



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 2005

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 51533		2. Name of Corporation Matthew Lowell Mobile Home Park, Inc.	
3. Street Address Principal Business Office TEN WEYBOSSET STREET		City PROVIDENCE	State RI
4. Business Phone No. 4014561200		5. State of Incorporation RHODE ISLAND	6. SIC Code 5074

7. Brief Description of the Character of Business Conducted in Rhode Island
TO OPERATE A MOBILE HOME PARK

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

Officer Name Lowell W. Kinch	Vice President Name Karen Kinch
Street Address 40 Taylor Drive	Street Address 40 Taylor Drive
City East Providence	City East Providence
State RI	State RI
Zip 02916	Zip 02916
Secretary Name Lowell W. Kinch	Treasurer Name Lowell W. Kinch
Street Address 40 Taylor Drive	Street Address 40 Taylor Drive
City East Providence	City East Providence
State RI	State RI
Zip 02916	Zip 02916

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

Director Name	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 ("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
8,000	\$1.00 PAR VALUE		100	Common	\$1.00

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



51533 DBC 01/25/05 03:23:28 PM

File Date 2-11-05

Check No. 1823

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 2/8/05

Lowell W. Kinch
Print or Type Name of Officer

President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 51533		2. Name of Corporation Matthew Lowell Mobile Home Park, Inc.			
3. Street Address Principal Business Office Ten Weybosset Street			City Providence	State RI	Zip 02903
4. Business Phone No. 401-456-1200		5. State of Incorporation RHODE ISLAND			6. SIC Code 5074
7. Brief Description of the Character of Business Conducted in Rhode Island TO OPERATE A MOBILE HOME PARK					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Lowell W. Kinch			Vice President Name Karen Kinch		
Street Address 40 Taylor Drive			Street Address 40 Taylor Drive		
City East Providence	State RI	Zip 02916	City East Providence	State RI	Zip 02916
Secretary Name Lowell W. Kinch			Treasurer Name Lowell W. Kinch		
Street Address 40 Taylor Drive			Street Address 40 Taylor Drive		
City East Providence	State RI	Zip 02916	City East Providence	State RI	Zip 02916
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			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) <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
8,000	\$1.00 PAR VALUE		100	Common	\$1.00

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



* 5 1 5 3 3 *

File Date 1-30-04
Check No. 1569
By: LD
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
Lowell W. Kinch
Print or Type Name of Officer
President
Title of Officer
1-27-04
Date



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. *51533*		2. Name of Corporation Matthew Lowell Mobile Home Park, Inc.			
3. Street Address Principal Business Office TEN WEYBOSSET STREET			City PROVIDENCE	State RI	Zip 02903
4. Business Phone No. 4014561200		5. State of Incorporation RHODE ISLAND			6. SIC Code 5074
7. Brief Description of the Character of Business Conducted in Rhode Island TO OPERATE A MOBILE HOME PARK					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Lowell W. Kinch		Vice President Name Karen Kinch			
Street Address 40 Taylor Drive		Street Address 40 Taylor Drive			
City East Providence	State RI	Zip 02916	City East Providence	State RI	Zip 02916
Secretary Name Lowell W. Kinch		Treasurer Name Lowell W. Kinch			
Street Address 40 Taylor Drive		Street Address 40 Taylor Drive			
City East Providence	State RI	Zip 02916	City East Providence	State RI	Zip 02916
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name		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) <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
8,000	\$1.00 PAR VALUE		100	Common	\$1.00

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



* 5 1 5 3 3 *

51533 DBC2/5/039:48:03 AM

File Date 2-11-03

Check No. 1364

By: UP

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.

Lowell W. Kinch 2-6-03
Signature of Officer Date
LOWELL W. KINCH
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. **51533** 2. Name of Corporation **Matthew Lowell Mobile Home Park, Inc.**
3. Street Address Principal Business Office **Ten Weybosset Street** City **Providence** State **RI** Zip **02903**
4. Business Phone No. **(401) 456-1200** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **5074**

7. Brief Description of the Character of Business Conducted in Rhode Island
To operate a mobile home park

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

President Name Lowell W. Kinch	Vice President Name Karen Kinch
Street Address 40 Taylor Drive	Street Address 40 Taylor Drive
City E. Providence State RI Zip 02916	City E. Providence State RI Zip 02916
Secretary Name Lowell W. Kinch	Treasurer Name Lowell W. Kinch
Street Address 40 Taylor Drive	Street Address 40 Taylor Drive
City E. Providence State RI Zip 02916	City E. Providence State RI Zip 02916

