

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

Form 630 Rev. 12/03

2005

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ____

Filing Period: January 1 - March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 1234 485 Enterprises, Inc. 3 Street Address Principal Business Office State 485 Paradise Avenue Middletown RI 02842 4 Business Phone No. 5. State of Incorporation G. SIC Gode 846-6826 RHODE ISLAND 5553 7. Brief Description of the Character of Business Conducted in Rhode Island
ESTATE MANAGEMENT AND INVESTMENT 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name E. M. Strauss Street Address Street Address 485 Paradise Avenue State Zip Middletown 02842 RISecretary Name Treasurer Name Donna R. Sisson Street Address Street Address 140 Spring Hill Road Zip City State Zip Portsmouth 02871 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name Sinvi Address Street Address City State Zip City Zip Director Name Street Address Street Address City State Zip State Zip 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 COMM NO PAR VALUE 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 Check No. E. M. Strauss Print or Type Name of Officer President FOR SECRETARY OF STATE USE ONLY 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 401.222.3040

PROFIT	CORPORATION	ANNUAL REPORT	FOR THE YEAR	2004

Filing Period: January 1 - M (FORM MUST BE TYPED OR PRI		ling Fee: \$50.00			
1 Corporate II) No.	2. Name of Corpora	tion	···		
1234	485 Enterpris	es, Inc.			
3 Street Address Principal Business 485 Paradise	்றின் Avenue		Middletown	State RI	02842
4. Business Phone No. 846 – 6826		5 State of Incorporation			6. SIC Code
7. Brief Description of the Character	of Bustons Countrated	RHODE ISLANI)		5553_
ESTATE MANAGEMEN 8. NAMES AND ADDRESSES President Name E. M. Strauss	TAND INVESTMEN S OF THE OFFICE	Т	TACHMENT) [FII.I. IN SE	PACES BEFORE USI	NG ATTACHMENTS
Sirce Address	·				
485 Paradise	Avenue		Street Address		
City Middletown	State RI	^{Zip} 02842	City	State	Zip
Secretary Name Donna R. Siss	son		Treasurer Name		
Street Address 140 Spring Hi	ill Road	<u>-</u>	Street Address		
Portsmouth,	State RI	2ip 02871	Gity	State	Zip
9. NAMES AND ADDRESSES Director Name	OF THE DIRECT	ORS: <i>("X" BOX FOR A</i>	TTACHMENT)	SPACES BEFORE US	SING ATTACHMENTS
Street Address	_		Street Address		
City	State	Zip	City	State	Zip
Durector Name	J	J	Director Name		
Street Address			Street Address .		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED AUTHORIZED SHARES	("X" BOX FOR A	TTACHMENT)	in 11. SHARES ISSUED (*) ISSUED SHARES	 X^ BOX FOR ATTAC	CHMENT)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Sortes	Par Value
1,000 COMM NO PAR VALL	JE		NONE		
	· · -				
This report must be	signed in ink by e	ither the President, Vice		ry. I declare and affirm mying schedules and s	that I have examined this report, latements, and that all statements
File Date	<u>04</u> 73	-	Signature of Officer	rauss	1/14/04 Date
Check No.		- -	E. M. Strau Print or Type Name of C		
FOR SECRETARY OF ST	ATE 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

2003 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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

(FORM MUST BE TYPED OR PRINTED IN BLACK) 1. Corporate ID No.

2. Name of Corporation

1234

485 Enterprises, Inc.

3. Street	Address	Principal	Business	Office
1. 0	5 D.			A

City

ZIp

485 Paradise Avenue 4. Business Phone No.

5. State of Incorporation

RΙ

02842

6. SIC Code

846-6826

RHODE ISLAND

5553

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

Estate management and investment

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

President Name

Vice President Name

Middletown

E. M. Strauss

Street Address

Street Address

Treasurer Name

Street Address

Director Name

485 Paradise Avenue

Middletown

02842

City

State

Zip

Secretary Name

Donna R. Sisson

Street Address

140 Spring Hill Road

Zip

City

State

210

Portsmouth

RI

02871

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

Director Name

Street Address

Street Address

City

City

State

Zip

Zin

City

State

Zip

Director Name

Director Name Street Address

Street Address

State

Class/Series

City

State

Zip

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

AUTHORIZED STARES

Number of Shares

Par Value

pane None Number of Shares

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

Class/Series

Par Volue

1,000 COMM NO PAR VALUE

FOR SECRETARY OF STATE USE ONLY

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

E. M. Strauss

Print or Type Name of Officer President

Title of Officer

Form 630 12/02

401-222-3040

2002 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.

2. Name of Corporation

1234

485 Enterprises, Inc.

3. Street Address Principal Business Office

485 Paradise Avenue

City Middletown

State

Zip 02842

Business Phone No. 846-6826 5. State of Incorporation **RHODE ISLAND** RI

6. SIC Code

5553

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

Estate management & investment

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

President Name Vice President Name E. M. Strauss . Street Address 485 Paradise Avenue City State Zip Middletown RI02842 Secretary Name Treasurer Name Donna R. Sisson Street Address 140 Spring Hill Road State City State Z. p Portsmouth RI 02871

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

Director Name

Street Address

Zie

Director Name

Street Address

City

State

7.10

Director Name

Street Address

City

Street Address

7. p

State

Par Value

State

2.10

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

AUTHORIZED SHARES

Number of Shores Class/Series 1.000 COMM NO PAR VALUE

City

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

ESTAD SHARES

Number of Shares

Class/Series

Par Value

NONE

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



File Date: Check No.:

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.

