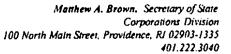


STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Matthew A. Brown, Secretary of State

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

PROFIT CORPOR Filling Period: January 1 - M (FORM MUST BE TYPED OR PRIN	arch 1 • Filing	UAL REPORT Fee: \$50.00	FOR THE YEAR	2005		
1. Corporate ID No.	2. Name of Corporation					
3735	Beluga Realty, I	nc.				
3. Street Address Principal Business C PO BOX		2_	Charlestown	State R /	02813	
4. Business Phone No.	**************************************	5. State of Incorporation			6. SIC Code	
	861	RHODE ISLAND			5710	
7. Brief Description of the Character of LAND DEVELOPMENT	of Business Conducted in R	bode Island				
8. NAMES AND ADDRESSES President Name	OF THE OFFICERS:	("X" BOX FOR ATTA	CHMENT) FILL IN SPA	CES BEFORE USING AT	TACHMENTS	
Edward Grimlais			William	R Burne	1	
Sirver Address Den diro	n Rd		Sirver Address PO Box	186	7 -	
Peace Pulo	State R 1	07883	Peace Date	State 8	12883	
Secretary Name	o		Treasurer Name	.1/ &/	1. C. M	
Street Address			Sincel Address			
City	State	Z(p	City	State	Zip	
9. NAMES AND ADDRESSES Director Name One Street Address	OF THE DIRECTOR	S: ("X" BOX FOR AT	TACHMENT) FILL IN SE Director Name ON C Street Address	ACES BEFORE USING	ATTACHMENTS	
City	State	Zip	Cln·	State	Zip.	
,		,	•		1	
Director Name		· 8	Director Name		•	
Street Address		•	Street Address			
Chy	State	Zip	City	State	Zip	
10. SHARES AUTHORIZED AUTHORIZED SHARES	 ("X" BOX FOR ATT/	ACHMENT)	11. SHARES ISSUED ("X" ISSUED SHARES	l BOX FOR ATTACHME	(TN	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value	
1,000 COMM NO PAR VALU	JE		.1000	Common.	None	
This report must be so that the second of th		er the President, Vice F		, I declare and affirm that I ying schedules and stateme	have examined this repo	
Ву:	·		Print or Type Name of Off	/ 		
FOR SECRETARY OF STATE USE ONLY			Title of Officer			



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

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

(FORM MUST BE TYPE	•				
1. Corporate ID No.	2. Name of Corpor	ation 200	1/21/100		
3735 3. Street Address Princip	of Business Office	gu_Dea	CCO, IVIC	State/)	Zip
90 Pasal	7 /	i/	Charleston	wn R/	02813
4. Business Phone No.		5. State of Incorporatio	n	<u></u>	6. SIC Code
	67	<u> </u>		 	57/0
7. Brief Description of th	ne Character of Business Cond	lucted in Rhode Island			
Lana	- Weveldor	NENL_	TACUMENT FILL IN S	PACES BEFORE USING ATTA	ACHMENTS
8. NAMES AND AD Pre <u>side</u> nt Name	DRESSES OF THE OFF	CERS CY BOY LOUN	Vice President Name	A A	
Edwar	d grimle	ey	William	_R_park	ney
Sireci Address	1 draw Ro	7 /	Street Address	miset Ti	nil 1
Cipy O	Siaic 2	Zip	Si las	State	Zip
Peace Va	le K/	02883	Charleston	un K/	028/3
Secretary Name	. = ,		Treasurer prame		
Street Address	<u>e</u>		Street Address		
SITEEL MULIESS			•		
Ciņ	State	Zip	City	State	Zip
9. NAMES AND AD Director Name	DRESSES OF THE DIR	ECTORS ("X" BOX FOR	ATTACHMENT) FILL IN	SPACES BEFORE USING AT	TACHMENIS
Mone-			· 1/Ano		
Sireci Address	<u> </u>		. Siree Address	· · · · · · · · · · · · · · · · · · ·	
<u> </u>			<u> </u>		
City	State	Zip	·City	State	Zip
Director Name		. .	Director Name		
			•		
Street Address			·Street Address		, 1
(Cin	State	Zip	·Ciŋ·	State	Ζίρ
			• •		
	ORIZED ("X" BOX FOR	ATTACHMENT)		X" BOX FOR ATTACHMENT)	
AUTHORIZED SHARE Number of Shares	S Class/Series	Par Value	ISSUED SHARES Number of Shares	Class/Series	Par Value
- States		1/		0	10
1/000	Common	None_	1000	(pmnon	None
			T		
Ti		the Durviduut Vice	Pussident Secretary Acc	istant Sacratami Trageur	or Receiver or Trustee
This report must be	e signea in ink by euri	er the President, vice i	resideni, Secretary, Ass	istant Secretary, Treasur	er, Receiver or Trusiee
					1
			Under nenalty of p	erjury. I declare and affirm th	at I have examined
			this report, including	ng any accompanying schedu	les and statements.
-	FILED		and that all stateme	ents contained herein are true	and correct.
=File Date				14 1 1 1 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	:28:04
J(UN 0 3 2004		Signature of Officer	0 47 00	nie
Check No.	10	-c _{0.46}	Willian	1 K. Darne	ey
By.	11 33-241	6 d m	Print or Type Name	of Ufficer P 1	\mathcal{I}_{L}
FOR SECRETARY OF	STATE USE ONLY	-	* VIC	e-Ireside	ent
TECHNICATE OF	SIME USE UNLI	I	Title of Officer	 ,	Form 630 12/01