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

Director Name	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 (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
8,000 \$1.00 PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
100 Common \$1.00

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



* 5 1 5 3 3 *

File Date: 2-5-02
Check No.: 1073
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] 1/28/02
Signature of Officer Date
Lowell W. Kinch
Lowell W. Kinch
Print or Type Name of Officer
President
[Signature]
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)

1. Corporate ID No. **51533** 2. Name of Corporation **Matthew Lowell Mobile Home Park, Inc.**

3. Street Address Principal Business Office **Ten Weybosset Street** City **Providence** State **RI** Zip **02903**
4. Business Phone No. **(401) 456-1200** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **5074**

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

To operate a mobile home park

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

President Name **Lowell W. Kinch**
Street Address **40 Taylor Drive**
City **E. Providence** State **RI** Zip **02916**
Secretary Name **Lowell W. Kinch**
Street Address **40 Taylor Drive**
City **E. Providence** State **RI** Zip **02916**

Vice President Name **Karen Kinch**
Street Address **40 Taylor Drive**
City **E. Providence** State **RI** Zip **02916**
Treasurer Name **Lowell W. Kinch**
Street Address **40 Taylor Drive**
City **E. Providence** State **RI** Zip **02916**

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

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
Number of Shares Class/Series Par Value
8,000 SHS \$1.00 PAR VAL

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

ISSUED SHARES
Number of Shares Class/Series Par Value
100 Common \$1.00

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



* 5 1 5 3 3 *

File Date: 1/30
Check No.: 3024
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] / 1/25/01
Signature of Officer Date
Lowell W. Kinch
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)

1. Corporate ID No. **51533** 2. Name of Corporation **Matthew Lowell Mobile Home Park, Inc.**
3. Street Address Principal Business Office **Ten Weybosset Street** City **Providence** State **RI** Zip **02903**
4. Business Phone No. **(401) 456-1200** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **5074**
7. Brief Description of the Character of Business Conducted in Rhode Island

To operate a mobile home park

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

President Name Lowell W. Kinch Street Address 40 Taylor Drive City State Zip E. Providence RI 02916	Vice President Name Lowell W. Kinch Street Address 40 Taylor Drive City State Zip E. Providence RI 02916
Secretary Name Lowell W. Kinch Street Address 40 Taylor Drive City State Zip E. Providence RI 02916	Treasurer Name Lowell W. Kinch Street Address 40 Taylor Drive City State Zip E. Providence RI 02916

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

Director Name Street Address City State Zip	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

Number of Shares	Class/Series	Par Value
8,000 SHS	\$1.00 PAR VAL	

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
100	Common	\$1.00

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



* 5 1 5 3 3 *

File Date: 3/7/00
Check No.: 2013
By: dc

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.

Lowell W. Kinch 2/28/2000
Signature of Officer Date
Lowell W. Kinch
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. 51533		2. Name of Corporation Matthew Lowell Mobile Home Park, Inc.	
3. Street Address Principal Business Office S/O Peter J. McGinn, Esq. One Park Row		City Providence	State RI
4. Business Phone No. 401-456-1200		5. State of Incorporation RHODE ISLAND	
6. SIC Code 5074			
7. Brief Description of the Character of Business Conducted in Rhode Island To operate a mobile home park			
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name Lowell W. Kinch		Vice President Name Lowell W. Kinch	
Street Address 40 Taylor Drive		Street Address 40 Taylor Drive	
City E. Providence	State RI	City E. Providence	State RI
Zip 02916		Zip 02916	
Secretary Name Lowell W. Kinch		Treasurer Name Lowell W. Kinch	
Street Address 40 Taylor Drive		Street Address 40 Taylor Drive	
City E. Providence	State RI	City E. Providence	State RI
Zip 02916		Zip 02916	
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)		11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)	
AUTHORIZED SHARES		ISSUED SHARES	
Number of Shares	Class/Series	Number of Shares	Class/Series
Par Value		Par Value	
8,000 SHS \$1.00 PAR VAL		100	Common
			\$1.00

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



File Date: Jan 25, 99
Check No.: 1661
By: JED

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] 1/15/99
Signature of Officer Date
Lowell W. Kinch
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. **51533** 2. Name of Corporation **Matthew Lowell Mobile Home Park, Inc.**
3. Street Address Principal Business Office c/o Peter J. McGinn, Esq. City **Providence** State **RI** Zip **02903**
One Park Row 4. Business Phone No. **401-456-1200** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **5074**