1/10/02

Date

E. M. Strauss
Print or Type Name of Officer

President

Title of Officer

₹ 5

Form 630 12/01

1. Corporate ID No.

4. Business Phone No.

File Date: _

FOR SECRETARY OF STATE

846-6826

3. Street Address Principal Rusiness Office

485 Paradise Avenue

7. Brief Description of the Character of Business Conducted in Rhode Island
Estate management & investment

*Corporations Division 100 North Main Street, Providence, RI.02903-1335 401-222-3040

ZIp

02842

RI

this report, including any accompanying schedules and statements, and

that all statements contained herein are true and correct.

Signature of Officer

President

Title of Officer

Print or Type Name of Officer

E. M. Strajuss

70vidence, KIJ2903-1333 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001 Filing Period: January 1-March 1 • Filing Fee: \$50.00

5. State of Incorporation

RHODE ISLAND

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

City

Middletown

STOP PILAME READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)	

2. Name of Corporation
485 Enterprises, Inc.

E. M. Straus:	s		Vice President Name		
Street Address 485 Paradise			Street Address		
City	State	Zip	City	State	Zip
Middletown	RI	02842			
Secretary Name Donna R. Sis:	son		Treasurer Name		
Street Address 140 Spring H:	ill Road		Street Address		
CII _Y _	State	Zip	City	State	Zip
Portsmouth	RI	02871		•	
9. NAMES AND ADDRE	ESSES OF THE DIRI	ECTORS (*x* box for .	ATTACHMENT) FILL IN SPA Director Name	CES BEFORE USING ATT	FACHMENTS
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 AUTHORIZ	ED (*X* BOX FOR ATT	ACHMENT)	11. SHARES ISSUED	("X" BOX FOR ATTACHMEN	(די
Number of Shares	Class/Series	Par Value	Number of Shores	Class/Series	Par Value
1000 COM NO PAI	R VAL		3 vo		NoPor
					•
This report must be sig	ned in ink by citl	er the President, Vi	ce President, Secretary, As	sistant Secretary, Treas	surer, Receiver or Trustee
*	1234 *		Under penalty of	perjury, 1 declare and affir	m that I have examined

1.81/00

Date

(FORM MUST BE TYPED IN BLACK)

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

1. Corporate ID No. 1234	2. Name of Corpor 485 Enter	ration rprises, Inc.			
3. Street Address Principal Busines. 485 Paradise	Avenue		Middletown	State R I	^z / ₀ 02842
4. Business Phone No. 846-6826		5. State of Incorporation RHODE ISLAND			6. SIC Code 5553
7. Brief Description of the Characte Estate manageme					
8. NAMES AND ADDRES President Name E. M. Strauss	SSES OF THE OF	FICERS (*X* BOX FOR ATTACH	MENT) FILL IN SPACES I Vice President Name	BEFORE USING ATTA	CHMENTS
Street Address 485 Paradise	Avenue		Street Address		
Middletown	State R I	zip 02842	City	State	ZIp
Secretary Name Donna R. Siss	on		Treasurer Name		
Street Address 140 Spring Hi	ll Road		Street Address		
Portsmouth	State R I	^{Zip} 02871	City	State	Zip
9. NAMES AND ADDRES	SSES OF THE DIR	RECTORS (*X* BOX FOR ATTA	CHMENT) FILL IN SPACE Director Name	S BEFORE USING ATT	TACHMENTS
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 AUTHORIZE AUTHORIZED SHARES	D (*x* hox for at	FACHMENT)	11. SHARES ISSUED (*.	X° BOX FOR ATTACHMEN	T)
	Class/Series	Par Value	Number of Shares	Class/Series	. Par Value
Number of Shares			300		

* 1 2 3 4 *
ille Date:
Check No.:
DU SECRETARIA DE STATE LISE ONLA

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.

ح.	. M	7. Shaw	1/24/00	
Signat	ure of C	Officer	Date	_
F	M	Strauce		

E .	Μ.	Strauss	
Print or	Type N	ame of Officer	-

President



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3046

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

STOP
PLE VSE RELYD
ENVIRE CELLOXY

(FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 1234
3. Street Address Principal Business Office City State 485 Paradise Avenue Middletown 4. Business Phone No. 5. State of Incorporation 6. SIC Code 846-6826 7. Brief Description of the Character of Rusiness Conducted in Rhode Island

Estate management of the Character of Rusiness Conducted in Rhode Island 5553 Estate management & investment 8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) () FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name E. M. Strauss Street Address 485 Paradise Avenue City State Middletown Securiary Name Donna R. Sisson Treasurer Name Street Address 140 Spring Hill Road Street Address Portsmouth State R I City ^{zij}02871 State Zip 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) 1. FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name Street Address Street Address State Zip City Director Name Director Name Street Address Street Address City State Zip Clly State Zip 10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" AUTHORIZED SHARES ZAKAHR CEFURZI Number of Shares Class/Series Par Value Number of Shares Class/Series 300 1000 COM NO PAR VAL

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

	+ 1 2 3 4 +	
File Date:	13027,99	
Check No.:	4363	
Ву:	- OT	
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.

