

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 _

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1. Corporate ID No. 65139	2. Name of Corps Gallan Rea			<u> </u>	 .
3 Street Address Principal Business 909 North M	<i>Office</i> ain Street		C _{in} . Providence	State RI	7 <i>ip</i> 02904
4 Business Phone No		5 State of Incorporation RHODE ISLAN	ગા		6. SIC Code 5538
7. Brief DECEMBERS OF A TE INVEST	of Business Conduct	ed in Rhode Island	<u>. </u>		
8. NAMES AND ADDRESSES		CERS: ("X" BOX FOR A)	TTACHMENT) THE FILL IN SI	PACES BEFORE USING	G ATTACHMENTS
Gary I. Harl	am		None	 -	
909 North Ma	in Straat		Street Address		
City	State	Zip	City	State	Zip
Providence Secretary Name	RI	02904	•••••		
•	••		Treasurer Name		
Alan D. Harl	<u>am</u>		Alan D. Harlam Sireet Address		
909 North Ma	in Street		909 North Main Street		
City:	State	Zip	City:	State	Zip
Providence D. NAMES AND ADDRESSES Director Name Alan D. Harl. Street Address		02904 CTORS: ("X" BOX FOR A	Providence ATTACHMENT) FILL IN Director Name Gary I. Harla Street Address	RI SPACES BEFORE USI	02904 NG ATTACHMENTS
909 North Ma	in Street		909 North Mai	s Ctuant	
City	State	Zip	City	State	Zip
Providence	J RI	J 02904	Providence	RI	02904
None					
Street Address	<u> </u>	-	None Street Address	·	
Cuy	State	Zip	City	State	Zip
10. SHARES AUTHORIZED	 ("X" BOX FOR	ATTACHMENT)	11. SHARES ISSUED (".	 X" BOX FOR ATTACH	 EMENT) []
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 NO PAR VALUE		200	Common	No Par Value	
				ł	
.					
This report must be s	signed in ink by	either the President, Vice	President, Secretary, Assistant	Sccretary, Treasurer,	Receiver or Trustee

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

Gary I. Harlam, President

Print or Type Name of Officer FOR SECRETARY OF STATE USE ONLY

Date



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

Matthew A. Brown, Secretary of State

FOR SECRETARY OF STATE USE ONLY

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

Form 630 Rev. 12/03

(FORM MUST BE TYPED OR P	RINTED IN BLACK)				<u> </u>
1 Corporate ID No.	2 Name of Corpo			 	
65139	Ga'lan Real	ty, Inc.	· · · · · · · · · · · · · · · · · · ·		
3 Street Address Principal Busine 909 NORTH MAIN		·	PROVIDENCE	State RI	Zip 02904
4. Business Phone No.		5. State of Incorporati	- '		G. SIC Code
7 Brief Description of the Charac REAL ESTATE INVES	ter of Business Conduct				5538
8. NAMES AND ADDRESS President Name	ES OF THE OFFIC	CERS: ("X" BOX FOR A	TTACHMENT)	SPACES BEFORE USING	ATTACHMENTS
GARY I. HARLAM			ALAN D. HAR	LAM	
Street Address 909 NORTH MAIN	STREET		Street Address 909 NORTH M	AIN STREET	
PROVIDENCE	State RI	21p 02904	City PROVIDENCE	State RI	2ip 02904
Secretary Name ALAN D. HARLAM			Treasurer Name ALAN D. HAR	I.AM	•••••••••••••••••••••••••••••••••••••••
Street Address			Street Address		
909 NORTH MAIN	STREET		909 NORTH M	AIN STREET	
PROVIDENCE	State R I	Zip 02904	City PROVIDENCE	State RI	Zip 02904
9. NAMES AND ADDRESS			•	N SPACES BEFORE USIN	
Director Name		,	Director Name		
ALAN D. HARLAM			GARY I. HAR	LAM	
Sirvet Address	· · · · · · · · · · · · · · · · · · ·		Street Address		
909 NORTH MAIN STREET		909 NORTH M	AIN STREET		
Cuy*	State	Zip	City	State	ZIP
PROVIDENCE	RI	02904	PROVIDENCE	RI	02904
Director Name			Director Name		
Street Address			Street Address		
City	State	Z(p	Cuy	State	Zip
10. SHARES AUTHORIZE	 D <i>("X" BOX FOR</i>	ATTACHMENT)	11. SHARES ISSUED (("X" BOX FOR ATTACH	 'MEN'T') []
Number of Shares	Class/Series	Par Value	Number of Shares	Class'Series	Par Value
1,000 NO PAR VALUE					
1,000 NO FAR VALUE			200	COMMON	NO PAR VALUE
					
