

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 2005

"Hing Perioli: January 1 - FORM MUST BE TYPED IN L 1. Corporate ID No.					
82332	McKay Gr				
3. Street Address Principal Busit			City	State	(2in
52 POPLAR AVENUE	Ogice		NORTH KINGSTOWN	RI	<i>Zip</i> 02852
1. Business Phone No.		5. State of Incorpora			6. SIC Code
	···	RHODE ISLAI			0. 3/2 Code
PROPERTY.	RECEIVE, LE	ASE, OR OTHERWISE A	ACQUIRE OR OTHERWISE DE		
President Name Scott McKay			Vice President Name - Kerry McKay		<u>-</u> ,
Street Address		Street Address	 		
52 Poplar Avenue			170 Champlin Roa	ad	
City	State	Zip	City	State	Zip
N. Kingstown	RI	02852	• Saunderstown	RI	02874
ecretary Name			Treasurer Name		:
Kerry McKay			Keith McKay		
Street Address	······································	·	'Street Address		
170 Champlin Road			.227 Boston Neck	Road	
City	State	Zip	*City	State	Zip
Saunderstown	RI	02874	.N. Kingstown	RI	رمر 1 02852
			RATTACHMENT) FILL IN SI		!
Director Name	ses or the D	INECTORS (X BOX FO	Director Name	ACIS BEFORE USING	VIIVCHMEUIS
None					
Street Address			·Sireei Address		
City	State	Zip	City	State	Zip
Director Name	1	!	Director Name	. 	j
Street Address	·		Sireei Address		
City	State	Zip		State	Zip
		1	•	ŀ	f
10. SHARES AUTIIORIZI AUTHORIZED SHARES	ED ("X" BOX FO	ORATTACHMENT)	11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)		
Number of Shares	Class/Series	Par Value	Visued Shares Number of Shares	Class/Series	Par Value
8,000 NO PAR VALUE	5.55.65.15		2000	common	no par
					
		·			
his report must be signe	ed in ink by ei	ther the President, Vice	President, Secretary, Assist	ant Secretary, Treas	urer, Receiver or Tru
a i 18110 11 86 0 till	18 1888 II:				
8 2 3	3 2			ury, I declare and affirm	
82332 DBC 01/\1/05	12:16:55 DN4			any accompanying sched scontained herein are th	
File Date 2.4	5 05		Satt C/L	1/2 1/	13/05
Check No.	 		Signature of Officer		Dale
	OR-	· ·	Scott McKay		
B _V .	Dr.		President		
FOR SECRETARY OF STATE USE, ONLY			Title of Officer	_	Form 630

McKay Group, Inc. ID No. 82332 Attachment for Officers

Vice President Kenneth K. McKay, III 189 Terre Mar Drive North Kingstown, RI 02852

Vice President Kathleen M. McKenna 1327 W. Greenleaf #1 Chicago, IL 60626

TO STATE

82332 FILED JAN 2 5 2005 By OA



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Matthew A. Brown, Secretary of State

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

Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR _______2004

(FORM MUST BE TYPED OR P.	RINTED IN BLACK)				
1. Corporate ID No.	2. Name of Corporati	on			
82332	McKay Group,	Inc.			
3 Street Address Principal Busine	ess Office		City	State	Zip
52 Poplar Av	enue		North Kingstown	RI	02852
4. Business Phone No.		5. State of Incorporation			6. SIC Code
		RHODE ISLAND			0
7. Brief Description of the Character TO PURCHASE, TAKE PROPERTY. 8. NAMES AND ADDRESS President Name	E, RÉCEIVE, LEASE, C	R OTHERWISE ACQUIRE	OR OTHERWISE DEAL IN AN CHMENT) [] FILL IN SP	ID WITH REAL AND PI	
Scott McKay			Kerry McKay		
Street Address 52 Poplar Av	enue		Sircei Address 170 Champlin Roa	ıd	
Chy	State	Zip	City	State	Zip
N. Kingstown	RI	02852 _	Saunderstown	RI	02874
Secretary Name			Treasurer Name		
Kerry McKay			Keith McKay		
Street Address			Sireei Address		
170 Champlin	Road		227 Boston Neck	Road	
City	State	Zip	: City	State	Zip
Saunderstown	RI	02874	N. Kingstown	RI	02852
9. NAMES AND ADDRESS	•	•	ARE NO DIRECTORS.		
Director Name			Director Name		
Kenneth K. M	icKay III - Vic	e Pres.	Kathleen M. McKe	enna – Vice Pr	es.
Sinvi Address			Street Address		
189 Terre Ma	r Drive		1327 W. Greenleaf #1		
City	State	Zip	City	State	Zíp
N. Kingstown	ı RI	02852	Chicago	IL	60626
Director Name	· J	J	Director Name		
Sirvet Address			Street Address		
		 			