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

STOP PLEASE READ INSTRUCTIONS

Filing Period: January	1-March 1 • F	filing Fee: \$50.00			INSTRUCTIONS
(FORM MUST BE TYTED OR PRIN 1. Corporate ID No.	TED IN BLACK) 2. Name of Corporation	n			
3735	Beluga Realty				
3. Street Address Principal Business		,	CHOCAN	MA State	Zig Co
28 DENORO	N KUAO		TITLE	DALE "KI	04883
4. Business Phone No.	/	5. State of Incorporation			6. SIC Code
7. Brief Description of the Characte	or of Business Conducted in R	RHODE ISLAND			5710
LAND DEL	TELOPME				
8. NAMES AND ADDRES	SSES OF THE OFFIC	ERS (*X* BOX FOR ATTACH		PACES BEFORE USING ATTACHMI	ENTS
President Name	Calnal	<i>1</i> - <i>U</i>	Vice President Name	AND RAPIA KIN	
Street Address	GRIML	-	Street Address	AM TSHENEY	Δ.
38 DEM	DEN KOT	40	90	PASGUISETT TEA	476
City Mr MM	DEN KOT E State E R I	210 N83	6711001 K	SOUN"RE	ON 13
Secretary Name	= KL	OUNT	Treasurer Name	· y 000 1/2	00013
NONE			Non	SE	
Street Address			Street Address		
City	State	Zip	City	State	Zip
<i></i> ,	5.2.1		- ,		•
9. NAMES AND ADDRES	SSES OF THE DIREC	CTORS ("X" BOX FOR ATTA		N SPACES BEFORE USING ATTACH	MENTS
NUNE			Director Name VUN	16	
Street Address			Street Address		
City	State	Zip	City	State	Zip
Disessas Nama			Director Name		•
Director Name	`		Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
v.,	V1812	~ ∙ r			- r
10. SHARES AUTHORIZE	ED ("X" BOX FOR ATTAC	HMENT)	11. SHARES IS	SUED ("X" BOX FOR ATTACHMENT)	
AUTHORIZED SHARES			ESSUFED SHARES		
Number of Shares	Class/Serles	Par Value	Number of Shares	Class/Series	Par Value
1,000 COMM NO PAR VA	ALUE		1000	Common_	rone.
<u> 4</u>				· · · · · · · · · · · · · · · · · · ·	
				Marine de 10 Mar de	
This report must be sign	n ed in ink by eithe	r the President, Vice F	President, Secreta	ıry, Assistant Secretary, Treasurer,	, Receiver or Trust
•	•	·		· ·	

	* 3 7 3 5 *
_	

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 begin are true and correct.

	this report, including any accompanying schedules and statements, ar
2 2 42	that all statements contained herein are true and correct.
110 D - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -	Claration of the last
nie bale:	Thursday whiley 2/17/03
Check No.:	Signature of Officer Date
<u> </u>	EDWARD CRIMITEY
. Ve	Print or Type Name of Officer
SOR EFFORTANIA OF STATE HEE ONLY	PRES.
FOR SECRETARY OF STATE USE ONLY	Title of Officer
	Form G30 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	1-March 1 • Fi	ling Fee: \$50.00			INSTRUCTIONS
(FORM MUST BE TYPED IN BLAC	CK)				
1. Corporate ID No.	2. Name of Corporation	•			
3735	Beluga Realty, I	nc.			
3. Street Address Principal Business C	PON ROA)	PEACE D	PALE RI	²¹⁸ 0283
4. Rusiness Phone No. 183 - 95 7 7. Brief Description of the Character	of Business Conducted in Rhi	S. State of Incorporation RHODE ISLAND and Island			6. SIC Code 5710
LAND DE	VELOPEM	ENT			
8. NAMES AND ADDRESS	ES OF THE OFFICE	RS (*X* BOX FOR ATTACH)		ES BEFORE USING ATTACHM	IENTS
For WARY	GRIMLE	y	Vice President Name WILL-//37	n BARNEY	
Street Address 38 DEND	RON ROAF	Zip (O 5 to	Street Address GU PAS City	QUISETT TRI	714
PAREDALE Secretary Name	RI	"NSB.	MAR LE	STOUN RI	Nº813
NONE			N	ONE	
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESS	SES OF THE DIRECT	ORS ("X" BOX FOR ATTAC	HMENT) FILL IN SPA	ACES BEFORE USING ATTAC	HMENTS
Director Name	. ~		Director Name	100/5	
MI	NE			10010=	
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name		• • • • • • • • • • •	Director Name		
Street Address			Street Address		
Clly	State	Zip	City	State	Zip
10. SHARES AUTHORIZES. AUTHORIZED SHARES	O ("X" BOX FOR ATTACH	MENT)	11. SHARES ISSUEI	O ("X" BOX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Vulue
1,000 COMM NO PAR VAL	LUE		1000	Common	- NONE-
					,
This report must be stone	ul in int hu aitha-	the President Vice B	racidant Sacratary A	Assistant Secretary, Treasure	r Docaiver or Tructes
ruma report urast na sixut	THE REPORT OF THE PARTY OF THE	the riestuelli, vice l'i	esident, sectetary, M	issisiani secielaly, nedbule	i, vecciaei ni iingidd



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:	Edward Trynley 2/8/02
Check No.:	Signature of Officer DIVARD ERMLEY
By:	Print or Type Name of Officer
FOR SECRETARY OF STATE USE ONLY	Title of Officer