This report must b	e signed in ink by	either the President, Vi	ce President, Secretary, Assist:	int Secretary, Treasurer.	Receiver or Trustee
					nat I have examined this rep
*	6 5 1 3 9	*	including shy accome contained herein the	nhanying schedules and state true and correct.	ements, and that all stateme
File Date	<u> </u>	<u> </u>	Sandar of Orland		1/14/04
Check No	 		Signature of Officer V	LAT	/ (Date)
Rv:			Print or Type Name o		
Ву:		PRESIDENT	···		

Edward S. Inman, III, Secretary of State Corporations Division

100 North Main Street, Providence, RI 02903-1335

Zip

Zip

Zip

02904

State

State

401-222-3040

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 65139 Ga'lan Realty, Inc.

City

Cltv

909 North Main Street Providence RI 4. Business Phone No. 5. State of Incorporation RHODE ISLAND

6. SIC Code 5538

02904

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

3. Street Address Principal Business Office

City

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

President Name Vice President Name Gary I. Harlam None

Street Address Street Address 909 North Main Street

Zip

Providence RI Secretary Name Treasurer Nume

Alan D. Harlam Alan D. Harlam Street Address · Street Address

909 North Main Street 909 North Main Street State Zip . City

Providence RI 02904 Providence RT 9. NAKES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name . Director Name

Alan D. Harlam Gary I. Harlam Street Address Street Address

909 North Main Street 909 North Main Street Zip State Zip

Providence RI 02904 02904 Providence RI Director Name Director Name None None

Street Address Street Address State 7.10 City 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 NO PAR VALUE 200 Common No Par Value

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

File Date:

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.

President Aarlam, Print or Type Name of Officer

Edward S. Inman, 111, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

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 65139 Ga'lan Realty, Inc. 3. Street Address Principal Business Office City 909 North Main Street RI 02904 Providence 4. Business Phone No. 5. State of Incorporation 6. SIC Code **RHODE ISLAND** 5538 7. Brief Description of the Character of Business Conducted in Rhode Island Real estate investment 8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Gary I. Harlam None Street Address : Street Address 909 North Main Street State State Zip Providence RT 02904 Secretary Name Alan D. Harlam Alan D. Harlam Street Address Street Address 909 North Main Street 909 North Main Street City City Providence 02904 02904 RI Providence RI 9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name Alan D. Harlam Gary I. Harlam Street Address Street Address 909 North Main Street 909 North Main Street State 02904 Providence RI 02904 Providence RI Director Name Director Name None None Street Address Street Address State City State 2.10 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 NO PAR VALUE 200 Common No Par Value

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



1.24-02 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 all state nepts contained herein are true and correct.