City	State	Zip	City	State	Z.íp
10. SHARES AUTHORIZE AUTHORIZED SHARES	 ED <i>("X" BOX FOR A</i>	 TACHMENT)	11. SHARES ISSUED (*	 X" BOX FOR ATTACE	HMENT)
Number of Shares	Glass/Series	Par Value	Number of Shares	Class/Series	Par Value
Number of Spares	Ginsvoenes	- Par valle	Number by Shares	Chixoseries	747 (1/11)
8,000 NO PAR VALUE			2 000		
0,000 0 1 / 1 / 1 /			2,000	common	no par
This report must	be signed in ink by e	ither the President, Vice P	resident. Secretary. Assistan	t Secretary, Treasurer,	Receiver or Trustee
	8 2 3 3 2	FILED	including any accomp	anying schedules and sta	that I have examined this report atements, and that all statement
		JAN 23 2004	contained herein are to	rue and correct.	1 / -
File Date		- 1	Jutt Cl	41	1/14/03
34	7 .	By KMC	Signature of Officer	1	Date
Check No.	~	-	Scott McKay	1	
			Print or Type Name of	Officer	
Ву:		-	_	W	
FOR SECRETARY O	F STATE USE ONLY		President		
			Title of Officer		Form 630 Rev. 12/03

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 _

iling Period: January	1-March 1	•	Filing F	ee: \$50.00
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(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.

4. Business Phone No.

2. Name of Corporation

82332

McKay Group, Inc.

3. Street Address Principal Business Office

52 Poplar Avenue

S. State of Incorporation

State North Kingstown RI

FILL IN SPACES BEFORE USING ATTACHMENTS

State

Kenneth K. McKay, Jr. - Vice Pres.

RI

02852

0

RHODE ISLAND

City

6. SIC Code

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

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

President Name

Scott McKay

Street Address

52 Poplar Avenue

State

RI

02852

N. Kingstown Secretary Name

Kerry McKay

Street Address

170 Champlin Road

City

Saunderstown

RI

02874

Keith McKay Street Address

Vice President Name

Street Address

Treasurer Name

Street Address

Director Name

Street Address

City

City

Kerry McKay

Saunderstown

170 Champlin Road

227 Boston Neck Road

N. Kingstown

18 Armington Avenue

RI

02852

02852

Zip

02874

ZIp

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

City

Kenneth K. McKay III - Vice Pres.

Street Address

189 Terre Mar Drive

N. Kingstown

RI

02852

Director Name Kathleen M. McKenna - Vice Pres.

Street Address

City

1327 W. Greenleaf #1

8,000 NO PAR VALUE

Zip

Chicago

IL

60626

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

AUTHORIZED SHARES

Number of Shares

File Date: _

Class/Series

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

Par Value

ESSUED SHARES

Number of Shares

Class/Series

State

RI

Par Value

2,000

common

no par

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

<u>Scott McKay</u> Print or Type Name of Officer

President Title of Officer

⊲⊋> 5

Ferra 630 12/02

Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

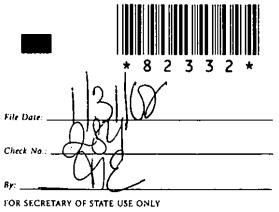
2002 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR _

Filing Period: January .	l-March 1 •	Filing Fec: \$50.00			INSTRUC
FORM MUST BE TYPED IN BLAC	κ)	_			
. Corparate ID No.	2. Name of Corporation	on	-		
82332 . Street Address Principal Business O	McKay Group	o, Inc.	City	State	ZIp
52 Poplar Avenue Business Phone No.		S. State of Incorporation RHODE ISLANI		RI	02852 6. SIC Code 0
. Brief Description of the Character o	f Business Conducted in	Rhode Island			
Real Estate NAMES AND ADDRESS resident Name	ES OF THE OFFIC	CERS ("X" BOX FOR ATTA	CHMENT) FILL IN SPACES BEI	FORE USING ATTA	CHMENTS
Scott McKay			Kerry McKay Street Address		
52 Poplar Avenue	State	Ζίρ	170 Champlin Roa	ad State	Zip
N. Kingstown ecretary Name	RI	02852	Saunderstown Treasurer Name	. RI	02874
Kerry McKay			Keith McKay Street Address		
170 Champlin Road			227 Boston Neck	Road	
ity	State	Zip	City	State	Zip
Saunderstown NAMES AND ADDRESS Director Name	RI ES OF THE DIRE	02874 CTORS ("X" BOX FOR AT	North Kingstown TACHMENT) FILL IN SPACES B Director Name	RI SEFORE USING ATT	02852 ACHMENTS
Kenneth K. McKay	III - Vice P	res.	Kenneth K. McKay Street Address	, Jr Vice	Pres.
-74 Cherry Lane	9 TERRE MA	ne dr	18 Armington Ave	nue	
N KINGSTOWN Backing Ridge Director Name	State RI	^{Zip} 02852 -07920	City North Kingstown Director Name	State RI	ZIp 02852
Kathleen M. McKer	na - Vice Pr	es.	Street Address		
-1248-W. Albion /	327 W GRE	enrem ^{e #} [
îity	State	Zip	City	State	Zip
Chicago O. SHARES AUTHORIZED UTHORIZED SHARIS	IL (*X* BOX FOR ATTA	60626 CHMENT)	11. SHARES ISSUED (*X*)	BOX FOR ATTACHMEN	T)
'umher of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Por Value

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

Number of Shares

2,000



Number of Shares

8,000 NO PAR VALUE

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.

Common

Signature of Officer

Scott McKay

Print or Type Name of Officer

President

Title of Officer

No par

Form 630 12/01

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

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

82332	Porate ID 233	2
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2. Name of Corporation
McKay Group, Inc.

3. Street Address Principal Business	Office		Glty	State	ZIp
52 Poplar Aver 4. Business Phone No.	nue	S. State of incorporation RHODE ISLAN	North Kingstown	RI	02852 க எட வூ
7. Brief Description of the Character	of Business Conducted i	n Rhode Island			
real estate	2				
8. NAMES AND ADDRES! President Name	SES OF THE OFFI	CERS ("X" BOX FOR ATTAC	HMENT) FILL IN SPACES BI Vice President Name	FORE USING ATT	ACHMENTS
Scott McKay Street Address			Kerry McKay Street Address		
52 Poplar Aver	nue		170 Champlin Ro	ad	
City	State	Zip	City	State	Zip
N. Kingstown Secretary Name	RI	02852	Saunderstown Treasurer Name	RI	02874
Kerry McKay			Keith McKay		
Street Address			Street Address		·
170 Champlin F	Road		227 Boston Neck	Road	,
City	State	Zip	City	State	ZIp
Saunderstown	RI	02874	N. Kingstown	RI	02852
9. NAMES AND ADDRES	SES OF THE DIR	ECTORS ("X" BOX FOR AT	FACHMENT) FILL IN SPACES Director Name	BEFORE USING A	TTACHMENTS
Kenneth K. Mck	Cay III - Vic ne mac bl	ce Pres.	Kenneth K. McKa Street Address	y, Jr Vic	e Pres.
-74 Cherry Lane			18 Armington Av	enue	
City NKINGSTOW		Zip 02852	City	State	Zip
Basking Ridge Director Name	-11/-	-07920	N. Kingstown Director Name	RI	02852
Kathleen M. Mo	cKenna - Vice	Pres.	Street Address		
1248 W. Albior	,				
City	State	Zip	City	State	Zip
Chicago	IL	60626			
10. SHARES AUTHORIZE AUTHORIZED SHARES			11. SHARES ISSUED (*x	* BOX FOR ATTACHM	ENT)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000 SHS NO PAI	R VALUE				

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



	1/18	
File Date:	252	
Check No.:	7~	

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.

