



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. 85937		2. Name of Corporation CASTPOINT REALTY, INC.			
3. Street Address Principal Business Office 205 CHILD STREET			City WARREN	State RI	Zip 02885-
4. Business Phone No. 4012457979		5. State of Incorporation RHODE ISLAND			6. SIC Code 5538
7. Brief Description of the Character of Business Conducted in Rhode Island TO BUY, SELL, OWN, MANAGE, HOLD, RENT OR OTHERWISE DEAL IN REAL ESTATE.					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name KEVIN CLARE			Vice President Name JUDITH CLARE		
Street Address 205 CHILD STREET			Street Address 205 CHILD STREET		
City WARREN	State RI	Zip 02885	City WARREN	State RI	Zip 02885
Secretary Name JUDITH CLARE			Treasurer Name KEVIN CLARE		
Street Address 205 CHILD STREET			Street Address 205 CHILD STREET		
City WARREN	State RI	Zip 02885	City WARREN	State RI	Zip 02885
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name JUDITH CLARE			Director Name KEVIN CLARE		
Street Address 205 CHILD STREET			Street Address 205 CHILD STREET		
City WARREN	State RI	Zip 02885	City WARREN	State RI	Zip 02885
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
1,000	COMM NO PAR VALUE		100	COMMON	NO PAR

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



8 5 9 3 7

85937 DBC 02/22/05 12:00:17 PM

File Date 3/7/05

Check No. 16159

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 2/24/05

Signature of Officer
KEVIN CLARE
Print or Type Name of Officer
PRESIDENT
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 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 85937		2. Name of Corporation CASTPOINT REALTY, INC.			
3. Street Address Principal Business Office 205 CHILD STREET			City WARREN	State RI	Zip 02885-
4. Business Phone No. 4012457979		5. State of Incorporation RHODE ISLAND			6. SIC Code 5538
7. Brief Description of the Character of Business Conducted in Rhode Island TO BUY, SELL, OWN, MANAGE, HOLD, RENT OR OTHERWISE DEAL IN REAL ESTATE.					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name KEVIN CLARE		Vice President Name JUDITH CLARE			
Street Address 205 CHILD STREET		Street Address 205 CHILD STREET			
City WARREN	State RI	Zip 02885	City WARREN	State RI	Zip 02885
Secretary Name JUDITH CLARE		Treasurer Name KEVIN CLARE			
Street Address 205 CHILD STREET		Street Address 205 CHILD STREET			
City WARREN	State RI	Zip 02885	City WARREN	State RI	Zip 02885
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name JUDITH CLARE		Director Name KEVIN CLARE			
Street Address 205 CHILD STREET		Street Address 205 CHILD STREET			
City WARREN	State RI	Zip 02885	City WARREN	State RI	Zip 02885
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
1,000 COMM NO PAR VALUE			100	COMMON	NO PAR

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



8 5 9 3 7

85937 DBC 01/13/04 12:00:17 PM

File Date **FILED**

Check No. **FEB 24 2004**

By: **h2119**

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 of Officer _____ Date **2/18/04**

KEVIN CLARE

Print or Type Name of Officer

PRESIDENT

Title of Officer



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. *85937*		2. Name of Corporation CASTPOINT REALTY, INC.			
3. Street Address Principal Business Office 205 CHILD STREET			City WARREN	State RI	Zip 02885-
4. Business Phone No. 4012457979		5. State of Incorporation RHODE ISLAND			6. SIC Code 5538
7. Brief Description of the Character of Business Conducted in Rhode Island TO BUY, SELL, OWN, MANAGE, HOLD, RENT OR OTHERWISE DEAL IN REAL ESTATE.					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name KEVIN CLARE			Vice President Name JUDITH CLARE		
Street Address 205 CHILD STREET			Street Address 205 CHILD STREET		
City WARREN	State RI	Zip 02885	City WARREN	State RI	Zip 02885
Secretary Name JUDITH CLARE			Treasurer Name KEVIN CLARE		
Street Address 205 CHILD STREET			Street Address 205 CHILD STREET		
City WARREN	State RI	Zip 02885	City WARREN	State RI	Zip 02885
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name JUDITH CLARE			Director Name KEVIN CLARE		
Street Address 205 CHILD STREET			Street Address 205 CHILD STREET		
City WARREN	State RI	Zip 02885	City WARREN	State RI	Zip 02885
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
1,000	COMM NO PAR VALUE		100	COMMON	NO PAR

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



* 8 5 9 3 7 *

85937 DBC2/8/032:03:15 PM
File Date 2-27-03
Check No. 12938
By: eml
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 of Officer _____ Date 2-26-03
KEVIN CLARE
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. 85937
2. Name of Corporation Castpoint Realty, Inc.
3. Street Address Principal Business Office 205 Child Street
City Warren State RI Zip 02885
4. Business Phone No. (401) 245-2303
5. State of Incorporation Rhode Island
6. SIC Code 5553
7. Brief Description of the Character of Business Conducted in Rhode Island