(.M. St. mm)	1/26/99
Signature of Officer	Date
E. M. Strauss	
A.1. M. 41 4.70	

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

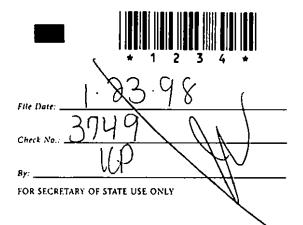
Filing Period: January 1-March 1 • Filing Fee: \$50.00

STOP PLEASE READ INSTRICTIONS

CHOKM MUST BE TTYED IN BL	ACKI				
1. Corporate ID No.	2. Name of Corpora	•	٠		*
1234	485 Enterp	rises, inc.			
3. Street Address Principal Busines			City	State	Zip
485 Paradise Av	enue		Middletown	RI	02842
4. Business Phone No.		S. State of Incorporat			6. SIC Code
846-6826		RHODE ISL	AND		5553
7. Brief Description of the Charact Estate Managemen					
8. NAMES AND ADDRE	SSES OF THE OFF	CERS ("X" BOX FOR AT	TACHMENT)	•	
President Name			Vice President Name		
E. M. Strauss					
Street Address			· Street Address		
485 Paradise Av	enue				
City	State	Zip	City	State	Zip
Middletown	RĬ	02842			
Secretary Name			Trensurer Name	• • • • • • • • • • • • • • • • • • • •	
Donna R. Sisson			1		
Street Address			· Street Address		
140 Spring Hill	Road				
City	State	Zip	City	State	Zip
Portsmouth	RI	02871	•		
9. NAMES AND ADDRE	SSES OF THE DIR	ECTORS ("X" BOX FOR	ATTACHMENT)		
Director Name			Director Name		
Street Address			Street Address		
Clty	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZE AUTHORIZED SHARES	ED ("X" BOX FOR ATT.	ACHMENT)	11. SHARES ISSUED (*	"X" BOX FOR ATTACHME	NT)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Serles	Par Value
•	•		*	• •	• - · · - · · •

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

300



1000 COM NO PAR VAL

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 Straws

1/26/98 Date

E. M. Strauss

Print or Type Name of Officer President

Title of Officer



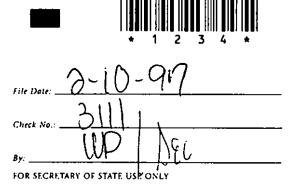
James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-277-3040

PROFIT CORPORATION ANNUAL REPORT 1997

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

(FORM MUST BE TYPED IN BLA	CK)				COMPLETING THIS FORM
1. Corporate ID No.	2. Name of Corpora		· - · - 		
1234	485 Enterp	rises, Inc.			
3. Street Address Principal Business	Office		City	State	Zip
485 Paradise A	Avenue	5. State of Incorporation	Middletown	RI	. 02842 6. SIC Code
846-6826 7. Brief Description of the Character	of Business Conducted i	RHODE ISLA n Rhode Island	ND		5553
Estate Manageme 8. NAMES AND ADDRESS President Name			CHMENT) - Vice President Name		
E. M. Strauss			Street Address		
485 Paradise Ave	enue				
City	State	Žip	City	State	Zip
Middletown Secretary Name	RI	02842	Treasurer Name	•	· · · · · · · · · · · · · · · · · · ·
Donna R. Sisson Street Address			Street Address		!
140 Spring Hill	Road State	Zip	City	State	Zip
Portsmouth	RI i	02871			
9. NAMES AND ADDRESS			TACHMENT)		• • •
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 AUTHORIZE!	D AND ISSUED ("X" BOX FOR ATTACHMENT	ISSUFJ) SFLARES		•
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
•			t and the state of state of	1111121 JE11E3	, M. 141114
1000 COM NO PAR	VAL		300		

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.

E.M. Strans 1/21/97
Signature of Officer Date

E. M. Strauss
Print or Type Name of Officer

President

PROFIT CURPORATION **ANNUAL REPORT**

1996



State of Knode 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

I. CORPORATE ID NO.	2. NAME OF CORPORATIO		PRINT IN BLACK INK.	.F. Farm	
1234	485	Enterprises, Inc	. 1-802 10	,12 (00)	
3 STREET ADORESS PRUVCIPAL BUSINES	£	<u></u>	αίν	STATE	ZIP COOE
485 Paradise	Avenue	5 STATE OF INCORPORATION	Middletown	RI	02842 68000€
		RHODE I	SLAND		5553
846-6826 Brief Description of the Character	R OF BUSINESS CONDUCTED IN RIMO			-,,,-,-,-,-,-,-,-,-,-,-,-,-,-,-,-,	
Estate Manage	ment and In	vestment			
RESIDENTI NAME	8 . N	AMES AND ADDI	RESSES OF THE OF	FICERS	
E. M. Strauss					
TRETADORESS 485 Paradise	Avenue		STREET ADORESS		
YIK	STATE	ZIP COOLE	an	STATE	∑P COO €
Middletown SEORETARY HAME	RI	02842	TREASURER HAME		
Donna R. Siss	on				
140 Spring Hi	ll Road		STREET ADORESS		
מוץ	SIÀTE	ZIP COOE	air	STATE	ZIP COOE
Portsmouth		JO2871	RESSES OF THE DIR	LECTORS	
DRECTOR NAME		- ·	DIRECTOR HAVE	· · · · • · · · · · · · · · · · · · · ·	-
STREET ADORESS			STREET ADDRESS		· · · · · · · · · · · · · · · · · · ·
ony .	STATE	ZIP CODE	CITY	- Fana-	
	Jame	ar coos	uit .	STATE	ZiP C00€
DIRECTOR NAME	**************************************		OIRECTOR INVILE		
STREET ADORESS			STREET ADORESS		
air	STATE	T ZIP C00€	QTY	STATE	ZIP COOE
		SHARES AUTHOR	IZED AND ISSUED		
NUMBER OF SHARES	AUTHORIZED SHARES CLASS / SEPTES	PAR VALUE	NUMBER OF SHARES	ISSUED SHARES CLASS / SERIES	PAR VALUE
1000 COM 1	NO PAR VAL		300		
		······································		·	
					