common

that all statements contained her	ein are true and correct.
Sattla	1/11/01
Signature of Officer	Date
Scott_McKay	

Scott McKay
Print or Type Name of Officer

President

Title of Officer

2,000

no par

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

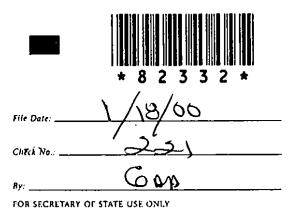
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

filing Period: January 1-March 1 • filing Fce: \$50.00

STOP PILAM RIAD INSTRUCTIONS

(FORM MUST BE TYPED IN BLAC	CIK)					
1. Corporate ID No.	2. Name of	Corporation "	- • •			
82332	McKay	Group,	Inc.			
3. Street Address Principal Business (Office			City	State	Zip
52 Poplar Avent 4. Business Phone No.	ue		5. State of Incorporation	North Kingstown	RI	02852 6. SIC Code
n n i d n a data a data Character	- (B - 1 C	durate del de Obrasi	RHODE ISLAND			
7. Brief Description of the Character real estate	of Husiness Con	suçiea in Knoo	t istana			
8. NAMES AND ADDRESS	SES OF THE	OFFICER	S ("X" BOX FOR ATTACH	• • • • • • • • • • • • • • • • • • • •	FORE USING ATTACE	IMENTS
President Name				Vice President Name		
Scott McKay				Kerry McKay		
Street Address	_			Street Address	د.	
52 Poplar Avenue		,	-	170 Champlin Ros	ad State	Zip
North Kingstown	State R		02852	Saunderstown	RI	02874
Secretary Name	,, , ,		02032	Treasurer Name	K I	02014
Kerry McKay Street Address				Keith McKay Street Address		
170 Champlin Road				227 Boston Neck	Road	
City	State		Zip	City	State	Zip
Saunderstown	R	I	02874	North Kingstown	RΙ	02852
9. NAMES AND ADDRESS Director Name	SES OF THE	DIRECTO	ORS ("X" BOX FOR ATTA	CHMENT) FILL IN SPACES I Director Name	BEFORE USING ATTA	CHMENTS
Kenneth K. McKay	III - Vi	ce Pres		Kenneth K. McKa	•	Pres.
74 Cherry Lane				18 Armington Av		
City	State	_	Zip	City	State	Zip
Basking Ridge	N	J	07920	North Kingstown	RI	02852
Kathleen M. McKen	na - Vic	e Pres.				
Street Address				Street Address		
1248 W. Albion						
Chicago	State IL		60626	City	State	ZIP
10. SHARES AUTHORIZES	D (*X* BOX F	OR ATTACHN	(ENT)	11. SHARES ISSUED (*X* ISSUED SHARES	BOX FOR ATTACHMENT.	•
Number of Shares	Cluss/Serle	r	Par Value	Number of Shares	Class/Sertes	Par Value
8,000 SHS NO PAR	VALUE			2,000	Common	No Par

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.