Buy, sell, own, manage, hold, rent or otherwise deal with and in real estate

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

President Name Kevin Clare Street Address 205 Child Street City Warren State RI Zip 02885	Vice President Name Judith Clare Street Address 205 Child Street City Warren State RI Zip 02885
Secretary Name Judith Clare Street Address 205 Child Street City Warren State RI Zip 02885	Treasurer Name Kevin Clare Street Address 205 Child Street City Warren State RI Zip 02885

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

Director Name Judith Clare Street Address 205 Child Street City Warren State RI Zip 02885	Director Name Kevin Clare Street Address 205 Child Street City Warren State RI Zip 02885
---	--

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

AUTHORIZED SHARES	Class/Series	Par Value
Number of Shares		
1,000	Common	No Par

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

ISSUED SHARES	Class/Series	Par Value
Number of Shares		
100	Common	No Par

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

FILED
File Date: MAR 07 2002
Check No.:
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] 3/5/02
Signature of Officer Date
Kevin Clare
Print or Type Name of Officer
President
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. **85937** 2. Name of Corporation **CASTPOINT REALTY, INC.**

3. Street Address Principal Business Office **2 Sandy Point Road** City **Barrington** State **RI** Zip **02806**

4. Business Phone No. **245-7979** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **5538**

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

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

President Name **Maurice W. Clare, III**
Street Address **2 Sandy Point Road**
City **Barrington** State **RI** Zip **02806**

Vice President Name **Maurice W. Clare, III**
Street Address **2 Sandy Point Road**
City **Barrington** State **RI** Zip **02806**

Secretary Name **Maurice W. Clare, III**
Street Address **2 Sandy Point Road**
City **Barrington** State **RI** Zip **02806**

Treasurer Name **Maurice W. Clare, III**
Street Address **2 Sandy Point Road**
City **Barrington** State **RI** Zip **02806**

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

Director Name **Maurice W. Clare, III**
Street Address **2 Sandy Point Road**
City **Barrington** State **RI** Zip **02806**

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
	1,000 SHS	NO PAR	COMMON

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	100	Common	No par

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



* 8 5 9 3 7 *

File Date: _____

FILED

Check No.: _____

MAR 01 2001

By: _____

BY [Signature] 85937

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 **2/26**
Signature of Officer

Maurice W. Clare, III

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. **85937** 2. Name of Corporation **CASTPOINT REALTY, INC.**
3. Street Address Principal Business Office **2 Sandy Point Road**
4. Business Phone No. **245-7979** 5. State of Incorporation **RHODE ISLAND**
7. Brief Description of the Character of Business Conducted in Rhode Island
Realty services

City **Barrington** State **RI** Zip **02806**
6. SIC Code **5538**

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

President Name **Maurice W. Clare, III**
Street Address **2 Sandy Point Road**
City **Barrington** State **RI** Zip **02806**

Vice President Name **Maurice W. Clare, III**
Street Address **2 Sandy Point Road**
City **Barrington** State **RI** Zip **02806**

Secretary Name **Maurice W. Clare, III**
Street Address **2 Sandy Point Road**
City **Barrington** State **RI** Zip **02806**

Treasurer Name **Maurice W. Clare, III**
Street Address **2 Sandy Point Road**
City **Barrington** State **RI** Zip **02806**

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

Director Name **Maurice W. Clare, III**
Street Address **2 Sandy Point Road**
City **Barrington** State **RI** Zip **02806**

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
	1,000 SHS	NO PAR	COMMON

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	100	Common	No par

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



* 8 5 9 3 7 *

File Date: FEB 14 2000

Check No.: FEB 14 2000

By: By MWD 85937

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.

Maurice W. Clare, III 2/8/2000
Signature of Officer Date

MAURICE W. CLARE III
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. 85937		2. Name of Corporation CASTPOINT REALTY, INC.	
3. Street Address Principal Business Office 2 Sandy Point Road		City Barrington	State RI
		Zip 02806	
4. Business Phone No. 245-7979	5. State of Incorporation RHODE ISLAND		6. SIC Code 5538
7. Brief Description of the Character of Business Conducted in Rhode Island Realty services			
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name Maurice W. Clare, III		Vice President Name Maurice W. Clare, III	
Street Address 2 Sandy Point Road		Street Address 2 Sandy Point Road	
City Barrington	State RI	City Barrington	State RI
Zip 02806		Zip 02806	
Secretary Name Maurice W. Clare, III		Treasurer Name Maurice W. Clare, III	
Street Address 2 Sandy Point Road		Street Address 2 Sandy Point Road	
City Barrington	State RI	City Barrington	State RI
Zip 02806		Zip 02806	
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name Maurice W. Clare, III		Director Name	
Street Address 2 Sandy Point Road		Street Address	
City Barrington	State RI	City	State
Zip 02806		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>		11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>	
AUTHORIZED SHARES		ISSUED SHARES	
Number of Shares	Class/Series	Number of Shares	Class/Series
Par Value		Par Value	
1,000 SHS NO PAR COMMON		100	Common
			No par

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



File Date: Jan 21, 1999
Check No.: 005993
By: JW

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.