	т	his report must be SI 0	GNED IN INK by either the		
Pr	esident, Vice Pres	ident, Secretary, Assis	stant Secretary, Treasurer, I	Receiver or Truste	e
			Under penalty of	perjury, I declare and	affirm that I have examined
	/	-,	report, including a all statements cor	iny accompanying sch itained herein are true	edules and statements, and and correct.
File Date:	24/ 116	· •	۷ ۲	1 5+ a=	<u>~</u>
, Date /	24 96 2668 ;	- ' ;	Signature of Office		
Check No:	×668 [7]	. :	E. M. Str		
Ву:	CC/14	´ •	Presiden		January 2
For Secretary o	f State Use Only	•	Title of Officer		Date

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

0001234

ANNUAL REPORT

Please Type or Print File Annually – Jan. 1 - March 1

Filing Fee \$50.00 Make Checks Payable to: Secretary of State

1995

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

Corporate ID:		Ann	ual Report for	the year:	1227		
Name of Corporation: Business entity organized under the lay	485 Enterprises ws of the State of: RI	, Inc.	Ducinum tingien	on Cabault van De			
For foreign entity, address and telepho				is (check one): Corporation (See RI al Service Corporat	•		-5.1)
Phone: ()			Brief statement	of the character of l	ousiness co	onducted in Rh	ode Island:
Address and telephone of the principal Island (Provide street address - Not P.C.)		xle	Estate	managemen	t and	investm	ent
485 Paradise Avenu	e, Middletown, F	RI 02842				-	
Phone: (401) 846-6826							
	THE NAM	IES OF THE (OFFICERS AI	RE:			
E. M. Strauss	485	simeriabbress Paradise	Avenue	Middletow		02842	ZIP CODE
VICE PRESIDENT		STREET ADDRESS		CRYSTAT			ZIP CODE
SECRETARY Donna R. Sisson	140	STREET ADDRESS		CITYSTATI		02971	ZIP CODE
TREASURER STSSOTT		STREET ADDRESS	TII KOAG	Portsmout	·	020/1	Zir CODE
	THE NAME	ES OF THE D	RECTORS A	RF:			
Name		STREET ADDRESS	., ., ., ., ., ., ., ., ., ., ., ., ., .	CITY/STATI	Ë		ZIP CODE
NAMI-		STREET ADDRESS		CITY/STAT	E .		XIS CODE
NAME:	······	STREET ADDRESS		CITY/STAT	<u> </u>		ZIP CODE
NUMBER OF SHARES AUTHORIZED	(Rider may be attached)	NU		RES ISSUED AND O	TSTAND	ING (Rider may	be attached)
Number of Shares Class	ss / Series	Nu	mber of Shares	Class /	Series		
1,000			300				
February 10,							
Date rebruary 10,	, 19	By E. M. S	trauss	7.000x1			
Form 31 1/95		PRINT OR TYPE NA	MILOPOFFICER SIGNACE	^{KING} Preside	nt		
	DESIGNATED REGISTE				S:		
PLEASE NOTE: If the registered offi	ice and/or registered agent indi	icated below is in	correct, Form 9.	must be filed.			

E. MACGREGOR STRAUSS 485 PARADISE AVENUE MIDDLETOWN RI 02642 FEB 13 1995 SETY OF STATE MC 2177



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 LLC Sept 1 Nov 1 CORP Jun 1 March 1

Corporate ID	0001234		Annual Report i	for the year:	1994	
Name of Business Entity				nterprises	, inc.	
same in training is training :			;			
Business entity organized unda	er the laws of the State of [1] R I	<u> </u>	Business Ent	tity is (check one)		
Federal Taxpayer Identification	n Number)		•	n (See RIGL Chapter 7- Corporation (See RIGL	
	telephone number of principal of	fice			impany (See RIGL 7-16)	
· ,		· -	1	ind mailing address ions may be directed	of centact person to who	en
				Strauss,		
	· <u>-</u>		4′8•5 = P _• a	radise ave	me	
Phone ()			Middle	town, RI-0	2842	
	rincipal office of business entity a	n Rhode	j··			
Island (Provide street address -	Not P () Box;				of business conducted in it and invest	
<u>485</u> Paradise	Avenue					.
<u>Middletown</u> , 1	R1_0 <u>2842</u>		Date of Orga	mization <u>Eebru</u>	ary 27, 198 5	01/01/79
Phone (401) 846-68	326		Date of Qual	dication to do base	ess in Rhode Island (if f	orcign entity)
			·			
·	THE	NAMES OF T	HE OFFICERS	ARE:	n a	
F M Strang		Paradise		Middletov) Tareta
E. M. Straus: O ches or pairso of the saw	☐ ALT BROSID SE CAS COM	V WILLY		C (YiS)	ATE	AL (00)
[] ad studdiand through start[]	gs, ORE ARY Class Owe	STREET AS	SWESS	C*Y'S	All	ለ ድርቲው
Donna R. Sis		Spring H	ill Ro <u>ad</u> F	ortsmouth.	RI 02871	
☐ CLEUTNASCALO REROR	T ALASTIN PLOCE (C.C.)	STREET, É A	STIRLENS	CHASS	AH.	An Coop
		ĀMES OF TI	HE DIRECTORS	S ARE:		
SAMI		SIRCULA	THE SS	CINT	V-1	2.P. CO.4
NAME.		STR/THA	TREES	CDVI	Vi:	
		NIK IT AL		_(1. YA)	571	ži •∈ oi0
YOU,		1,2 111		******	•••	
NUMBER OF SHARES AUT	THORIZED :I: Applicable)		NUMBER OF S	HARES ISSUED A	ND OUTSTANDING (II Applicable)
NUMBER 1,000			NUMBER	300		
CLASS			CLASS			
SERIES			SERIES			
PAR VALUE OR WITHOUT PAR NO PO	ar value	_	PAR VALUE O WITHOUT PAR		value	
Date March 1,	994	Ву:		· · ,	· — =: 1 — -	
		E. M	l. Strauss	SKESING	7. Straw	
		Pres	ident m channa			
		T(**)() (**).	AT CUR SEGNING			
Form 31 11:34						
D	ESIGNATED REGISTERE	D OR RESID	ENT AGENT <u>F</u> C	OR SERVICE OF	PROCESS:	