7. Brief Description of the Character of Business Conducted in Rhode Island
To operate a mobile home park

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

President Name Lowell W. Kinch	Vice President Name Lowell W. Kinch
Street Address 40 Taylor Drive	Street Address 40 Taylor Drive
City E. Providence State RI Zip 02916	City E. Providence State RI Zip 02916
Secretary Name Lowell W. Kinch	Treasurer Name Lowell W. Kinch
Street Address 40 Taylor Drive	Street Address 40 Taylor Drive
City E. Providence State RI Zip 02916	City E. Providence State RI Zip 02916

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

Director Name	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
8,000 SHS \$1.00 PAR VAL

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

ISSUED SHARES
Number of Shares Class/Series Par Value
100 Common \$1.00

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



FILED

File Date: **JAN 29 1998**
Check No.: _____
By: **CC 1063**

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.
RECEIVED SECRETARY OF STATE
Signature of Officer: **Lowell W. Kinch** Date: **1-26-98**
Print or Type Name of Officer: **Lowell W. Kinch**
Title of Officer: **President**



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. **51533** 2. Name of Corporation **Matthew Lowell Mobile Home Park, Inc.**
3. Street Address Principal Business Office. **c/o Peter J. McGinn, Esq.** City **Providence** State **RI** Zip **02903**
One Park Row 4. Business Phone No. **401-456-1200** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **5074**

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

To operate a mobile home park

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

President Name Lowell W. Kinch Street Address 40 Taylor Drive City E. Providence State RI Zip 02916	Vice President Name Lowell W. Kinch Street Address 40 Taylor Drive City E. Providence State RI Zip 02916
Secretary Name Lowell W. Kinch Street Address 40 Taylor Drive City E. Providence State RI Zip 02916	Treasurer Name Lowell W. Kinch Street Address 40 Taylor Drive City E. Providence State RI Zip 02916

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

Director Name None Street Address City _____ State _____ Zip _____	Director Name Street Address City _____ State _____ Zip _____
Director Name Street Address City _____ State _____ Zip _____	Director Name Street Address 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
8,000 SHS	\$1.00 PAR VAL		100	Common	\$1.00

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



* 5 1 5 3 3 *

File Date: 5/22/97
Check No.: 2934
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] 4-4-97
Signature of Officer Date
Lowell W. Kinch
Print or Type Name of Officer
President
Title of Officer

**PROFIT CORPORATION
ANNUAL REPORT**

1996

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



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

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. 51533		2. NAME OF CORPORATION Matthew Lowell Mobile Home Park, Inc.			
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE c/o Peter J. McGinn, Esq. 10 Weybosset Street			CITY Providence	STATE RI	ZIP CODE 02903
4. BUSINESS PHONE NO. 401-456-1200		5. STATE OF INCORPORATION Rhode Island			6. SIC CODE 5074

7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND
To operate a mobile home park

8. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME Lowell W. Kinch			VICE PRESIDENT NAME Lowell W. Kinch		
STREET ADDRESS 40 Taylor Drive			STREET ADDRESS 40 Taylor Drive		
CITY E. Providence	STATE RI	ZIP CODE 02916	CITY E. Providence	STATE RI	ZIP CODE 02916
SECRETARY NAME Lowell W. Kinch			TREASURER NAME Lowell W. Kinch		
STREET ADDRESS 40 Waylor Drive			STREET ADDRESS 40 Taylor Drive		
CITY E. Providence	STATE RI	ZIP CODE 02916	CITY E. Providence	STATE RI	ZIP CODE 02916

9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME None			DIRECTOR NAME		
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
8,000	Common	\$1.00	100	Common	\$1.00

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: 8/7/96
Check No: 1692
By: *[Signature]*
For Secretary of State Use Only

[Signature]
Signature of Officer
Lowell W. Kinch
Print or Type Name of Officer
President
Title of Officer
5/8/96
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: 51533 Annual Report for the year: 1995

Name of Corporation: Matthew Lowell Mobile Home Park, Inc.
 Business entity organized under the laws of the State of: Rhode Island
 For foreign entity, address and telephone number of principal office:

Business Entity is (check one):
 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):
c/o Peter J. McGinn, Esq.
Tillinghast Collins & Graham
10 Weybosset Street, Providence, Rhode Island 02903
 Phone: (401) 456-1200

