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

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.	2. Name of Corporation
72940	Clarke School Housing Corp.

3. Street Address Principal Business Office	City	State	Zip
211 CARLETON COURT	PROVQRI	02908	02048-

4. Business Phone No.	5. State of Incorporation	6. SIC Code
4018487266	RHODE ISLAND	5538

7. Brief Description of the Character of Business Conducted in Rhode Island
DEAL IN REAL PROPERTY OF ALL TYPES AND DESCRIPTIONS.

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

President Name	Street Address	City	State	Zip
Marc S. Plonskier	c/o Gatehouse, 120 Forbes Blvd.	Mansfield	MA	02048

Vice President Name	Street Address	City	State	Zip
David J. Canepari	c/o Gatehouse, 120 Forbes Blvd.	Mansfield	MA	02048

Secretary Name	Street Address	City	State	Zip
Marc S. Plonskier	c/o Gatehouse, 120 Forbes Blvd.	Mansfield	MA	02048

Treasurer Name	Street Address	City	State	Zip
Roger Yorkshaitis	c/o Gatehouse, 120 Forbes Blvd.	Mansfield	MA	02048

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

Director Name	Street Address	City	State	Zip
David J. Canepari	c/o Gatehouse, 120 Forbes Blvd.	Mansfield	MA	02048

Director Name	Street Address	City	State	Zip
Marc S. Plonskier	c/o Gatehouse, 120 Forbes Blvd.	Mansfield	MA	02048

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

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

AUTHORIZED SHARES		
Number of Shares	*Class/Series*	*Par Value*
8,000 COMM NO PAR VALUE		

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

ISSUED SHARES		
Number of Shares	*Class/Series*	*Par Value*
100	Common	None

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

[redacted] 7 2 9 4 0 [redacted]

72940 DBC 01/10/05 03:10:36 PM
File Date 1/26/05
Check No. 3803
By: DA
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* 1/1/2005

Marc S. Plonskier
Print or Type Name of Officer

[redacted] President
Title of Officer

Form 630 12/01

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 OR PRINTED IN BLACK)

1. Corporate ID No.	2. Name of Corporation		
72940	Clarke School Housing Corp.		
3. Street Address Principal Business Office	City	State	Zip
911 CARLETON COURT	PROVIDENCE	RI	02908
4. Business Phone No.	5. State of Incorporation		6. SIC Code
(401) 848-7266	RHODE ISLAND		5538

7. Brief Description of the Character of Business Conducted in Rhode Island
DEAL IN REAL PROPERTY OF ALL TYPES AND DESCRIPTIONS.

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

President Name	Vice President Name
Marc S. Plonskier	David J. Canepari
Street Address: 120 Forbes Blvd.	Street Address: 120 Forbes Blvd.
City: Mansfield / State: MA / Zip: 02048	City: Mansfield / State: MA / Zip: 02048
Secretary Name	**Treasurer Name**
Marc S. Plonskier	Roger Yorkshaitis
Street Address: 120 Forbes Blvd.	Street Address: 120 Forbes Blvd.
City: Mansfield / State: MA / Zip: 02048	City: Mansfield / State: MA / Zip: 02048

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

Director Name	Director Name
Marc S. Plonskier	David J. Canepari
Street Address: 120 Forbes Blvd.	Street Address: 120 Forbes Blvd.
City: Mansfield / State: MA / Zip: 02048	City: Mansfield / State: MA / Zip: 02048
Director Name	Director Name
Street Address	Street Address
City / State / Zip	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
8,000 COMM NO PAR VALUE			100	Common	NONE

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

[redacted]

[redacted]

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*

Print or Type Name of Officer

Title of Officer

File Date	2/17/04
Check No.	3496
By:	OR

FOR SECRETARY OF STATE USE ONLY

[redacted]

Form 630 Rev. 12/03

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

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

STOP
PLEASE READ INSTRUCTIONS

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

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
72940	Clarke School Housing Corp.

3. Street Address Principal Business Office	City	State	Zip
211 Carleton Court	Providence	RI	02908

4. Business Phone No.	5. State of Incorporation	6. SIC Code
401.331.6877	RHODE ISLAND	5538

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

Real Estate Ownership & Management

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

President Name	Vice President Name
Marc S. Plonskier	David J. Canepari
Street Address: 120 Forbes Blvd.	Street Address: 120 Forbes Blvd.
City: Mansfield State: MA Zip: 02048	City: Mansfield State: MA Zip: 02048
Secretary Name	**Treasurer Name**
Marc S. Plonskier	Roger Yorkshaitis
Street Address: Same as Above	Street Address: Same as Above
City: State: Zip:	City: State: Zip:

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

Director Name	Director Name
David J. Canepari	Marc S. Plonskier
Street Address: Same as Above	Street Address: Same as Above
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) ☐ 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
8,000 COMM NO PAR VALUE			100	Common	None