V. Harlam, President Gary

Print or Type Name of Officer

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

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

(FORM MUST BE TYPED IN BLACK		- · ·			
1. Corporate ID No. 65139	2. Name of Carporatio				
3. Street Address Principal Business Of	Ga'lan Rea	itty, inc.	G):	•	
·			City	State	Zip
909 NORTH MAIN 4. Rusiness Phone No.	ŞTREET	S. State of Incorporation RHODE ISLAN	Providence D	RI	02904 6. SIC Code 5538
7. Brief Description of the Character of	Business Conducted In	Rhode Island			
Real estate in 8. NAMES AND ADDRESSE President Name		CERS ("X" BOX FOR ATTAC	HMENT) FILL IN SPACES BE	EFORE USING ATTACHI	MENŢS
Gary I. Harlam Street Address 909 NORTH MAIN			NOne Street Address		
PROVIDENCE	State	Zip 02904	City	State	Zip
Secretary Name	1/1		Treasurer Name		****** ·*** *** ** * ***
Alan D. Harlam Street Addiess			Alan D. Harlam		
909 NORTH MAIN	STREET	Zip	909 NORTH MAIN S	TREET	2.ip
PROVIDENCE 9. NAMES AND ADDRESSE Director Name Alan D. Harla		02904 CTORS (*X* BOX FOR ATT)	PROVIDENCE ACHMENT) FILL IN SPACES Director Name Gary I. Harlam	RI BEFORE USING ATTAC	02904 HMENTS
Street Address			Street Address		
909 NORTH MAIN City PROVIDENCE Director Name None	STREET State RI	zip 02904	: 909 NORTH MAIN S : City PROVIDENCE Director Name None	State	zip . 02904 .
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED AUTHORIZED SHARES	("X" BOX FOR ATTAC	:HMENT)	11. SHARES ISSUED ("X"	BOX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1000 SHS NO PAR V	ALUE		i 200	Common .	No Par Value
This report must be signed	l in ink hv aitha	or the President Vice	President Secretary Assists	ant Secretary Transver	Possiver or Tructo

Eile Date:	* 6 5 1 3 9 * 218
Check No.:	130
Ву:	De .
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, an
that all statemy/its contained herein are true and correct.
1/24/01
Sgnoture of Office Date
Gary I Harlam, President
Nent or Type Nam of Officer
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

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PLEASE	RI M
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I CORM MUST BE TYPED					
1. Corporate ID No. 65139	Gallan Rea	alty, Inc.			
3. Street Address Principal F	Business Office		City	State	T Zip
500 WOOD STRE	EET, P.O. BOX 929		BRISTOL	RI	02809
4. Business Phone No.		5. State of Incorporati			
(401) 253-150	00	RHODE ISLA	ND		6. 5538
7. Brief Description of the C	haracter of Business Conducted in	Rhode Island			
REAL ESTATE I	INVESTMENT				
8. NAMES AND AD	DRESSES OF THE OFFI	CERS (*X* BOX FOR AT)	FACHMENT) FILL IN SPACES	S REFORE USING ATTAC	HMENTS
President Name			Vice President Name		
GARY I. HARLA	Μ '		·· -NONE		
Street Address	· — · · · · · · · · · · · · · · · · · ·		Street Address		
500 WOOD STRE	EET, P.O. BOX 929			. 7.3. 2 1 3 3	
City	State	Zip	City	State	Tzip
BRISOTL	RI	02809	:	•	•
Secretary Name	*************************	******	Treasurer Name		•••••••••••••••••••••••••••••••••••••••
ALAN D. HARLA	M.		ALAN D. HARLAM		
Street Address	•	· •	Street Address		
500 WOOD STRE	EET, P.O. BOX 929		500 WOOD STREET	, P.O. BOX 929	
City	State	Zip	City	State	Zip
BRISTOL	l RI	02809	BRISTOL	RI	02809
9. NAMES AND AD	DRESSES OF THE DIRE	CTORS ('X' BOX FOR)	TTACHMENT) [FILL IN SPACE		
Director Name		-	Director Name		
ALAN D. HARLA	ıΜ		GARY I. HARLAM		
Street Address			Street Address		~
500 WOOD STRE	ET, P.O. BOX 929		500 WOOD STREET	, P.O. BOX 929	
City	State	Zip	City	State	Zip
BRISTOL	RI	02809	BRISTOL	RI	02809
Dirê sor Name		***************************************	Director Name	******************	********* * ********* * * * * *
NONE	_		NONE		
Street Address	-		Street Address		• •
· <u>-</u>					
City	State	Zip	City	State	} Zip ~
		<u> </u>		1	
10. SHARES AUTHO	RIZED ("X" BOX FOR ATTA	CHMENT)	11. SHARES ISSUED	("X" BOX FOR ATTACHMENT	
AUTHORIZED STEARES			ISSUED SHARES		
Number of Shares	Class/Series .	Par Value	Number of Shares	Glass/Serles	Par Value
1000 SHS NO F	PAR VALUE		200	СОММОИ	NO PAR VALUE
• • •	• •	·			- ·
· · · · · · · · · · · · · · · · · · ·		······································			
This report must be	signed in ink by eith	er the President, Vic	ce President, Secretary, Ass	sistant Secretary, Treasc	irer, Receiver or Truste
11	FRANCE RIVEN AND AND ARTHUR LAND AND	I I			
1	-	B1			