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

MAY 1 Car ... AL

E. MACGREGOR STRAUSS 465 FARADISE AVENUE MIDDLETOWN RI 02642

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

			ATIONS DIV TH MAIN ST RHODE ISI	REET	13/3		
Corporate ID.	0001234		K	Annual Re	bort for the year	1933	
-		orporation is	7.15	E E.4	rises, loc		
Second:	It is incorporated	l under the laws of.					
THIRD:	Character of busin		•			8	
Fourth:	If foreign corpor						
Fігтн: 1	Business address in	Rhode Island				······································	
Sixth:	Names and address	ses of its directors ar	nd officers		ress (including number, st	(Attach rider if necessary)	
		Director	*****	***-**	***************************************	······································	
	***************************************	Director	*****	·····	•••••		
,	····	Director	****	<	.,,,.,.,.,,,,,,,,,,,,,,,,,,,,,		
E. M.	Strauss	President	P. •.	0. Box 3	352 Broadway	/ Station, Npt. N	RI
***************************************		Vice Presi	dent				
		Secretary				Portsmouth, RI ()28 :
		Treasurer					
Seventh:	Number of Shar	es authorized:				Par Value	
						or statement that shares are without	
No of Shar 1,000	es	Class		Series	PAID	no par value	
·				E	_	•	
Еібнти:	Number of Share	s issued:			EB 0 8 1993	Par Value	
No of Shar	106	Class		Series	CY OF STATE	shares are without	
300		Class		Selies		no par value	
Dated Febr	uary 5,	19 93	(Name of C		orises, Inc	•	
			By. S	rena R	- Geson		
(Rej	port must be signed by	an officer)		Secretary			

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0001234	Annual Report for the ye	ar1992
FIRST: The name of the corporation is	485 Enterprises,	.Inc
SECOND: It is incorporated under the laws of		
THIRD: Character of business, briefly stated, is	S	
FOURTH: If foreign corporation, address of its	s principal office	
Fifth: Business address in Rhode Island		
SIXTH: Names and addresses of its directors a		(Attach rider if necessary)
Director		
Director		·······
Director		
E. M. Strauss President	P.O. Box 3352 Broadwa	ayStationNewport RI
Vice Pres	sident	
Donna R. Sisson Secretary	140 Spring Hill Road	Portsmouth RI 02871
Treasurer	r	
SEVENTH: Number of Shares authorized:		Par Value or statement that
No. of Shares Class	Series	shares are without par value
1,000	PAID	no par value
EiGHTH: Number of Shares issued:	JAN 2 4 1992	Par Value
	-	or statement that shares are without
No of Shares Class 300	SEGN OF STATE	no par value
Dated January 23, 19 92		•
	(Name of Corporation) By S	~~ 4
(Report must be signed by an officer)	Title President	······

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

Annua	Report for the year	1991	
495 E	495 Enterprises, Inc.		
aws of			
tated, is			
• •			
	'		
Office	Address (including number, stre	(Attach rider if necessary)	
esident P.O. Box	3.352Broadway	StationNewport	
ce President			
cretary 140 Spi	ring Hill Road	Portsmouth, RI	
easurer			
ed:		Par Value or statement that	
Serie	S Pa.	shares are without par value	
SEC.	Por	no par value	
O	STATE	Par Value or statement that shares are without	
Scrie	•	par value no par value	
	aws of stated, is ss of its principal office of irector irector irector esident P.O. Box of the President of the cretary of th	aws of stated, is series Address (including number, streetor stree	

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID0001234		Annual Report for the y	/ear 1990		
FIRST: The name of the corpo	oration is	485 Enterprises, Inc.			
SECOND: It is incorporated un	der the laws of.	Rhode Island			
THIRD: Character of business,	briefly stated, is	S			
FOURTH: If foreign corporation	on, address of its	principal office			
FIFTH: Business address in Rh	ode Island	······	······································		
SIXTH: Names and addresses of Name	of its directors ar	nd officers: Address (including num	(Attach rider if necessary) ber, street, zip code)		
	Director		•••••••••••••••••••••••••••••••••••••••		
	Director				
E. M. Strauss	President	P. O. Box 3352 Bro	adway Station, Newpor		
	Vice Presi	dent			
Donna R. Sisson	Secretary	3 Kerins Terrace, N	ewport, R. I. 02840		
	Treasurer				
SEVENTH: Number of Shares a	authorized:		Par Value or statement that shares are without		
	Class	Series	par value		
1,000		DAID	no par value		
Eіднтн: Number of Shares iss	suad:	PAID	Par Value		
	sucu.	JAN 26 1990	or statement that shares are without		
No of Shares	Class	FRIT OF STATE	par value		
200			•		
300			no par value		
300 Dated January 24,	19 90	485 Enterprises, Inc. (Name of Corporation)	no par value		
	1990		······		

