be signed in ink by either the President, Vio	ce President, Secretary, Assistant Secretary, Treasurer, Receiver or Truste
* 8 1 2 3 2 *	Under penalty of perjury, I declare and affirm that I have examined
File Date: 1069	this report, Including any accompanying schedules and statements, and that all statements contained herein are true and correct. **Dand Machine - 2/26/99 **Date Date **Date**
By:	Print or Type Name of Officer RCS Title of Officer



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

PROFI	T CORPO		NNUAL REP	ORT	FOR THE	YEAR	STOI PLEASE REA INSTRUCTIO
	BE TYPED IN BLACI						
1. Carporate ID		² Carver Street, I	Inc.			.· .	
3. Street Addres	s Principal Business O	ffice		City		State	ZIP
	P.O. Box	72762		Pro	vidence	RI	02907
4. Business Pho	ne No.		5 AHODETSLAND				6. SIC (5579
7. Brief Descript	tion of the Character o	f Business Conducted in Rho	de Island				
8. NAMES President Name	AND ADDRESS	ES OF THE OFFICER	e, manage and s RS (*x* BOX FOR ATTACHA	MENT)	eal estate ^{esident Name} David Malkin		
Street Address	P.O. Box 7	2762		Street A	ddress P.O. Box 7276	2	
Clly	Prov.	State RI	^z ip 02907	City	Providence	State RI	^{zı} , 02907
Secretary Name	David Malk	in		Treasur	^{er Name} David Malkin		
Street Address	Same			Street A	daress Same		
City		State	Zip	City '		State	Zip
9. NAMES Director Name	AND ADDRESS	ES OF THE DIRECT	ORS (*X* BOX FOR ATTAC	HMENT, Directo		٠.	
Street Address	None			' Street A	ddress		
City		State	Zip	City		State	Zip

Director Name Director Name Street Address Street Address

City Zip City State Zip

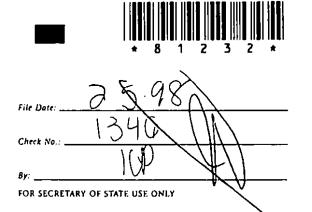
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES AUTHORIZZO SHARES Number of Shares Par Value Number of Shares Class/Series Par Value Class/Series

1000 SHS 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.

Signature of Officer

David Malkin 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

Zip

State

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

Zip

(FORM MUST BE TYPED IN BLA	ICK)					THIS TOR
1. Carparate ID No.	2. Name of Carpora	stion				
. 81232 3. Street Address Principal Business	office Carver	Street,	Inc.	City	State	Zip
P.O. Box 72762				Providence	RI	02907
4. Business Phone No.		5. Sta	ite of Incorporation	n		6. SIC Code
785-4800			Rhode I	sland		
7. Brief Description of the Characte	of Business Conducted	in Rhode Islan	ıd			
to purchase	e, own, opera	ite, mai	lage and	sell Real Estate		
8. NAMES AND ADDRES	SES OF THE OFF	ICERS (*x	BOX FOR ATT	ACHMENT)		
President Name				Vice President Name		
David Malkin Street Address				David Malkin Street Address		
P.O. Box 7276	52			same		
Providence	State R. I.	Zip	02907	City	State	Zip
Secretary Name				Treasurer Name		•
David Malkin Street Address				David Malkin Street Address		
same				same		

City

9. NAMES AND ADDRESS	SES OF THE DIRECT	ORS (*X* BOX FOR ATTA	CHMENT)		
Director Name			Director Name		
none 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 AND ISSUED ("X" BOX FOR ATTACHMENT)

State

City

AUTHORIZED SHARES			ISSUED SHARES			
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value	

1000 500 no par value common Common

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 tha
1 1	this report, including any accompanying schedule
0/1/0/1	that all statements contained herein are true and
File Date:	Dana Machin
Check No.: 1255	Signature of Officer
R A A	<u>David Malkin</u>
By:	Print or Type Name of Officer
FOR SECRETARY OF STATE USE ONLY	President

it I have examined es and statements, and

PROFIT CORPORATION ANNUAL REPORT

1996



President

Title of Officer

State of Rhode Island and Providence Plantations Jumes 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

Ву:

For Secretary of State Use Only

Filing Fee: \$50.00	0		DI FACE TYPE O	10 DOMET IN EL	APP ISIV		
1. CORPÔRÂTE IO HO.	 -,	2. NAME OF CORPORATION	PLEASE TYPE O	IN PRINT IN BL	ACK INC.		
	81232	Carver	SEreet, In	c.			
3. STREET ADDRESS PRINCIPA		Box 72762	· - 	all Pro	ovidence	STATE	2 m coof
· A. Mariana di Aribi Mila and	P.U.		"STSTATE OF INCORPORATION"				6 SIC COOE
4. BUSINESS PHONE NO			Rhode I	cland			5579
7. BRIÉF DÉSCRIPTION OF THE	CHARACTER OF BUS	rivesis conducted III rificoë isü	MD				
•	to pu	rchase, own	n, operate,	manage	er and sell	real esta	te :
		8. H A M	ES AND ADD	RESSES	-	I C E A S	
President Hame	5 3	M = 3.1=2 m		, VICE PIE:	David_Mal	rin	;
STREET ADDRESS		_Malkin		STREET A	P.O. Box		
div		Box 72762	Tzip COGE	any	P.O. BOX	STATE	T2P COOE
	vidence	RI	02907		Providence	RI	02907
SCRETARY HAVE	id Malk	in		TREASUR	David Mall	cin	
STREET ADDRESS				STREET	***		:
Same	e 	STATE	7 ziř čooš	''''' ''''	Same	STATE	T2iP 000€
-		•	;			<u> </u>	
DIRECTOR HAVE	- -	8. NAM	ES AND ADD	RESSES		ECTORS	·
None	e			•			
STREET ADORESS	······································			STREET	vôōA€SS		
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DIRECTOR NAME		t t		DIRECTO	6 PAUF		
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STREET ADDRESS				STREET	ADDRESS .		
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		1 0 . S N	ARES AUTHO	RIZED	AND ISSUED	ISSUED SKARES	
MUMBER OF SHARE		CLASS / SERGES	PAR VALUE		MUMBER OF SHARES	CLASS / SERIES	PAR VALUE
1,0	00	Common	No par	value	500	Common	No par value
				 :			
				i		<u> </u>	
		This	report must be	SIGNED IN	I INK by either the		
	Presid	lent, Vice Preside	ent, Secretary, As	sistant Sed	cretary, Treasurer, I	Receiver or Trus	tee .
	·				report, including a	perjury, I declare an ny accompanying s tained herein are tro	d affirm that I have examined this chedules and statements, and tha ue and correct.
	ſ	1.,			5	band h	-11-
File Date:	2/8/	196			Signature of Office	21	
Check No:	1	126				avid_Malk:	in
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State of Rhode Island and Providence Plantations

Office of The Secretary of State
100 North Main Street
Providence, Rhode Island 02903-1335 Providence, Rhode Island 02903-1335 401-277-3040

Please Type or Print File Annually - Jan. 1 - March 1 Filing Fee \$50.00

ANNUAL REPORT

Make Checks Payable to: Secretary of State

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

Corporate ID:	Annual Report for the year:
Carver Street, Inc.	
Name of Corporation: Business entity organized under the laws of the State of: For foreign entity, address and telephone number of principal office:	Business Entity is (check one): [x] Business Corporation (See RIGL Chapter 7-1.1) [] Professional Service Corporation (See RIGL Chapter 7-5.1)
Phone: () Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):	Brief statement of the character of business conducted in Rhode Island: to purchase, _own, _operate, _manage_and_sell Real Estate.
273 Bowen Street Providence, RI	
Phone: (401) 781-2435	
THE NAMES OF	THE OFFICERS ARE:
	ADDRESS CITY/STATE ZIP CODE
David Malkin 273 Bo	wen Street, Provdience, RI 02906 ADDRESS CITY/STATE ZIP CODE
SECRETARY David Malkin 273 Bo	ADDRESS CITY/STATE ZIP CODE owen Street, Providence, RI 02906
	ADDRESS CITY/STATE ZIP CODE
	owen Street, Provdience, RI 02906 THE DIRECTORS ARE:
	ADDRESS CITYSTATE ZIP CODE
	owen Street, Providence, RI 02906
NAME STREET	ADDRESS CTITY/STATE ZIP CODE
NAME STREET	ADDRESS CITY/STATE ZIP CODE
NUMBER OF SHARES AUTHORIZED (Rider may be attached)	NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)
Number of Shares 1,000 Class / Series Common	Number of Shares 500 Class / Series Common
Date	David Malkin OR TYPENAME DE DE FICER SIGNING President
Form 31 1/95 TITLE O	President FOFFICER SIGNING
DESIGNATED REGISTERED A	AGENT FOR SERVICE OF PROCESS:
PLEASE NOTE: If the registered office and/or registered agent indicated by	low is incorrect. Form 9 must be filed

JOHN B. MURPHY 38 NORTH COURT STREET

PROVIDENCE RI 02903

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