Brief statement of the character of business conducted in Rhode Island
To operate a mobile home park

THE NAMES OF THE OFFICERS ARE:

PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
Lowell W. Kinch	40 Taylor Drive	E. Providence, RI	02916
VICE PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
Lowell W. Kinch	40 Taylor Drive	E. Providence, RI	02916
SECRETARY	STREET ADDRESS	CITY/STATE	ZIP CODE
Lowell W. Kinch	40 Taylor Drive	E. Providence, RI	02916
TREASURER	STREET ADDRESS	CITY/STATE	ZIP CODE
Lowell W. Kinch	40 Taylor Drive	E. Providence, RI	02916

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
None			
NAME	STREET ADDRESS	CITY/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	Class / Series	Number of Shares	Class / Series
8,000	Common	100	Common

Date February 20, 1995

FILED

FEB 27 1995

By [Signature] # 1219

By: [Signature]

Lowell W. Kinch
 PRINT OR TYPE NAME OF OFFICER SIGNING

President
 TITLE OF OFFICER SIGNING

DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS.

PLEASE NOTE: If the registered officer and/or registered agent indicated below is incorrect, Form 9 must be filed.
 F:\XXX\ANNUAL\MATTHEW.LAR

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

File Annually
 L.I.C: Sept. 1 - Nov. 1
 CORP: Jan. 1 - March 1

Corporate ID: 0051533 Annual Report for the year: 1994
 Name of Business Entity: Matthew Lowell Mobile Home Park, Inc.

Business entity organized under the laws of the State of: Rhode Island
 Federal Taxpayer Identification Number: [REDACTED]
 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):
c/o Peter J. McGinn, Esq.
Tillinghast Collins & Graham
One Old Stone Square
Providence, RI 02903
 Phone: (401) 456-1200

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:
Peter J. McGinn
One Old Stone Square
Providence, Rhode Island 02903
 Brief statement of the character of business conducted in Rhode Island:
to operate a mobile home park
 Date of Organization: September 16, 1988
 Date of Qualification to do business in Rhode Island (if foreign entity):

THE NAMES OF THE OFFICERS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<input type="checkbox"/> CHIEF EXECUTIVE OFFICER OR <input checked="" type="checkbox"/> PRESIDENT (Check One)			
Lowell W. Kinch	40 Taylor Drive, East Providence, RI	02916	
<input type="checkbox"/> CHIEF OPERATING OFFICER OR <input checked="" type="checkbox"/> VICE PRESIDENT (Check One)			
Lowell W. Kinch	40 Taylor Drive, East Providence, RI	02916	
<input type="checkbox"/> CUSTODIAN OF RECORDS OR <input checked="" type="checkbox"/> SECRETARY (Check One)			
Lowell W. Kinch	40 Taylor Drive, East Providence, RI	02916	
<input type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input checked="" type="checkbox"/> TREASURER (Check One)			
Lowell W. Kinch	40 Taylor Drive, East Providence, RI	02916	

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
None			

NUMBER OF SHARES AUTHORIZED (If Applicable)		NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)	
NUMBER	8,000	NUMBER	100
CLASS	Common	CLASS	Common
SERIES	--	SERIES	--
PAR VALUE OR WITHOUT PAR	\$1.00 Par Value	PAR VALUE OR WITHOUT PAR	\$1.00 Par Value

711 93 Matthew W. Kinch President

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

51533

Corporate ID 0081533

Annual Report for year 1992

FIRST: The name of the corporation is Matthew Lowell Mobile Home Park, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is to operate a mobile home park.

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

FIFTH: Business address in Rhode Island c/o Peter J. McGinn, Esq., Tillinghast Collins & Graham, One Old Stone Square, Providence, Rhode Island 02903

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

Name	Office	Address (including number, street, zip code)
_____	Director	_____
_____	Director	_____
_____	Director	_____
<u>Lowell W. Kinch</u>	President	<u>40 Taylor Drive, E. Providence, RI 02916</u>
<u>Lowell W. Kinch</u>	Vice President	<u>40 Taylor Drive, E. Providence, RI 02916</u>
<u>Lowell W. Kinch</u>	Secretary	<u>40 Taylor Drive, E. Providence, RI 02916</u>
<u>Lowell W. Kinch</u>	Treasurer	<u>40 Taylor Drive, E. Providence, RI 02916</u>

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par value or statement that shares are with-out par value
8,000	Common	--	\$1.00 Par Value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par value or statement that shares are with-out par value
100	Common	--	\$1.00 Par Value

Dated April 7 1992

Matthew Lowell Mobile Home Park, Inc.
(Name of Corporation)

By Lowell W. Kinch
Lowell W. Kinch

(Report must be signed by officer)

Title President

REC'D & FILED
MAY 21 1992
AMT 0653

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

SS

Corporate ID 0001533 Annual Report for year 1991

FIRST: The name of the corporation is Matthew Lowell Mobile Home Park, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is to operate a mobile home park.