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID0001	234	Annual Report for the year	ır 1989		
FIRST: The name of	the corporation is	ACC Calabana tau			
Second: It is incorp	orated under the laws of	Rhode Island			
THIRD: Character of	business, briefly stated, i	s			
FOURTH: If foreign (corporation, address of its	s principal office			
FIFTH: Business add	ress in Rhode Island		•••••••••••••••••••••••••••••••••••••••		
Name	addresses of its directors a		(Attach rider if necessary)		
	Disease				
	Disease				
E. M. Strauss		P.O. Box 3352 Broadway S	Station, Newport, R.		
	Vice Pres	ident			
Donna R. Sisson	Secretary		ort, R. I. 02840		
Seventh: Number of	of Shares authorized:	•	Par Value		
No. of Shares	Class	Series	or statement that shares are without par value		
1,000		PAID	no par value		
EіGнтн: Number of	Shares issued:	FEB 10 1989	Par Value or statement that		
No. of Shares 300	Class	SECY. OF STATE	shares are without par value no par value		
Dated February 10,	19 <u>.89</u>	485 Enterprises, Inc. (Name of Corporation) By MAN M Substitute of Corporation o	~		
(Report must be si	gned by an officer)	Title Secretary			

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

State of Rhode Island and Frovidence Flantations CORPORATIONS DIVISION 270 WESTMINSTER MALL PROVIDENCE, RHODE ISLAND 02903

Corporate ID 1234		Annual Report for the	e year hotor
FIRST: The name of the corp	ooration is	485 Enterprises, In	<u></u> •
SECOND: It is incorporated to	ander the laws of	fihade	lsland
THIRD: Character of busines	s, briefly stated, is.		
FOURTH: If foreign corporat	ion, address of its p	orincipal office	
Fifth: Business address in R	hode Island		
SIXTH: Names and addresses	Office		(Attach rider if necessary) umber, street, zip code)
E. M. Strauss Donna R. Sisson		P.O. Box 3352 Bro	padway Station, Npt. I
	Secretary Treasurer		
SEVENTH: Number of Shares	s authorized:	Series	Par Value or statement that shares are without par value
1,000		PAID MAR 1 0 1988	no par value
EIGHTH: Number of Shares	issued:	SEC'Y OF STATE	Par Value or statement that shares are without
No. of Shares 300	Class	Senes	par value no par value
ated February 23,		485 Enterprieses, In (Name of Corporation) By Mun Soft	nc.
(Report must be signed by a		Title Secretary	

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 270 WESTMINSTER MALL PROVIDENCE, RHODE ISLAND 02903

Corporate ID 1234		Annual Report for the year 1987		
FIRST: The name of	of the corporation is 485 E	Interprises, Inc.		
Second: It is income		Rhode Island		
·		ncipal office		
Fifth: Business ad	dress in Rhode Island			
SIXTH: Names and	addresses of its directors and o	officers: Address (including nun	(Attach rider if necessary)	
	Director			
	Director			
	Director			
E. M. Straus	President	P.O. Box 3352 Broa	dway Station, Newport	
		ıt		
Donna R. Sisson	Secretary	8 Sherman Street,	Newport, R. I. 02840	
	Treasurer			
SEVENTH: Number	of Shares authorized:	PAID	Par Value or statement that shares are without	
No. of Shares	Class	MAR 8 10	par value	
1000		PAID MAR 9 1987 SEC'Y OF STATE	no par value	
Eighth: Number of	of Shares issued:	· (1)	Par Value	
No. of Shares	Class	Series	shares are withput par value	
300			no par value 5 196	
Dated March 1,		35 Enterprieses, Inc.		
	B	Jonna M. G	whom:	
(Report must be	signed by an officer) Ti	itle Secretary		

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 270 WESTMINSTER MALL PROVIDENCE, RHODE ISLAND 02903

Corporate ID 1234		Annual Report for	or the year 1986
FIRST: The name of	the corporation is 485	Enterprises, Inc.	
_			đ
THIRD: Character of	f business, briefly stated, is		
FOURTH: If foreign (corporation, address of its pri	incipal office	
Fifth: Business add	ress in Rhode Island		
SIXTH: Names and a	addresses of its directors and		(Attach rider if necessary)
	Director		
	Director		
	Director		
E. M. Strauss	President	P.O. Box 3352 I	Broadway Station, Newport
	Vice Presider		
onna R. Sisson	Secretary	8 Sherman Stree	et, Newport, R.I. 02840
	Treasurer		
SEVENTH: Number of	of Shares authorized:		Par Value or statement that
No. of Shares	Class	Series	shares are without par value
1000			PAID no par value
Еібнтн: Number of	Shares issued:	MZ	AR 2.6 1986 Par Value
No of Shares	Class	Series Series	or statement that OF STATES are without par value
300			no par value
ated March 4,	19 86	485 Enterprises,	Inc.
JUN 2	0	Name of Corporation)	St. ours
JUN ん (Report must be sig		itle grands co	lut
- 31 1/85	<u> ,</u>		