◆ 5

Form 630 12/01



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

2002



ORM MUST BE TYPED IN B	ILACK)					
Corporate ID No.	2. Name of Corporation	7	•			
2254	BELYNDA REA	ALTY CO.,	INC.			
Street Address Principal Busin 43 Elmwood Di				Eristol	State K1	zip U28UY
Business Phone No. (401)	245 - 9310		of Incorporation ODE ISLAND			6. SIC Code 5553
Purchase, Les	ster of Business Conducted in B	ot her	wise Acqu	ire keal and F	Personal Pro	per·ty
NAMES AND ADDR esident Name WIIIIAM A'. M:	esses of the offic arshall	ERS (*X*)	BOX FOR ATTACH	MENT) FILL IN SPACES F Vice Freshlert Name A. Ma WIIIIAM A. Ma	efore using atta	CHMENTS
45 Elmwood Di	rive			Street Address 45 Elmwood Dr	rive	
pr.18£0Ţ	State R1	Zip	U2809	Bristol	State KI	^z "ບຂຮບ9
cretary Name L'ILLIAM A. Ma	arenall		•	Negsuter Name William A. 193	rsnall	
eet Address 43 出工皿WOOQ DI	rive			Street Address 45 ELEWOOD I	rive	
m·istol	State KI	Zip	02809	Bristol	State KI	²¹62809
NAMES AND ADDRI rector Name WILLIAM A. Mo	esses of the direc arenall	TORS (*x	" BOX FOR ATTAC	CHMENT) FILL IN SPACE Director Name	S BEFORE USING AT	TACHMENTS
eet Address 43 Blmwood Di	rive			Street Address		
Bristoi	State R.L	Zip UZ	წ სყ	City	State	Zip
ector Name				Director Name		
eet Address				Street Address		
r	State	Zip		City	State	Zip
). SHARES AUTHORIZ THORIZED SHARES	ZED ("X" BOX FOR ATTAC	HMENT)		11. SHARES ISSUED (*)	K* BOX FOR ATTACHMEN	iT)
inher of Shares 200 NO PAR VALUE	Class/Series	Par Val	ue	Number of Shares	Class/Series	Par Value

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



Under penalty of perjury, I declare and affirm that I have examined

(- () - 2	this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.				
file Date:	Welliam a Model 1/3/03				
Check No.:	Signature of Officer Date WILLIAM A. MARS HALL				
3r	Print or Type Name of Officer PRESIDENT				
OR SECRETARY OF STATE USE ONLY	Title of Officer S 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

riiing .	rerioa:	junuury	I-March	, -	ruug	ree:	المن مرد

	. , , =		•			(4
FORM MUST BE T	YPED IN BLACK	o				
I. Corporate ID No. 37	35	2. Name of Corporation Beluga Rea		·		
3. Street Address Pris	ncipal Business Of 331 Iac	ne uele Drive		Wakefiel	d State R.I.	^{Zip} 02879
I. Bustness Phone N	<i>.</i> 783–957	78	5. State of Incorporation RHODE ISLAND			6. 5798
7. Brief Description o		Business Conducted in E	Rhode Island		•	
B. NAMES AN	D ADDRESSE	S OF THE OFFIC	ERS ("X" BOX FOR ATTACH	MENT) FILL IN SI Vice President Name	PACES BEFORE USING ATTACH!	MENTS
	Edward	Grimley			William Barney	
Street Address	331 Iac	uele Drive		Street Address	90 Pasquisett Tra	i1
Cliy	Wakefie	State eld, R.I. O	2879	City	State Charlestown, R.I.	^{Zip} 02813
Secretary Name				Treasurer Name		
Street Addréss	none			Street Address non	e	
City		State	Zip	City	State	Zip
9. NAMES AND Director Name	D ADDRESSI	S OF THE DIREC	CTORS ("X" BOX FOR ATTA	CHMENT) FILL IN	SPACES BEFORE USING ATTAC	HMENTS
Street Address	none			Street Address n	one	
City		State	Zip	City	- State	Zip
Director Name	none			Director Name n	 ione	•
Street Address				Street Address	•	
City		State	Zip	City	State	Zip
10. SHARES AV	UTHORIZED	(*X* BOX FOR ATTAC	CHMENT)	11. SHARES ISS	SUED ("X" BOX FOR ATTACHMENT)	
Number of Shares		Class/Series	Par Value	Number of Shares	Class/Series	Par Value

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



Number of Shares

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 perein are trug and correct.
File Date:	Edward trumber 2/2/01
Check No.: FEB 0 5 2001	Signature of Officer Space
By	. Print or Type Name of Officer
FOR SECRETARY OF STATE USE ONLY	Title of Officer

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

2. Name of Corporation

3	7	3	5

4. Business Phone No.

3. Street Address Principal Business Office

Beluga Realty, Inc.

331 Iacuele Drive

RI

5. State of Incorporation

6. SIC Code

02879

783-9578

RHODE ISLAND

5710

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

Land Development

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

Edward Grimley

Vice President Name

Wakefield

William Barney

Street Address

City

Clty

331 Iacuele Drive

Street Address

90 Pasquisett Trail

Wakefield

RI

Charlestown

RI

02813

Secretary Name

None

02879

Treasurer Name None

Street Address

Street Address

State

Zip

Zip

City

City

State

Zip

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

Director Name

None

Director Name None

Street Address

Street Address

City

City

City

State

ZIp

Director Name

Director Name

None

None

Street Address

Street Address

City

State

State

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

Zip

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

AUTHORIZED SHARES Number of Shares

Zip

ISSUED SHARES Number of Shares

Class/Series

Par Value

1000-SHS COM-NO-PAR-

Class/Series

-1000-

Common-

No-Par-Value

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



Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and

that all statements contained herein are true and correct.

Signature of Officer

President Print or Type Name of Officer

Edward Grimley

Title of Officer

File Date: .