Maurice W. Clare, III 1/21/99
Signature of Officer Date
Maurice W. Clare, III
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. **85937** 2. Name of Corporation **CASTPOINT REALTY, INC.**

3. Street Address Principal Business Office **2 Sandy Point Road** City **Barrington** State **RI** Zip **02806**

4. Business Phone No. **401-245-7979** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **5538**

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

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

President Name **Maurice W. Clare, III** Vice President Name **Maurice W. Clare, III**

Street Address **2 Sandy Point Road** Street Address **2 Sandy Point Road**

City **Barrington** State **RI** Zip **02806** City **Barrington** State **RI** Zip **02806**

Secretary Name **Maurice W. Clare, III** Treasurer Name **Maurice W. Clare, III**

Street Address **as above** Street Address **as above**

City State Zip City State Zip

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

Director Name **Maurice W. Clare, III** Director Name

Street Address **as above** 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	Class/Series	Par Value
1,000 SHS NO PAR COMMON		

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

ISSUED SHARES	Class/Series	Par Value
100	common	no par

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



* 8 5 9 3 7 *

File Date: 2/20/98
Check No.: 455
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] 2/19/98
Signature of Officer Date

Maurice W. Clare, III
Print or Type Name of Officer

President
Title of Officer



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. 85937		2. Name of Corporation CASTPOINT REALTY, INC.	
3. Street Address Principal Business Office 2 Sandy Point Road		City Barrington	State RI
		Zip 02806	
4. Business Phone No. (401) 245-7979	5. State of Incorporation RHODE ISLAND		6. SIC Code 5538
7. Brief Description of the Character of Business Conducted in Rhode Island Realty services.			
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>			
President Name Maurice W. Clare, III		Vice President Name Maurice W. Clare, III	
Street Address 2 Sandy Point Road		Street Address 2 Sandy Point Road	
City Barrington	State RI	City Barrington	State RI
Zip 02806		Zip 02806	
Secretary Name Maurice W. Clare, III		Treasurer Name Maurice W. Clare, III	
Street Address 2 Sandy Point Road		Street Address 2 Sandy Point Road	
City Barrington	State RI	City Barrington	State RI
Zip 02806		Zip 02806	
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>			
Director Name Maurice W. Clare, III		Director Name	
Street Address 2 Sandy Point Road		Street Address	
City Barrington	State RI	City	State
Zip 02806		Zip	
10. SHARES AUTHORIZED AND ISSUED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>			
AUTHORIZED SHARES		ISSUED SHARES	
Number of Shares	Class/Series	Par Value	Number of Shares
1,000 SHS NO PAR COMMON			100
			Common
			No Par

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



File Date: 2/11/97
Check No.: 27535
By: WP

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.

Maurice W. Clare, III / 27-97
Signature of Officer Date
Maurice W. Clare, III
Print or Type Name of Officer
President
Title of Officer

PROFIT CORPORATION ANNUAL REPORT

1996



State of Rhode Island and Providence Plantations
James R. Langevin, *Secretary of State*
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335 • (401) 277-3040

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

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. 85937		2. NAME OF CORPORATION CASTPOINT REALTY, INC.			
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 2 Sandy Point Road			CITY Barrington	STATE RI	ZIP CODE 02806
4. BUSINESS PHONE NO. 401-245-7979		5. STATE OF INCORPORATION RHODE ISLAND			6. SIC CODE 5538

7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND
Realty services

B. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME Maurice W. Clare, III			VICE PRESIDENT NAME Maurice W. Clare, III		
STREET ADDRESS 2 Sandy Point Road			STREET ADDRESS 2 Sandy Point Road		
CITY Barrington	STATE RI	ZIP CODE 02806	CITY Barrington	STATE RI	ZIP CODE 02806
SECRETARY NAME Maurice W. Clare, III			TREASURER NAME Maurice W. Clare, III		
STREET ADDRESS 2 Sandy Point Road			STREET ADDRESS 2 Sandy Point Road		
CITY Barrington	STATE RI	ZIP CODE 02806	CITY Barrington	STATE RI	ZIP CODE 02806

B. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME Maurice W. Clare, III			DIRECTOR NAME		
STREET ADDRESS 2 Sandy Point Road			STREET ADDRESS		
CITY Barrington	STATE RI	ZIP CODE 02806	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
1,000 SHS	NO PAR COMMON		100	Common	No par

This report must be **SIGNED IN INK** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

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

File Date:

3/13/96

Check No:

24155582

By:

[Signature]

Signature of Officer

[Signature of Maurice W. Clare, III]

MAURICE W. CLARE, III

Print or Type Name of Officer

PRESIDENT

Title of Officer

Date

For Secretary of State Use Only