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 270 WESTMINSTER MALL PROVIDENCE, RHODE ISLAND 02903

-	The name of the corporation			Annual Report for the year 1985 RE FARM, INC. 485 Enter prises, INC.		
	·		Phode Island			
***************************************			principal office			
Г ІРТИ:	Business address in Rhode					
Sixth:	Names and addresses of its	directors an	id officers: Address (including ou	(Attach rider if necessary) mber, street, zip code)		
		Director				
		Director				
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Director				
E. M. Str	auss	. President	P.O. Box 3352 Broad	dway Station, Newport R		
***************************************		Vice President	dent	·		
	a R. Sisson	Secretary	8 Sherman Street,			
E. M. St		Treasurer	P.O. Box 3352 Broad	dway Station Newport RI		
SEVENTH No of She	Number of Shares authors Cass	orized:	Senes	Par Value or statement that shares are without por value		
1000				no par value		
EIGHTH:	Number of Shares issued	:	Senes	Par Value or statement that shares are without par value		
300				no par value		
Dated Fobri	Jary 7, 19		485 ENTERPRISO Agridnack Turk Fare (Name of Corporation) By Norman M. S. Title Secretary	rs, /NC.		
(Rê Formúl 1/85	port must be signed by an office	r)	Title Secretary			
		02/				

/26/85 PAID

AQUIONECK TURF FARM, INC. E. MACGREGOR STRAUSS 485 PAPADISE AVENUE MIDDLETOWN RI 02840

ANRE CHEX 0234A001

Filing fee: \$15.00

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

State of Uhode Island and Providence Plantatures OFFICE OF THE SECRETARY OF STATE

	4	Annual Report for a	the year 1983
FIRST: The name	of the corporation i	s. Abundaeck	TURE FARM INC.
••••			
SECOND: It is inc	orporated under the	e laws of Rito	ok island
THIRD: Character	of business, briefly	stated, is TUR	F. FARM
*		···· ·· · · ·	
Fourth: If forei	gn corporation, add	lress of its princip:	al office
Fifth: Business	address in Rhode Is	land (blank repor	ts will be mailed to this
address) Po Rox J	2 - BROADUAT	STATION-NE	INPORT, AL OZPHO
	d addresses of its d		ers:
L Natae	Office		Address
	Director		
	Director		
	Director		•
EM STRAUL			WADMAN STATION- NEWYOLT
	Vice Preside		- (14) (14) (14) (14) (14) (14) (14) (14)
D. R. Sisson	Secretary		Bronowny SINTILL NEW
	Treasurer		COMMENT STATIONS NEWFORS
(If additional space is nece		10672 9 2791	annihma a a sa sion, the tillows
SEVENTH: Numbe	r of Shares author	ized:	Par Value or statement that
No. of Shares	Class	Series	shares are without par value
			NO PAR VALUE
Eighth: Number	of Shares issued:		Par Velue
No. of Shares	Class	Series	or statement that shares are without par value
300	30 8‡	2 1	MU PAR VALUE
Dated: .3/1	1906/	(Name of Corporati	
APR 17 150.	m ∗ B	y Bruna 1	i sissn'
1)Xm	<u> </u>	itle Sucretz	uy
		(Report must be	signed by an officer)
	<u> </u>		
Form #9 must be file	as ichanged≒its⊖egiste d. Please c #R act Co rpc	red office and/or its cration Division for in	s registered agent, formation, 277-3040

Filing fee: \$15.00

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

State of Rhode Island and Providence Plantations Office of the secretary of state

		Annual Rep	port for t l	ne year 191	ر ج المارين
FIRST: The name of	f the corporation	is Acuro	NEUK	TURF FAR	y, Inc.
• •					
SECOND: It is incor	porated under the	e laws of	RHODE	- ISIAN!	o
THIRD: Character o	f business, briefly	stated, is	TURF	FARM	
FOURTH: If foreign	corporation, ad	dress of its	principa	l office	
. FIFTH: Business ad	ldress in Rhode I	sland (blar	nk report	s will be mai	led to this
address) P.O. Box 57	- Broadway.	STATION	, NEW	PORT, R.	I
SIXTH: Names and	addresses of its	directors a	nd office	rs:	
(Addresses	must include street ar	nd number, if	any)		
Name	Office			Address	
e.M. STRAUSS	Director		,	SIA NPT.	
D.R. SISSON	Director	P.O.64	1 B'way	STA. NPT	. R. I
	Director				
E.M. STRAUSS	President	P.O. B	ox 52 6	broadway s	TATION NOT. R.J.
	Vice Presid	ent			
DONNA R SISSON	Secretary	P.O 60	X 61 60	adary STA	FION, NOT. R.J.
E.M. STRAUSS (If additional space is needed	Treasurer d, attach rider)			•	ATION NOT. R.I.
SEVENTH: Number	of Shares author	rized:		Par V or statem	
No. of Shares	Class	Ser	ies	shares are par v	without
1.000				NO PAR	. VALUE
D N - 1	0.00			D. 1	
•	of Shares issued:			Par V or statem shares are	ent that without
No. of Shares	Class	Ser 1	105	par v	raine R VALUE
300		, ,		NO PA	C VACUE
Dated: 7eh. 28	19 8 3	-	NAFIA	TURF FAX	'm .Juc
Dated: 746.48	ر ه وړ	Name o		• •	~ 10 m.
a 4 0 1	•3 - 3	By Bour	a K	Sisson	
MAR 2819	0)	ion Su	crelon	7	<u>. </u>
	(*	(Repor	t must be	signed by an of	llicer)
	<u> </u>				

If the corporation has changed its registered office and/or its registered agent, Form #9 must be filed, Please contact Commission Division for information, 277-3040

State of Rhode Island and Providence Plantations OFFICE OF THE SECRETARY OF STATE