Check No.:

FOR SECRETARY OF STATE USE ONLY



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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

(FORM MUST BE TYPED				<u> </u>	
I. Corporate ID No.	2. Name of Corporation				
3. Sile Address Principal	Business Office Beluga Realty	/, Inc.	City	State	Zip
	ele Drive		Wakefield	R.I.	02879
I. Business Phone No.		S. State of Incorporat	tion		6. SIC Code
783-9578		HUDDE ISI	NND		5710
Brief Description of the C Land devi	Character of Rusiness Conducted in elopement	Rhode Island	4ND	•	 3/ 10
. NAMES AND AD	DRESSES OF THE OFFIC	ERS ("X" BOX FOR AT	TACHMENT) FILL IN SPACES	BEFORE USING ATTAC	HMENTS
resident Name	•		Vice President Name		
Edward G	rimley		William	Barney	
rreet Address 331 Iacus	ele Drive		Street Address 90 Pasqu	uisett Trail	
lty	State	Zip	City	State	Zip
• · · · · • • • • • • · · · · · · · · ·	d, R.I. 02879		.	town, R.I. 028	313
ecretary Name none			Treasurer Name none		
treet Address			Street Address		· · · · · · · · · · · · · · · · · · ·
City	State	Zip	Сііу	State	Zip
	1		•	l l	ľ
NAMES AND AD	ADDECCES OF THE DIDE	CTOPS /2Y2 POY FOR	ATTACHMENT) FILL IN SPACE	ES REFORE LISING ATTA	CHMENTS
	DRESSES OF THE DIRE	CTORS (*X* BOX FOR	ATTACHMENT) _ FILL IN SPACE	ES BEFORE USING ATTA	CHMENTS
	DORESSES OF THE DIREC	CTORS (*X* BOX FOR		ES BEFORE USING ATTA	CHMENTS
none	DORESSES OF THE DIREC	CTORS (*X* BOX FOR	Director Name	ES BEFORE USING ATTA	CHMENTS
none none	ODRESSES OF THE DIREC	CTORS (*X* BOX FOR	Director Name none	ES BEFORE USING ATTA	CHMENTS
none none			Director Name none Street Address		
irector Name NONE treet Address Ity Director Name			Director Name none Street Address City Director Name		
irector Name none reet Address Ity irector Name none			Director Name NONE Street Address City Director Name NONE		
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Director Name none treet Address City Director Name none treet Address	State State ORIZED ("X" BOX FOR ATTA	Zip Zip CHMENT)	Director Name	State State "X" BOX FOR ATTACHMENT	Zip Zip
Director Name none itreet Address City Director Name none street Address City 10. SHARES AUTHO AUTHORIZED SHARES Number of Shares	State State ORIZED (*X* BOX FOR ATTA	Zip Zip CHMENT)	Director Name NONE Street Address City Director Name NONE Street Address City 11. SHARES ISSUED (* ISSUED SHARES Number of Shares	State State State Class/Series	Zip Zip Par Value
Director Name none Street Address City Director Name none Street Address	State State ORIZED (*X* BOX FOR ATTA	Zip Zip CHMENT)	Director Name	State State "X" BOX FOR ATTACHMENT	Zip Zip

	* 3 7 3 5 *	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 type and correct.
File Date:	13726744	7/Wand Munder 1/25/55
Check No.:	161	Signature of Officer Date
	ID:	Edward Grimley Frint or Type Name of Officer
By:	DF STATE USE ONLY	President
TOR JECKEIARI	or since ose one:	Title of Officer

2. Name of Corporation

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

(F	ORM	MUST	ΒE	TYPED	IN	BLACK)	
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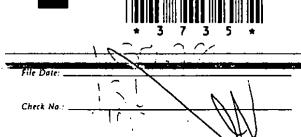
1. Corporate ID No.

1000 SHS COM NO PAR

FOR SECRETARY OF STATE USE ONLY

3735 3. Street Address Pr	incipal Business Of	Beluga Rea	ity, inc.	City	State	Zip
	331 Ia	cuele Driv	/e	Wakefield	R.I.	02879
4. Business Phone I	•		5. State of Incorporation			6. SIG Code
	783-957	'8	RHODE ISLAND	`		5710
7. Brief Description		Business Conducted in	Rhode Island	,	•	5/10
8. NAMES AN	ID ADDRESSE	S OF THE OFFI	CERS ("X" BOX FOR ATTACH	MENT) Vice President Name	•	
	Edward	Grimley		William Bar	rney	
Street Address	331 Iac	uele Drive	e e	Street Address 90 Pasquise	ett Trail	
City	Wakefie	State 21d R.I.	02879	Charlestown	State 1 R.I.	^{Zip} 02879
Secretary Name	none		• •	Treasurer Name NONE	•	•
Street Address				Street Address		
City		State	Zip	City	State	Zip
	ID ADDRESSE	ES OF THE DIRE	CTORS ("X" BOX FOR ATTA	CHMENT) Director Name		•
Director Name	none			none		
Street Address				Street Address		
City		State	Zip	City	State	Zip
Director Name	none		,	Director Name none	•	
Street Address				Street Address		
City		State	Zip	City	State	Zip
10. SHARES A		(*X* BOX FOR ATTA	ACHMENT)	11. SHARES ISSUED (*)	X" BOX FOR ATTACHMENT)	
Number of Shares		Class/Series	Par Value	Number of Shares	Class/Series	Par Value

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



Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and

that all statements contained herein are true and correct

Signature of Officer Edward Grimley

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 TYP	ED IN BLACK)
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1. Corporate ID No.

2. Name of Corporation

3735

Beluga Realty, Inc.