Scatt Canan		1/10/000
Jan Omn		115100
Signature of Officer	/	Dale

Scott McKay

Print or Type Name of Officer

President

Title of Officer



FOR SECRETARY OF STATE USE ONLY

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02003-1335 401-222-3040

PROFIT CORPORATION Filing Period: January 1-March 1 •	I ANNUAL RE. Filing Fee: \$50.00	PORT FOR THE	YEAR _190	PLEASE READ INSTRUCTIONS	
(FORM MUST BE TYPED IN BLACK)			_		
1. Corporate ID No. 2. Name of Corpo	ration			1	
82332 McKay Gr	oup, Inc		T.:		
3. Street Address Principal Business Office		City	State R I	02852	
52 Poplar Avenue	5. State of Incorporation	North Kingstown		6. SIC Code	
4. Business Phone No.	i	ın		1	
7. Brief Description of the Character of Business Conducted	RHODE ISLAN d in Rhode Island			• • • • • • • • • • • • • • • • • • • •	
real estate 8. NAMES AND ADDRESSES OF THE OF	FICEDS (*Y* BOY FOR ATTAC	WAYENT C FILL IN SPACES REF	ORE USING ATTAC	CHMENTS	
President Name	FICERS (X BOX FOR ATTAC	Vice President Name	МсКау		
Scott McKay					
Street Address 52 Poplar Avenue	•	Street Address 170 C	hamplin Road		
City State	Zip	City	State	Zip	
North Kingstown RI	02852	Saunderstown	RI	02874	
Kerry McKay		Keith Mo	:Кау	•	
Street Address 170 Champlin Road		Street Address	on Neck Road		
City State	Zip	City	State	Zip	
Saunderstown RI	02874	North Kingstown		02852	
9. NAMES AND ADDRESSES OF THE DI	RECTORS ("X" BOX FOR AT	FACHMENT) C FILL IN SPACES B	EFORE USING ATT	ACHMENTS	
Kenneth K. McKay III	- Vice Pres.	Renneth K. McKay	, Jr Vice	Pres.	
Street Address 74 Cherry Lane		Street Address 18 Armington Ave	enue		
City State	Zip	City	State	Zip	
Basking Ridge NJ	07920	North Kingstown	RI	02852	
Director Name	Vice Dres	: Director Name		i	
Kathleen M. McKenna	· vice ries	Street Address			
1248 W. Albion					
City	Zip	City	State	Zip	
Chicago IL	60626		ļ ,		
10. SHARES AUTHORIZED ("X" BOX FOR A	TTACHMENT)	11. SHARES ISSUED ('X'	BOX FOR ATTACHMEN	17)	
AUTHORIZED SHARES		ESSUED SHARES			
Number of Shares Class/Series	Par Value	Number of Shares	Class/Series	Par Value	
8,000 SHS NO PAR VALUE		2,000	Common	No Par	
This report must be signed in ink by e	other the President. Vice	President, Secretary, Assista	nt Secretary, Trea	surer, Receiver or Truste	
This teport must be signed in this by e		,,	•		
	18 1181 1881			<u> </u>	
				£ \$	
		Under penalty of perju	ry, I declare and affi	rm that I have examined	
* 8 2 3 3	2 *	this report, including a	ny accompanying so	chedules and statements, and	
all 11 0	a	that all statements con	tained herein are tru	ie and correct.	
File Date: 04-16-9	· ·	Scatt C	Ma	2/78/99	
200		Signature of Officer Date			
Check No.:		Scott McKay			
70	Print or Type Name of Officer				

President

Title of Officer

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998 Filing Period: January 1-March 1 • Filing Fee: \$50.00

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(FORM MUST BE TYPED IN BLACK)

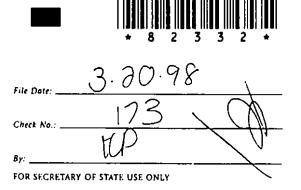
I.	Corporate	ID No.
	•	82332

2. Name of Corporation McKay Group, Inc.

town RI	02852 6. SIC Code
Road ,	Zip
RI .	02874
eck Road	
State	Zip
own RI OTHER OFFICERS -	02852 NO DIRECTORS
cKay, Jr Vice Avenue	Pres.
State	Zip
own RI	02852
State	Zip
D (*X* BOX FOR ATTACHME	(TN
Class/Serles	Par Value
Common	No Par
ľ	D ("X" BOX FOR ATTACHME Class/Series

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

President



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.

Satt Clus	3/1/98
Signature of Officer	Date
Scott McKay	
Print or Type Name of Officer	



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)

L. Corporate ID No.

2. Name of Corporation

82332

McKay Group, Inc.

3. Street Address Principal Business Office

City

State

Zip

ZIp

Zip

52 Poplar Avenue 4. Business Phone No.

5. State of Incorporation

RI

02852 6. SIC Code

RHODE ISLAND

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

real estate

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

Scott McKay

Kerry McKay

Street Address

Secretary Name

Street Address

President Name

52 Poplar Avenue

City

170 Champlin Road

State North Kingstown

RI

Zip

Zip

02852

Saunderstown

Vice President Name Kerry McKay

Street Address

Treasurer Name

170 Champlin Road

North Kingstown

RI

State

02874

Keith McKay

Street Address

Director Name

Street Address

Director Name

Street Address

227 Boston Neck Road

02852

02852

Saunderstown RI 02874 North Kingstown RI

07920

60626

Director Name

Kenneth K. McKay III - Vice Pres.