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

FIFTH: Business address in Rhode Island c/o Peter J. McGinn, Esq., Tillinghast Collins & Graham, One Old Stone Square, Providence, Rhode Island 02903

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

Name	Office	Address (including number, street, zip code)
<u>None</u>	Director	<u></u>
<u></u>	Director	<u></u>
<u></u>	Director	<u></u>
<u>Lowell W. Kinch</u>	President	<u>40 Taylor Drive, E. Providence, RI 02916</u>
<u>Lowell W. Kinch</u>	Vice President	<u>40 Taylor Drive, E. Providence, RI 02916</u>
<u>Lowell W. Kinch</u>	Secretary	<u>40 Taylor Drive, E. Providence, RI 02916</u>
<u>Lowell W. Kinch</u>	Treasurer	<u>40 Taylor Drive, E. Providence, RI 02916</u>

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
8,000	Common	---	\$1.00 Par Value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	Common	---	\$1.00 Par Value

Dated October 16 1991

Matthew Lowell Mobile Home Park, Inc.
(Name of Corporation)

(Report must be signed by officer)

By Lowell W. Kinch
Lowell W. Kinch
Title President

Filing Fee \$15.00

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

Corporate ID 051533 Annual Report for the year 1989

FIRST: The name of the corporation is Matthew Lowell Mobile Home Park, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is to operate a mobile home park.

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

FIFTH: Business address in Rhode Island 548 Kenyon Avenue, Pawtucket, Rhode Island 02861

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

Name	Office	Address (including number, street, zip code)
None	Director	
	Director	
	Director	
Lowell W. Kinch	President	548 Kenyon Avenue, Pawtucket, Rhode Island 02861
Karen E. Kinch	Vice President	548 Kenyon Avenue, Pawtucket, Rhode Island 02861
Karen E. Kinch	Secretary	548 Kenyon Avenue, Pawtucket, Rhode Island 02861
Lowell W. Kinch	Treasurer	548 Kenyon Avenue, Pawtucket, Rhode Island 02861

Filed & Filed
MAY 14 1990

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
8,000	Common	---	\$1.00 Par Value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	Common	---	\$1.00 Par Value

Dated 5-10, 19 90

Matthew Lowell Mobile Home Park, Inc.
(Name of Corporation)

By Lowell W. Kinch
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 0051533 Annual Report for the year 1990

FIRST: The name of the corporation is Matthew Lowell Mobile Home Park, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is to operate a mobile home park.

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

FIFTH: Business address in Rhode Island 548 Kenyon Avenue, Pawtucket, Rhode Island 0286

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

Name	Office	Address (including number, street, zip code)
<u>None</u>	<u>Director</u>	
	<u>Director</u>	
	<u>Director</u>	
<u>Lowell W. Kinch</u>	<u>President</u>	<u>548 Kenyon Avenue, Pawtucket, Rhode Island 0286</u>
<u>Karen E. Kinch</u>	<u>Vice President</u>	<u>548 Kenyon Avenue, Pawtucket, Rhode Island 0286</u>
<u>Karen E. Kinch</u>	<u>Secretary</u>	<u>548 Kenyon Avenue, Pawtucket, Rhode Island 0286</u>
<u>Lowell W. Kinch</u>	<u>Treasurer</u>	<u>548 Kenyon Avenue, Pawtucket, Rhode Island 0286</u>

Rec'd & Filed MAY 14 1990

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>8,000</u>	<u>Common</u>	<u>---</u>	<u>\$1.00 Par Value</u>

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>100</u>	<u>Common</u>	<u>---</u>	<u>\$1.00 Par Value</u>

Dated May 10 19 90 Matthew Lowell Mobile Home Park, Inc.
(Name of Corporation)

By Lowell W. Kinch
Title President

(Report must be signed by an officer)