3. Street Address Principal Business Office

331 Iacuele Drive

City

R.I.

02879

4. Business Phone No.

5. State of Incorporation

6. SIC Code

783-9578

RHODE ISLAND

5710

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

Land developement

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

President Name

Edward Grimley

Vice President Name

Wakefield,

William Barney

Charlestown

Street Address

City

City

City

City

331 Iacuele Drive

State

Street Address

90 Pasquisett Trail

City

Secretary Name

none

Wakefield

02879

Treasurer Name

R.I.

02813

R.I.

none

Street Address

Street Address

Zip

City

State

Zip

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

Director Name

none

Director Name

Street Address

none

Street Address

City

State

Zip

Director Name

none

Director Name

Street Address

none

Street Address

City

State

Zip

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

State

AUTHORIZED SHARES Number of Shares

Class/Series

ESSLIED SHARES

Number of Shares

Class/Series

Par Value

1000 SHS COM NO PAR . _

- - 1000

common .

Par Value

Zip

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

Edward Grimley

Print or Type Name of Officer

President

Title of Officer

Signatur

File Date: Check No.:

FOR SECRETARY OF STATE USE ONLY

PROFIT CORPORATION **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

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1 CONCORATE 12 1 0	Ya wasan adama	PLEASE TYPE OR P	RINT IN BLACK INK.	•	
1 CORPORATE ID NO	2 NAME OF CORPORATION				
3735 3' S'HEET ADORESS PRINTPAL BUSINESS OFFI		Realty, Inc.	- A		
		10	MANACACE	STATE	1P 07 5
331 1/4CU	ELE DRIV	5. STATE OF INCORPORATION	W4KEFIELS) \=	R879
183-957		RHODE IS	תאב.ז		5710
7 BAÉF DESCRIPTION OF THE CHARACTER OF B			uan <i>u</i>		1) 710
VANO DI	EVELOPN				
PRESIDENT NAME	8. NAMI	ES AND ADDRI	ESSES OF THE DF!	FICERS	
EDWARD	GRIMUA	EY	WILLIAM I	BARNEY	
STREET ADDRESS 33. FACUE	LE DRIV	£_	STREET ADDRESS GI PASOL	ISETT TK	PAIL
"WAKEFIELD	LE DRIVE	ZIP CODE 1/2 C	CHARLESTOU	SIAIE.⊶	12 F13
CCCOCTAGY & AME		100017	REASURER NAME	W V~	02015
MON	12			NONE	•
STREET ADDRESS			STREET ADDRESS		
a v	STATE	ZIP CODE	diy	STATE	ZIP COOE
		1	1	!	
D RECTOR NAVE			ESSES OF THE DIR	ECTORS	
: FOWARD	O GRIM	LEY	WILLIA	n BARA	YEU
STREET ADDRESS			STREET ADOMESS		
i aiv] STATE	ZIP CODE	יום	S'AIE	ZIP CCOE
CIRECTOR NAME		· · · · · · · · · · · · · · · · · · ·	DIRECTOR NAME	· · · · · · · · · · · · · · · · · · ·	
STREET ADORESS			STREET ADDRESS		
			<u> </u>		
ary	STATE	ZIP CODE	CITY	STATE	ZIP COOE
	10. SHA	RES AUTHORI	ZED AND ISSUED		
• • •	AUTHORIZED SHARES	-	1	ISSUED SHARES	
NUMBER OF SHARES	CLASS / SER ES	PAR VALUE	NUMBER OF SHARES	CLASS / SEPIES	PAR VALUE
	INOPAR			-cm-	-NONE -
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			-	<u> </u>	
			•	į	
	Thio	anart must be SICI	NED IN INK by either the		
Presid			ant Secretary, Treasurer,		
		·	•		affirm that I have examined this
			report, including a		edules and statements, and that
					Pr.
File Date:	46		Signature of Offic	er Juli	mes 10
1, 1,	. 1		ENLA	RD GRI	NGN)
Check No	7 1/2		Print or Type Nam		· - · · - /
Ву:	C'C-/top	<u> </u>	_ ^ ~	DENT	1/1.151
For Secretary of St	ate Use Ónly [/]		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

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.
---------------------	--------------	-------------	------------	--------------