	An	nual Report for t	he year 198)	
FIRST: The name o	f the corporation is	AQUIDNECK	TUNE FALLS INC.	
	·			
SECOND: It is incom	porated under the la	ws of Rido	DC ISLAND	
THIRD: Character of	f business, briefly sta	ited, is Juni	F FARM	
FOURTH: If foreign	n corporation, addre	ss of its princip	oal office	
	,			
FIFTH: Business a	ddress in Rhode Isla	nd (blank repor	ts will be mailed to this	
	2- BAUADUAY ST			
· · · · · · · · · · · · · · · · · · ·	l addresses of its dir			
	s must include street and n		`	
Nan:e	Office		Address	
	Director			
	Director		and the second s	
	Director		and the second s	
EM STRAUS	President	Po. Gux 52- B	WAY STATION - NEW YOUR	, r I
	Vice President			
	Secretary			
Em STAAKS	Treasurer	P.O. Box 52-0'	up 1 station - NEW SULE	, /, I
	of Shares authorize	ed:	Par Value or statement that shares are without	
No. of Shares	Class	Series	par value	
1000			NO PAN VAL	U 9.
Eighth: Number	of Shares issued:		Par Value or statement that shares are without	
No. of Shares	Class	Series	par value	_
300			NO PARC VALO	-
Dated: 2/17	1982	Aguidue a	F. Turf Farm, I	nc
M	AR 31982 By	. E-17	2 - Long	
		tle Pres	Soll+	_
	ρ¥ . Γ		be signed by an officer)	
		(Nepolt Illust t	and any and any	

Filing fee: \$15.00

Form 31 11 50

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

State of Thode Island and Providence Plantations OFFICE OF THE SECRETARY OF STATE

ANNUAL REPORT OF

Pursuant to the pro-	ovisions of Section 7.1	.1-118 of the Ge	neral Laws, 1956, as
amended, the undersigned	ed corporation hereb	y submits the fol	lowing annual report:
FIRST: The name	of the corporation is	A QUIONECK T	URF FARM, INC.
	rporated under the lav		4
Broadway STAT	ION NEWPORT	K. J. 02296	nd is P.O. Box 52
and the name of its reg	istered agent in Rho	de Island at such	address is EM. Strauss
•			
			cipal office in the state
or country under the lay	vs of which it is inco	rporated is	
		e de la companya de l	•
FIFTH: The chara	acter of the business	in which it is actu	ually engaged in Rhode
Island, briefly stated, is			
			4 - 4
	s and respective addr	esses of its directo	rs and officers are:
Name	Office	USC PARAN	ISE AVE. NEWBER RI
EM STRAUSS	Director	•	ALE LOAD, NEWPORT, R.I.
D. SISTON	Director	, , , , , , , , , , , , , , , , , , , ,	, 100,000,000,000
	Director		
	Director		•
	Director Director	-	
EM STRAUSS	President	HOE PARADIS	É AVE, NEWPORT, R. I.
	Vice Preside	nt	•
D. S1550~	Secretary		DALE ROAD, NEWFORT, R.I.
EM STRAUSS	Treasurer	485 PARADIS	SE AVE, NEWPORT RI
SEVENTH: The agg by classes, par value of sh	regate number of shar ares, shares without p	es which it has autl ar value,and series	
Number of Shares	Class	Series	Par Value per Share or Statement that Stares are without Par Value
1000	COMMON		BIVO PAR
			6156A APR 1 1981

EIGHTH: The aggregate number of its issued shares, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

Number of Shares	Class	Series	or Statement that Shares are without Par Value
			2× #
			•
			. •
			•
			**

			•

Dated February 24, 1981 Agridual Tox Farm, Fare
(NAME OF CORPORATION)

By ETTS Frames



Form 31 8-79

Filing fee: \$15.00

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

State of Rhode Island and Providence Plantations

OFFICE OF THE SECRETARY OF STATE

ANNUAL REPORT OF

Pursuant to the provisions amended, the undersigned corp	oration hereby	submits the following	ng annual report:
FIRST: The name of the co	rporation is	AGUISNER	TUKE TARM TIC
and the second of the second of the second of			
SECOND: It is incorporate	ed under the la	ws of RT	
THIRD: The address of its PRONDWOM SINTING	registered office	in Rhode Island is	No Box Sx
and the name of its registered ag	ent in Rhode Isl	and at such address i	is 15M STANUS
FOURTH: If a foreign cor country under the laws of which i	•		office in the state or
	* * *		
FIFTH: The character of	the business in	which it is actually	engaged in Rhode
Island, briefly stated, is			
a manage of the second			
SIXTH: The names and res	spective address	^	Address
FM STRAVSS	Director		AN IVENNORT AT
D. SISSON	Director	NEW BET	PT
	Director		
	Director		• 0
	Director		····· .
FM STRALSS	Director President	487 PAPADLE	ARE NEWBOT KI
_	Vice President		
D 5,550N'	Secretary	NEW PORT	1 1
FM STRAUSS	Treasurer	1/8/ Then DISE	AND NEWBOTKI
SEVENTH: The aggregate n by classes, par value of shares, sh			
			Par Value per Share or Statement that
Number of Shares C	8 <u>esal</u>	Series	Shares are without Par Value
1000	mma V CO FII		NO PR
	78	۰٫۵٬	J
	5 · · · · · · · · · · · · · · · · · · ·	MAR 28 1989	•
	- 40 9	MAN	
	::	4	

Eighth: The aggregate number of its issued shares, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

Number of Shares . _

300

Class Co = 21 0.~ Series

Par Value per Share or Statement that Shares are without Par Value

NO PAR