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all systements spntaged herein are true and correct. Check No.:

> PRESIDENT Title of Officer

FOR SECRETARY OF STATE USE ONLY



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

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TELEASE TSSTORE (Tioxs

TORM MUST BE TITED IN BLA					
1. Corporate ID No.	2. Name of Corporation	,			<u> </u>
3. Sec 139 Principal Business	_{்றுக்} Ga'lan Realty,	Inc.	City	State	Zip
500 WOOD STREET,	P.O. BOX 929	5. State of Incorporation	j BRISTOL	RI	02809
401-253-1500		. S. State of Incorporation			4. 6. SIC Code
7. Brief Description of the Character	of Business Conducted in R	hode PHODE ISLAND) ·	• • -	ⁱ · 5538 ~ ··· -
REAL ESTATE INVES					
8. NAMES AND ADDRESS	SES OF THE OFFICE	ERS (*X* BOX FOR ATTAC	HMENT) DE FILL IN SPACES BE	FORE USING ATTAC	HMENTS
President Name			Vice President Name		
GARY I. HARLAM			NONE		
Street Address		·-	Street Address		- · · · · · · · · · · · · · · · · · · ·
500 WOOD STREET,					
City	State	Zip	City	State	Zip
BRISTOL	RI	02809	***************************************		1
Secretary Name			Treasurer Name		
ALAN D. HARLAM Street Address			ALAN D. HARLAM Street Address		
500 WOOD STREET,	P.O. BOX 929		500 WOOD STREET,	P.O. BOX 929	
Ci 🛔	State	Zip	City	State	Zip
ERISTOL	RI	02809	BRISTOL	RI	02809
9. NAMES AND ADDRESS Director Name	SES OF THE DIREC	TORS ("X" BOX FOR ATTY	CHMENT) FILL IN SPACES	BEFORE USING ATTA	CHMENTS
			Director Name		
ALAN D. HARLAM Street Address			GARY I. HARLAM Street Address		-
500 WOOD STREET,			500 WOOD STREET,	P.O. BOX 929	
City	State	Zip	Clly	State	Zip
BRISTOL	RI	02809	BRISTOL	RI	02809
Director Name			Director Name		
NONE Street Address			NONE		
SOCCE MULICIS			Street Address		
City	State	Zip	Cim	64-4-	
,	31511		City	State	Zip
10. SHARES AUTHORIZEI) (*X* B()Y E()D ATTECTS	ANEXTO)	11 CHADRE ICCTION	BOY dop among an annual	لـلم
AUTHORIZED SHARES	S CA BOY FOR WINGE	- (1 Maren	11. SHARES ISSUED (*X*	BUX FOR ATTACHMENT	<u> </u>
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	
	. 			GIU33/ SCHES	Par Value
4000 0110 110 515 111			200	COMMON	NO PAR VALUE
1000 SHS NO PAR VA	ALUE	•		· · · · · · · · · · · · · · · · · · ·	
-					
This report must be start	Addm ink haraiska.	the Deciders W.			
Time report must be signe	tu in ink by enner	the riesident, vice I	President, Secretary, Assista	int Secretary, Treasu	irer, Receiver or Truste
		•			

	+ 6 5 1 3 9 +
File Date.	Feb 4,99
Check No.:	310
Ву:	30. M
FOR SECRETARY	OF STATE USE ONLY

	lare and affirm that I have examined mpanying schedules and statements, and
that all state ments contained h	erein are true and correct.
	2 (3)99
Signature of Officer	Date
GARY I. HARDAM	
Print or Type Name of Officer	
PRESIDENT	

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

2. Name of Corporation

65139

Ga'lan Realty, Inc.