Name of Corporation: Business entity organized under the law of the State of: Rhode Island For foreign entity, address and telephone number of principal office:	OQ03755 Corporate ID:	Annual Report for the year:
Business Entity is (check one): Name	Beluga Realty,	•
Brief statement of the character of business conducted in Rhode Island Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box): Box 502 Charlestown, R.I. 02813 Phone:	Business entity organized under the laws of the State of: Rhode For foreign entity, address and telephone number of principal office:	Business Corporation (See RIGL Chapter 7-1.1)
THE NAMES OF THE OFFICERS ARE: STREET ADDRESS CITYSTATE William Barney 122 Pasquisett Trail Charlestown, R. I. 02813 STREET ADDRESS CITYSTATE WILLIAM BARNES OF THE DIRECTORS ARE: STREET ADDRESS CITYSTATE WILLIAM BARNES OF THE OFFICERS ARE: PRESIDENT STREET ADDRESS CITYSTATE AVERAGE WILLIAM BARNEY 122 Pasquisett Trail Charlestown, R. I. 02813 SCERETAMY STREET ADDRESS CITYSTATE CITYSTATE AVERAGE THE NAMES OF THE DIRECTORS ARE: STREET ADDRESS CITYSTATE CITYSTATE AVERAGE THE NAMES OF THE DIRECTORS ARE: STREET ADDRESS CITYSTATE AVERAGE THE NAMES OF THE DIRECTORS ARE: STREET ADDRESS CITYSTATE AVERAGE THE NAMES OF THE DIRECTORS ARE: STREET ADDRESS CITYSTATE AVERAGE THE NAMES OF THE DIRECTORS ARE: STREET ADDRESS CITYSTATE AVERAGE THE NAMES OF THE DIRECTORS ARE: STREET ADDRESS CITYSTATE AVERAGE VIRILL ADDRESS CITYSTATE AVERAGE VIRILL ADDRESS CITYSTATE AVERAGE VIRILL ADDRESS CITYSTATE AVERAGE AVERAGE AVERAGE VIRILL ADDRESS CITYSTATE AVERAGE AVERAGE		Brief statement of the character of business conducted in Dhody Julyand
STAREPT ADDRESS CITYSTATE ZUP	Phone: .()	land developement
Charlestown, R.T. 02813 Phone: () 401 783-9578 THE NAMES OF THE OFFICERS ARE: STREET ADDRESS CITYGTATE 21P Edward Grimley 331 Iacuele Dr. Wakefield, R.I. 02879 WILLIAM Barney 122 Pasquisett Trail Charlestown, R.I. 02813 SECRETARY William Barney 122 Pasquisett Trail Charlestown, R.I. 02813 STREET ADDRESS CITYSTATE 21P TREASURER STREET ADDRESS CITYSTATE 21P NAME NUMBER OF SHARES AUTHORIZED (Ruder may be attached) NUMBER OF SHARES AUTHORIZED (Ruder may be attached) NUMBER OF SHARES SUED AND OUTSTANDING (Rider may be attached) Number of Shares Class / Series 1000 no par/common 1000 no par/common Date Jan 27 19 95 By: Manual Amale Press. DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:	Island (Provide street address - Not P.O. Box):	· · · · · ·
THE NAMES OF THE OFFICERS ARE: STREET ADDRESS CITYSTATE AND Edward Grimley 331 Iacuele Dr. Wakefield, R.I. 02879 VICE PRESIDENT William Barney 122 Pasquisett Trail Charlestown, R.I. 02813 STREET ADDRESS CITYSTATE AUT TREASURER STREET ADDRESS CITYSTATE THE NAMES OF THE DIRECTORS ARE: STREET ADDRESS CITYSTATE THE NAME STREET ADDRESS CITYSTATE THE NAME STREET ADDRESS CITYSTATE AUT THE NAME STREET ADDRESS CITYSTATE AUT NAME STREET ADDRESS CITYSTATE AUT NAME STREET ADDRESS CITYSTATE AUT NUMBER OF SHARES AUTHORIZED (Rider may be attached) Number of Shares Class / Series Number of Shares Class / Series Number of Shares Class / Series Date Jan 27 19 95 By: Market Address Authorized Press. THE NAME AUTHORIZED REGISTERED AGENT FOR SERVICE OF PROCESS:	Charlestown, R.I. 02813	en e
STREET ADDRESS CTYVSTATE ZUP Edward Grimley 331 Iacuele Dr. Wakefield, R.I. 02879 STREET ADDRESS CTYSTATE ZUP William Barney 122 Pasquisett Trail Charlestown, R.I. 02813 STREET ADDRESS CTYSTATE ZUP TREASURER SIREET ADDRESS CTYSTATE ZUP THE NAME STREET ADDRESS CTYSTATE ZUP 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 1000 no par/common 1000 no par/common Date Jan 27 19 95 By: Edward Grümley Pres. ITLLE OF OFFICIER SIGNING TITLE OF OFFICIER SIGNING	Phone: () 401 783-9578	
Edward Grimley 331 Iacuele Dr. Wakefield, R.I. 02879 WILLIAM Barney 122 Pasquisett Trail Charlestown, R.I. 02813 STREET ADDRESS CHYSTATE 21P THE NAMES OF THE DIRECTORS ARE: STREET ADDRESS CHYSTATE 21P NAME STREET ADDRESS CHYSTATE 21P 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 1000 no par/common 1000 no par/common Date Jan 27 19 95 By March Press Authorized Stocking 1196 STREET STOCKING PRINT OF STREET ADDRESS TIME STOCKING DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:	THE NA	
WILLIAM Barney 122 Pasquisett Trail Charlestown, R.I. 02813 STREET ADDRESS CHY/STATE 200 TREASURER STREET ADDRESS CHY/STATE 200 THE NAME SOF THE DIRECTORS ARE: STREET ADDRESS CHY/STATE 200 NAME STREET ADDRESS CHY/STATE 200 NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached) Number of Shares Class / Series 1000 no par/common 1000 no par/common Date Jan 27 19 95 By: Edward Grimley Pres. (PRINT OR TYPE MANS OF OFFICER SIGNING 100 TITLE OF OFFICER SIGNING TITLE OF OFFICER SIGNING DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:		200
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THE NAMES OF THE DIRECTORS ARE: NAME STREET ADDRESS CITY/STATE STREET ADDRESS CITY/STATE STREET ADDRESS CITY/STATE NAME 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 Number of Shares Date Jan 27 19 95 By: Edward Grimley Pres. PRINT OR TYPE NAME OF OFFICER SIGNING TITLE OF OFFICER SIGNING TITLE OF OFFICER SIGNING DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:	William Barney 122 Pasqu	
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1000 no par/common Date Jan 27 1995 By: Man	NUMBER OF SHARES AUTHORIZED (Rider may be attached)	NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)
Date Jan 27 19 95 By:	Number of Shares Class / Series	Number of Shares Class / Series
By:	1000 no par/common	1000 no par/common
PRINT OR TYPE NAME OF OFFICER SIGNING TITLE OF OFFICER SIGNING DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:	Date Jan 2795	By: 1/000 1000
DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:		PRINT OR TYPE NAME OF OFFICER SIGNING
PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.		