Street Address

74 Cherry Lane

City

Basking Ridge Director Name

Kathleen M. McKenna - Vice Pres. Street Address

1248 W. Albion

Chicago

Clly

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

Number of Shares

Class/Series

NJ

IL

ZIp

City

State

Kenneth K. McKay, Jr. - Vice Pres.

Zip

18 Armington Avenue

North Kingstown

ISSUED SHARES

Par Value

Number of Shares

Class/Series

Par Value

8,000 SHS NO PAR VALUE

2,000

Common

this report, including any accompanying schedules and statements, and

RI

No Par

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



that all statements contained herein are true and correct.

Signature of Officer

Scott McKay 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

February 29, 1996

Filing Period: January 1-March 1

Ву:

For Secretary of State Use Only

Filing Fee: \$50.00					
1 CORPORATE IO NO	2 NAME OF CORPORATION	PLEASE TYPE OR	PRINT IN BLACK INK.		
00000	W -W	C			
82332 3 STREET ADDRESS PRIVIDIPAL BUSINES		Group, Inc.	CITY	STATE	ZIP CODE
52 Donlar Asso			1		i
52 Poplar Avei	nue ————————	TS STATE OF INCOMPORATION	North Kingstown	RI	02852
4 BUSHICSS PRIORE 140.		RHODE I	חמבז		6 SKC CCDE
		;			
, 7 BAREF DESCRIPTION OF THE CHARACTE	R OF BUSINESS CONDUCTED IN RHODE	SLAND			· · · · · · · · · · · · · · · · · · ·
real estate					
TO TO THE	B. H Á	MES AND ADDR	ESSES OF THE OFFI	CERS	
PRESIDENT NAME	· • • ·		VICE PRESIDENT VAME		
Scott McKay			Kerry McKay		
52 Poplar Ave	nua		STREET ADDRESS 170 Champlin Ro	and	
αή Τορίαι Ανεί	I S'AIE	T ziP COOE	ary champin ke	SIA'E	71P CODE
North Kingstown		02852	Saunderstown	RI	02874
SECRETARY NAME			TREASUPER NAME		
Kerry McKay			Keith McKay		
STREET ACORESS	<u> </u>		STREE: AUDRESS		
170 Champlin 1	Road		227 Boston Necl	k Road	
dity .	STATE	ZIP COCE	an	STATE	ZIP CODE
Saunderstown	RI	02874	North Kingstown	RI	02852
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Pi			stant Secretary, Treasurer, R	eceiver or Truste	ee T
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			report, including an	y accompanying sci	I affirm that I have examined the hedules and statements, and the
1 -			all statements conta	ained herein are true	e and correct.
\mathcal{A}_{1}	V1912		Scott	- Cuica	
File Date:	0/14		Signature of Officer	PRE	SIDENT
- 1	γ_{μ}		Scott McKay	v	
Check No:	ν γ 2 -		Print or Type Name		
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President

Title of Officer

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

0062552

Corporate ID:

ANNUAL REPORT

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

Number of Shares 8,000 Class / Series Number of Shares Number of Shares NAR U 1 1995 2,000 Common No Par By Office Additional Common No Par	Name of Corporation: MCKay Group, In	C .
The Name of the principal office of husiness entity in Rhode Island: real estate Phone: Brief statement of the character of husiness conducted in Rhode Island: real estate Phone:	Business entity organized under the laws of the State of:	Business Entity is (check one):
Brief statement of the character of business conducted in Rhode Island: real estate Brief statement of the character of business conducted in Rhode Island: real estate Stand (Provides steet address. Not PO. Ros): 52 Poplar Avenue North Kingstown, RI 02852 Phone: THE NAMES OF THE OFFICERS ARE: STREET ADDRESS CHYSTATE STREET ADDRESS STREET ADDRESS CHYSTATE STREET		· · · · · · · · · · · · · · · · · · ·
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PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect. From 0 must be filed	DESIGNATED REG	ISTERED AGENT FOR SERVICE OF PROCESS.
	PLEASE NOTE: If the registered office and/or registered ages	nt indicated below is incorrect. Form 0 must be filed

Annual Report for the year: 1995

ALAN L. SWARTZ