3. Street Address Principal Business Office

500 WOOD STREET, P.O. BOX 929

City

State

Zip

4. Business Phone No.

5. State of Incorporation

02809-0929

R.I.

6. SIC Code

(401) 253-1500

RHODE ISLAND

5538

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

REAL ESTATE INVESTMENT

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

President Name

Street Address

, Vice President Name

BRISTOL

GARY I. HARLAM

NONE

Street Address

500 WOOD STREET, P.O. BOX 929

State

Zip

City

State

BRISTOL Secretary Name

R.I.

02809-0929

Treasurer Name

ALAN D. HARLAM Street Address

500 WOOD STREET, P.O. BOX 929

ALAN D. HARLAM Street Address

500 WOOD STREET, P.O. BOX 929 City

State

Zip

BRISTOL

R.I.

Zip 02809-0929

BRISTOL

R.I.

02809-0929

City

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

Director Name

Director Name

ALAN D. HARLAM

Street Address

GARY I. HARLAM

Street Address

500 WOOD STREET, P.O. BOX 929 City

State

Zip

BRISTOL

Director Name

R.I. 02809-0929

BRISTOL Director Name

NONE

R.I.

02809-0929

NONE Street Address

Street Address

500 WOOD STREET, P.O. BOX 929

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

City

State

State

Zip

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

AUTHORIZZI) SHARES Number of Shares

Class/Series

Par Value

ISSUED SHARKS Number of Shares

Class/Series

Par Value

1000 SHARES - COMMON - NO PAR VALUE

200

COMMON

NO PAR VALUE

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

File Date: 1 8, 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.

ርአጸሂ_ Print or Type Name of Officer

PRESIDENT Title of Officer



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

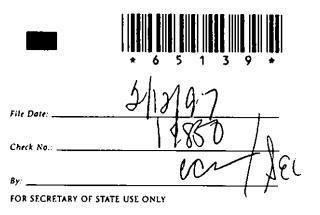
James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, Rt 02903-1335 401-277-3040

PROFIT CORPORATION ANNUAL REPORT 1997

(FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation Ga'lan Realty, Inc. 65139 3. Street Address Principal Business Office City State Zip 500 WOOD STREET, P.O. BOX 929 BRISTOL 02809 - 0929 RI 4. Business Phone No. 5. State of Incorporation 6. SIC Code **RHODE ISLAND** 5538 (401) 253-1500 7. Brief Description of the Character of Business Conducted in Rhode Island REAL ESTATE INVESTMENT 8. NAMES AND ADDRESSES OF THE OFFICERS (*x* BOX FOR ATTACHMENT) ... President Name Vice President Name GARY I. HARLAM NONE Street Address Street Address 500 WOOD STREET, P.O. BOX 929 State State BRISTOL 02809 - 0929 Secretary Name Treasurer Name ALAN D. HARLAM ALAN D. HARLAM Street Address 500 WOOD STREET, P.O. BOX 929 500 WOOD STREET, P.O. BOX 929 State BRISTOL 02809 - 0929 RI BRISTOL 02809 - 0929 ŔŢ 9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) Director Name ALAN D. HARLAM GARY I. HARLAM Street Address Street Address 500 WOOD STREET, P.O. BOX 929 500 WOOD STREET, P.O. BOX 929 State State BRISTOL 02809 - 0929 BRISTOL RI 02809 -09 Director Name . Director Name NONE NONE Street Address Street Address State 2.ip Sinte 10. SHARES AUTHORIZED AND ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES **ISSUED SHARES** Number of Shares Class/Series , Number of Shares Par Value Class/Series Par Value

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

200



1000 SHS NO PAR VALUE

COMMON

NO PAR VALUE

PROFII 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

File Date:

Check No:

By:,

ng Fee: \$50.00		BI CART WAR OF S	IDIANT IN DI AON INC		
RPORATE IO NO	2. NAME OF CORPORATION	PLEASE TYPE UR P	RINT IN BLACK INK.	-	
65139	 Ga'lan R	ealty, Inc.			
REET ADDRESS PRINCIPAL BUSINESS OFFICE	I .		COTY	STATE	ZIP CODE
500 WOOD STREET		STATE OF INCORPORATION	BRISTOL	R.I.	02809
(401) 253-1500 RHODE ISI		LAND		553%	
EF DESCRIPTION OF THE CHARACTER OF BUS REAL ESTATE INVE		0			
DENT NAME GARY I. HARLAM	8. NAME	S AND ADDR	ESSES OF THE OF VICE PRESIDENT NAME NONE	FICERS	
ET ADDRESS 500 WOOD STREET			STREET ADDRESS NONE		
BRISTOL	STATE R.I.	20° C00€ 02809	NONE	STATE	ZIP CODE NONE
TARY NAME ALAN D. HARLAM TADDRESS			TREASURER NAME ALAN D. HARLAM STREET ADDRESS	[
500 WOOD STREET	I STATE	ZIP C00€	500 WOOD STREE	T STATE	Tup coos
BRISTOL	R.I.	02809	BRISTOL	R.I.	02809
TORNAME	9. NAME	S A N D A D D R	ESSES OF THE DI TORRECTOR NAME GARY I. HARLAM		
TADORESS 500 WOOD STREET			STREET ADDRESS 500 WOOD STREE	ET	
BRISTOL	R.I.	70° 000€ 02809	BRISTOL	STATE R.I.	29° 000Ε 02809
ALAN D. HARLAM			DIRECTOR HAME GARY I. HARLAN		
EFT ADDRESS 500 WOOD STREET			STREET ADDRESS 500 WOOD STREET		
BRISTOL	R.I.	02809	BRISTOL	STATE R. I.	æαπ 02809
MUMBER OF SHARES	1 0 . S H A AUTHORIZED SHARES CLASS/SERES	RES AUTHOR	MINNBER OF SHARES	ISSUED SHARES CLASS/SERIES	PAR VALUE
1000 SHS NO F	· · · · · · · · · · · · · · · · · · ·	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	200	COMMON	NO PAR VALUE
Procid			NED IN INK by either th ant Secretary, Treasurer,		
riesiu	em, vice riesidem	, Secretary, ASSIST	Under penalty o	f periury. I declare and af	firm that I have exami
			report_including	any accompanying scheontained herein are true as	dules and statements,

For Secretary of State Use Only

PRESIDENT

Signature of Office

GARY I. HARLAM

Print or Type Name of Officer

Title of Officer

DETACH ROTTOM DEEDDE DETLICHING

Date

office of The Secretary of State
100 North Main Street
Providence, Rhode Island 02903-1335
(401) 277-3040