EDWARD GRIMLEY F.G. BOX 502 CHARLESTOWN

RI 02818

PAR 125

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

File Annually LLC, Sept. 1 - Nov. 1 CORP, Jan. 1 - March 1

) North Main Street Rhode Island 02903-1335 401-277-3040	
Corporate ID:	0008785	Annual Report for the year:	1994
		Beluga Realty, Inc.	
Business entity organized under the	Rhode Is:		
Federal Taxpayer Identification Nur	niber:	[X] Business Corporation (See RIG ————————————————————————————————————	t .
For foreign entity, address and telep	phone number of principal officer	[] Limited Liability Company (S	1
		Name, title and mailing address of contact communications may be directed:	person to whom
		Edward_CrimleyBox 502	<u> </u>
Phone: ()		Chambook area	02813
	ipal office of business entity in Rhode		s conducted in Rhode Island:
Box 502 Charlestown	02813	Contracting	
			28/87/ CCa
		Date of Organization 1986 Date of Qualification to do business in Rh	and Island (If former entity)
Phone: (401) 783-9578		Date of Quantication to do business to Ki-	
William Bar William Bar COSTODIANOS RECORDS OR SEC. COMES PINANCIAL ONSURER OR TR NAME NAME NAME	Pasquise RETARNICHE DEL Pasquise REASURER CHELORO THE NAMES	TREET ADDRESS CHASTALE CHASTALE	02813 ZECODE ZECODE ZECODE ZECODE
MINADED AS CHADES SETTIO	MDISTURY (If Amplication)	NUMBER OF SHARES ISSUED AND OUT	
NUMBER OF SHARES AUTHO	——————————————————————————————————————	NUMBER	
CLASS Common		CLASS Common	
SERIES		SERIES	· 1.
PAR VALUE OR NO WITHOUT PAR	o par 	PAR VALUE OR NO PAR WITHOUT PAR	
Date February 11, 1	_	By Edward Stimley - Edward Grimley, CEO PRINT OR THE NAME OF OPTICAL CRIST	
FEB 1	5 1994 [17	RESIDENT AGENT FOR SERVICE OF PROC	f t t t t t t t t t

EDWARD GRIMLEY BOX 502

CHARLESTOWN

RI 02815

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

Form 31 1/85

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

State of Rhode Island and Frovidence Flantations Corporations division 100 North Main Street PROVIDENCE, RHODE ISLAND 02903

orporate ID	0003735	Annual Report for the	year 1999
First: The name	e of the corporation is	Beluga Realty, Inc	· · · · · · · · · · · · · · · · · · ·
SECOND: It is inc	corporated under the laws of Rho	ode Island	
THIRD: Characte	r of business, briefly stated, is	ontracting	
Fourth: If foreig	gn corporation, address of its princ	ipal office Box 502, Ch	arlestown, R.I. 0281
	address in Rhode Island		
	ad addresses of its directors and off		(Attach rider if necessary)
•••••••••••••••••••••••••••••••••••••••	Director		······································
	Director		
•••••••••••••••••••••••••••••••••••••••	Director		
Edward Gr	rimley President 33	l Iacuele Dr., Wakef	ield, R.I. 02879
William B	Barney Vice President	122 Pasquisett trai	1, Charlestown, R.I.
William B	······,	······	
Edward Gr	imley Treasurer		••••••
SEVENTH: Number	er of Shares authorized:		Par Value or statement that
No. of Shares	Class	Series	shares are without or par value or par value
600	common	1770 m. s	no par value
Eighth: Number	of Shares issued:	FE635120	Par Value
No. of Shares	Class	Series Series	or statement that shares are without par value
600	common		no par value
ted February		Beluga Realt	y, inc.
	Bv	Edward Ste	mle,
(Parant revers b	u cinned by an officer\ Title	Par	V

Form 31 1/85

State of Rhode Island and Providence Plantations
CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID	2003735	••••••••	Annual Report	for the year	1252
First:	The name of the corporati	on is		elty,Inc	
SECOND	: It is incorporated under	-	Rhode Island		
	Character of business, brid				
Fourth	: If foreign corporation, a	ddress of its	principal office		
Г ІГГН:	Business address in Rhode	IslandB	ox 322, Peace Dale	e, R.I. 028	83
Ѕіхтн:	Names and addresses of its	s directors as		(At	tach rider if necessary)
····		Director		••••••••	······································
••••••		Director		·····	•••••••
••••••••••		Director		••••••	
Ed	ward Grimley	President	331 Iacuele Dr.,	Wakefield,	R.I. 02879
Wi	lliam Barney	Vice Presi	dent122 Pasquisett	Trail, Char	lestown, R.I.
Wi	lliam Barney	Secretary		>1	02813
Ed	ward Grimley	Treasurer		•••••	
SEVENTH	: Number of Shares auth	orized:			Par Value
No. of Sha	ares Class		PAID _	shar	tatement that es are without par value
60	0	common	SEC'Y OF STATE	no par	value
Еіснтн:	Number of Shares issued	:	SECY OF STATE		Par Value
No. of Sh	ares Class		Senes	shar	tatement that es are without par value
60	0	common		no par v	alue
Dated Fë	bruary 15, 1992 ₁₉		BELUGA RE	NETY TOO	
			(Name of Corporation) By Eller / Corporation	Jumly	
(R	eport must be signed by an office	•••)	Title Theo.)	

55



State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

	PROVIDEN	JE, KHODE ISLAND 02903	
Corporate ID	0003735	Annual Report for th	e year1991
First: Ti	he name of the corporation is	Beluga Realty,	Inc
Second:	It is incorporated under the laws o	fRhodeLsland	
Third: C	Character of business, briefly stated,	is Contracting	
Fourth:	If foreign corporation, address of i	ts principal office	
Fігтн: В	usiness address in Rhode Island	Box 322, Peace Dale, R.	.Ι Ω2883
Sіхтн: N	lames and addresses of its directors		(Attach rider if necessary)
	Director		
	Directo		
	Director	· · · · · · · · · · · · · · · · · · ·	
Edwa	rd Grimley Presider	nt 331IacueleDr	Wakefield. R.I. 02879
Wi11	iam Barney Vice Pro	esident 1391 School House I	Rd.,Wakefield,R.I.02879
Will	iam Barney Secretar	y	
Edwa	rd Grimley Treasur	er	
SEVENTH:	Number of Shares authorized:	Series	Par Value or statement that shares are without par value
600	соттоп	PAID	no par value
Еіднтн:	Number of Shares issued:	FE3 -1 1991	Par Value or statement that
No. of Share	s Class	SEC'Y OFSTATE	shares are without par value
600	common		no par value
DatedFebr	uary 1 19 .91	(Name of Corporation)	
		By Edward / Jun	nley
(Rep	ort must be signed by an officer)	Title President	

Form 31 1/85

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID೦೦೦)3735	Annual Report fo	or the year 1990
FIRST: The name	of the corporation is	Baluga Realty, I	13C
Sacond: It is inc	orporated under the laws of	Rhode Island	•••••
A			
FOURTH: If foreign	gn corporation, address of its	principal office	
Fifth: Business a	ddress in Rhode Island	ox 322, Peace Dale,	R.I. 02883
SIXTH: Names an	d addresses of its directors ar		(Attach rider if necessary)
······································	Director		
	Director		
	Director	201	
Edward Gri	President		Wakefield, R.I. 02879
William Ba William Ba	Vice Presi	dent	e Rd., Wakefield, R.I. (
······································	Secretary		
Edward Gri	Treasurer		
SEVENTH: Number	er of Shares authorized:		Par Value or statement that shares are without
No. of Shares	Class	Series	par value
	Commorp		no-pare-value
Eіднтн: Number	of Shares issued:		Par Value or statement that
No. of Shares	Class	Series	shares are without par value
	common		no pare value
Dated Poblement	4 1000 19	Beluga-Realty In	Gr.
DatedFebruaryl	ቀንት <i>ሕብፁ…</i> •<	(Name of Corporation)	· /
		By Millin H	inVly
(Report must b	e signed by an officer)	Title B. Mesula	

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

	CE, RHODE ISLAND 02903
porate ID3735	Annual Report for the year1989
	Beluga Realty Inc. ()
	of Shode laland
THIRD: Character of business, briefly stated	l, iscontracting
FOURTH: If foreign corporation, address of	its principal office
FIFTH: Business address in Rhode Island	331 Iacuele Drive
SIXTH: Names and addresses of its directors	s and officers: (Attach rider if necessary Tice Address (including number, street, zip code)
Directo	DF
Directo	or
Directo)r
Edward-GrimleyPreside	nt .331IacueleDr,SouthKingstownRI
	02879 resident 487 High St., Peace Dale, R.I. 02883
-	
William Barney Secreta	
Edward-GrimleyTreasur	rer
SEVENTH: Number of Shares authorized: No. of Shares Class	Par Value or statement that shares are without Series par value
600 common	no par value
	MAR 0 2 - Par Value
EIGHTH: Number of Shares issued:	
EIGHTH: Number of Shares issued: No. of Shares Class	MAR 0 7 1989 Series Par Value or statement that shares are without par value

Form 31 1/85

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

State of Phude Island and Providence Plantations CORPORATIONS DIVISION 270 WEST MINSTER MAIL PROVIDENCE. RHODE ISLAND 02903

potato 12	<u> </u>	Annual Report for	the year
FIRST: The name o	of the corporation is	Belugo Recity.	loca
SECOND: It is inco	rporated under the laws of	Sn	ade leland
THIRD: Character	of business, briefly stated, is.	Contracting	
_	-		
			R.I. 02883
SIXTH: Names and	l addresses of its directors and		(Attach rider if necessary) ng number, street, zip code)
	Director		•••••
	Director	••••••	
•••••	Director	••••	
Edward G	r.imleyPresident	.24WillowRd,Cl	harlestown, R.I 0281
William	BarneyVice Presid	lent 191HighStreet,	Peace Dale, R.I. 0288
William	BarneySecretary		
Edward_G	rimleyTreasurer		

Seventh: Number	r of Shares authorized:		Par Value or statement that
No. of Shares	Class	Series	
	Class		or statement that shares are without
No. of Shares	Class		or statement that shares are without par value no pare value
No. of Shares 600 EIGHTH: Number	Class		or statement that shares are without par value
No. of Shares	Class		or statement that shares are without par value no pare value Par Value or statement that
No. of Shares 600 EIGHTH: Number	Class	PAID MAR 02 1988 MAR 02 STATE	or statement that shares are without par value no pare value Par Value or statement that shares are without
No. of Shares 600 EIGHTH: Number of Shares	Class Common of Shares issued: Class	PAID MAR 02 1988 MAR 02 1988 FECTY OFFICE TATE	or statement that shares are without par value no pare value Par Value or statement that shares are without par value
No. of Shares 600 EIGHTH: Number of Shares	Class Common of Shares issued: Class		or statement that shares are without par value no pare value Par Value or statement that shares are without par value