ANNUAL REPORT

Please Type or Print
File Annually - Jan 1 - March 1
Filing Fee \$50.00

Make Checks Payable to: Secretary of State

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

Corporate ID:	0065139		Annual Report for the year: 1995		
Name of Corpora	·····	ealty, Inc.	•••••••	*******	
Business entity organized und For foreign entity, address an	ler the laws of the State of: <u>RHOI</u> ad telephone number of principal	ffice: [xx] Bu	Business Entity is (check one): [xx] Business Corporation (See RIGI. Chapter 7-1.1) [] Professional Service Corp. (See RIGL Chapter 7-5.1)		
		Brief stat	tement of the character of business	conducted in Rhode Island;	
Phone:					
Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):		REAL E	RPAL ESTATE INVESTMENTS		
500 WOOD STREET					
BRISTOL, RI 02809				·	
(401) 253-1500 Phone:					
***************************************	**********	*******	**********	••••••	
***************************************	THE NA!	IES OF THE OFFICE	ERS ARE;	****************	
PRESIDENT		REET ADDRESS	CITY/STATE	ZIP CODE	
GARY I. HARLAM		0 WOOD STREET, B		605	
VICE PRESIDENT	ST	REET ADDRESS	CITY/STATE	ZIP CODE	
SECRETARY	sı	REET ADDRESS	CITY/STATE	ZIP CODE	
ALAN D. HARLAM	50	0 WOOD STREET, B	RISTOL, RI 02809		
TREASURER ALAN D. HARLAM		REET ADDRESS 0 WOOD STREET, B	CITY/STATE	ZIP CODE	
***************************************	******************	•••••	••••••	*************	
***************************************	IHE NAM	ES OF THE DIRECT	ORS ARE:	************	
NAME	ST	REET ADDRESS	CITY/STATE	ZIP CODE	
ALAN D. HARLAM	50	0 WOOD STREET, BI	RISTOL, RI 02809		
NAME GARY I. HARLAM		REET ADDRESS 0 WOOD STREET, BI	CITY/STATE RISTOL, RI 02809	ZIP CODE	
NAME	SI	REET ADDRESS	CITY/STATE	ZIP CODE	
NUMBER OF SHARES AU	**************************************	••••••••••••••••••••••••••••••••••••••	R OF SHARES ISSUED AND O		
******************	******************		••••••	****************	
Number of Shares	Class/Series	* Number	of Shares Class/S	Series	
1000	COMMON	200	COM	40N	
Date: 1/30	1995	By:	9		
	FFS ! 4 1995	PRINT OR TOPE N PRESIDENT TITLE OF OFFICE	HARLAM VAME OF OFFICER SIGNING		
•••••••••••••••	DESIGNATED REGISTERE	•••••••	OR SERVICE OF PROCESS:	****************	
•••••••••	·****j*******	••••••	••••••	••••••	
PLEASE NOTE: If the regi	istered office and/or registered :	gent indicated below is incor	rrect, Form 9 must be filed.		

STATE OF RIJODE ISLAND AND PROVIDENCE PLANTATIONS OFFICE OF THE SECRETARY OF STATE 100 North Main Street, Providence, Rhode Island 02903-1335 401-277-3040



Corporate ID: 0065139

Annual Report for the year: 1994

Name of Business Entity:	•
Business entity organized under the laws of the State of RHODE ISLANT Federal Taxpayer Identification Number:	2 Business Paulty in (check one):
For forcign entity, address and telephone number of principal office	[XX.] Business Corporation (See RKIL Chapter 7-1.1) [] Professional Service Corp. (See RIGL Chapter 7-5.1) [] Limited Liability Company (See RIGL 7-16)
	Name, title and mailing address of contact person to whom communications may be directed
-	MARTIN P. SLEPKOW, ESQUIRE
Phone	1481 WAMPANOAO TRAIL
	EAST PROVIDENCE, NI 02915
Address and telephone of the principal office of business mitty in Rhode Island (Provide street address - Not P.O. Box).	
500 WOOD STREET BRISTOL, RE 02509	Brief statement of the character of business conducted in Rhode Island:
	REAL ESTATE INVESTMENTS
	
253-1500	Date of Organization AUGUST 6, 1991
	Date of Qualification to do business in Rhode Island (if foreign entity).
CHIEF EXECUTIVE OPPICER OR [XX] PRESIDENT (Check One)	STREET ADDRESS CITY/STATE ZIP CODE
CHIEF EXECUTIVE OPFICER OR [XX] PRESIDENT (Check One) GARY I. HARLAM 5	STREET ADDRESS CITY/STATE ZIP CODE
CHIEF EXECUTIVE OPFICER OR [XX] PRESIDENT (Check One) GARY I. HARLAM 5	STREET ADDRESS CITY/STATE ZIP CODE
CHIEF EXECUTIVE OPFICER OR [XX] PRESIDENT (Check One) GARY 1. HARLAM CHIEF OPERATING OFFICER OR [] VICE PRESIDENT (Check One) [CUISTODIAN OF RECORDS OR [XX] SECRETARY (Check One)	STREET ADDRESS CITY/STATE ZIP CODE 600 WOOD STREET, BRISTOL., RI 02809 c) STREET ADDRESS CITY/STATE ZIP CODE
CHIEF EXECUTIVE OPFICER OR [XX] PRESIDENT (Check One) GARY I. HARLAM CHIEF OPERATING OFFICER OR [] VICE PRESIDENT (Check One) I CUSTODIAN OF RECORDS OR [XX] SECRETARY (Check One) ALAN D. HARLAM CHIEF FINANCIAL OFFICER OR [XX] TREASURER (Check One) ALAN D. HARLAM CHIEF FINANCIAL OFFICER OR [XX] TREASURER (Check One)	STREET ADDRESS CITY/STATE ZIP CODE
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PLEASE NOTE: If the Corporation has changed its registered office and/or resident agent, Form 9 or Form LLC3 must be filed.

State of Rhode Island and Providence Plantations

PLP 128

CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

	PROVIDENCE, RHODE	ISLAND 02903	
Corporate ID 0065139		Annual Repo	rt for the year 1993
FIRST: The name of the	ne corporation is Ga'lan Re	ealty, Inc.	
SECOND: It is incorpo	orated under the laws of RI	hode Island	
		Real Estate Investment.	
FOURTH: If foreign,	corporation, address of	its principal office	
FIFTH: Business addre	ss in Rhode Island 500 w	ood Street, Bristol, Rhod	e Island
	dresses of its directors and		(Attach rider if necessar
Name	Office	Address (including number, street, zip code)	
ALAN D. HARLAM	Director	500 Wood Street, Bristo	ol, RI
GARY I. HARLAM	Director	500 Wood Street, Bristo	ol, RI
	Director		
GARY I. HARLAM	President	500 Wood Street, Bristo	ol, RI
	Vice-President	•	
ALAN D. HARLAM	Secretary	500 Wood Street, Bristo	ol, RI
ALAN D. HARLAM	Treasurer	500 Wood Street, Bristo	ol, RI
SEVENTH: Number of	Shares authorized:		
No. of Shares	Class	Senes	Par Value of statement that shares are without par value
1,000	Common	in a soft)	No Par
EIGHTH: Number of S	hares issued:	defiles for 1 7 1993	
	mares 155ded.		Par Value of statement that
No. of Shares	Class	Scries	shares are without par value
200 / .	Common		No Par
Dated: 2//6	, 19 <u>93</u>	Ga'lan Realty, Inc.	
		By:	·

Title: President

State of Rhodi	Island	and Provide	nce Plantations
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Ab 6595

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

orporate ID6	5139	Annual Report for the yea	r1992	
FIRST: The name of the c		n Realty, Inc.		
•	ed under the laws ofR	node Island	······································	
THIRD: Character of bus	iness, briefly stated, isR.	eal Estate Investment		
FOURTH: If foreign corp		incipal office		
FIFTH: Business address		500 Wood Street, Bristol, F		
SIXTH: Names and addi	resses of its directors and	Address (including number		
ALAN D. HARLAM	Director	500 Wood Street, Bristol, RI		
GARY I. HARLAM		500 Wood Street, Bristol	<u>. RI</u>	
	Director	***************************************	······································	
GARY I. HARLAM		500 Wood Street, Bristol	<u>, RI</u>	
	Vice Preside	ent		
ALAN D. HARLAM		500 Wood Street, Bristol		
ALAN D. HARLAM	Treasurer	500 Wood Street, Bristol, RI		
	Shares authorized:	Senes	Par Value or statement that shares are without par value	
No. of Shares 1000	Class	PAID	No par	
		MAR 3 1 1992		
EIGHTH: Number of S	hares issued:	SEC'Y OF STATE	Par Value or statement that shares are without par value	
No. of Shares 200	Class	Series	No par	
Dated $3/26$	19 <u>92</u>	(Name of Corporation)		
(Report must be sig	ned by an officer)	Title Preside	ent	