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

[redacted]

72940

File Date: 1.27.03

Check No.: 3083

By: VP

FOR SECRETARY OF STATE USE ONLY

[redacted]

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: 1/15/03

Marc S. Plonskier
Print or Type Name of Officer

President
Title of Officer

[redacted]

Form 630 12/02

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

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

STOP
PLEASE READ INSTRUCTIONS

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.	2. Name of Corporation			
72940	Clarke School Housing Corp.			
3. Street Address Principal Business Office		City	State	Zip
211 Carleton Court		Providence	RI	02908
4. Business Phone No.	5. State of Incorporation			6. SIC Code
(401) 331-6877	RHODE ISLAND			5538

7. Brief Description of the Character of Business Conducted in Rhode Island
Real Estate Ownership & Management

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

President Name			Vice President Name		
Marc S. Plonskier			David J. Canepari		
Street Address			Street Address		
120 Forbes Blvd.			120 Forbes Blvd.		
City	State	Zip	City	State	Zip
Mansfield	MA	02048	Mansfield	MA	02048
Secretary Name			**Treasurer Name**		
Marc S. Plonskier			Roger Yorkshaitis		
Street Address			Street Address		
120 Forbes Blvd.			120 Forbes Blvd.		
City	State	Zip	City	State	Zip
Mansfield	MA	02048	Mansfield	MA	02048

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

Director Name			Director Name		
David J. Canepari			Marc S. Plonskier		
Street Address			Street Address		
120 Forbes Blvd.			120 Forbes Blvd.		
City	State	Zip	City	State	Zip
Mansfield	MA	02048	Mansfield	MA	02048
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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
8,000 COMM NO PAR VALUE			100	Common	None

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

[redacted]

[redacted]

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

1/5/02
Signature of Officer *Date*

Marc S. Plonskier
Print or Type Name of Officer

President
Title of Officer

File Date: FILED
Check No.: JAN 29 2002
By:
FOR SECRETARY OF STATE USE ONLY

5

Form 630 12/01

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

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

STOP
PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.	2. Name of Corporation
72940	Clarke School Housing Corp.

3. Street Address Principal Business Office	City	State	Zip
c/o The Gatehouse Group, Inc. 120 Forbes Blvd.	Mansfield	MA	02048

4. Business Phone No.	5. State of Incorporation	6. SIC Code
(508) 337-2500	RHODE ISLAND	5538

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

Real Estate Ownership

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

President Name	Street Address	City	State	Zip
Marc S. Plonskier	120 Forbes Blvd.	Mansfield	MA	02048

Vice President Name	Street Address	City	State	Zip
David J. Canepari	120 Forbes Blvd.	Mansfield	MA	02048

Secretary Name	Street Address	City	State	Zip
Marc S. Plonskier	120 Forbes Blvd.	Mansfield	MA	02048

Treasurer Name	Street Address	City	State	Zip
David J. Canepari	120 Forbes Blvd.	Mansfield	MA	02048

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

Director Name	Street Address	City	State	Zip
Marc S. Plonskier	120 Forbes Blvd.	Mansfield	MA	02048

Director Name	Street Address	City	State	Zip
David J. Canepari	120 Forbes Blvd.	Mansfield	MA	02048

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

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

AUTHORIZED SHARES		
Number of Shares	Class/Series	Par Value
8,000 SHS COMM NO PAR VAL		

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

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
100	Common	None

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

* 7 2 9 4 0 *

1/24

File Date: _____

2277

Check No.: _____

By: _____

FOR SECRETARY OF STATE USE ONLY

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

1/16/01

Signature of Officer *Date*

Marc S. Plonskier

Print or Type Name of Officer

President

Title of Officer

Form 630 12/00

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

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

STOP PLEASE READ INSTRUCTIONS

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
72940	Clarke School Housing Corp.

3. Street Address Principal Business Office	City	State	Zip
c/o The Gatehouse Group, Inc., 313 Congress Street	Boston	MA	02210

4. Business Phone No.	5. State of Incorporation	6. SIC Code
(617) 345-9300	RHODE ISLAND	5538

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

Real Estate Ownership/Management

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

President Name			Vice President Name		
Marc S. Plonskier			David J. Canepari		
Street Address			**Street Address**		
313 Congress Street			313 Congress Street		
City	**State**	**Zip**	**City**	**State**	**Zip**
Boston	MA	02210	Boston	MA	02210
Secretary Name			**Treasurer Name**		
Marc S. Plonskier			David J. Canepari		
Street Address			**Street Address**		
313 Congress STreet			313 Congress Street		
City	**State**	**Zip**	**City**	**State**	**Zip**
Boston	MA	02210	Boston	MA	02210

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

Director Name			Director Name		
Marc S. Plonskier			David J. Canepari		
Street Address			**Street Address**		
313 Congress Street			313 Congress Street		
City	**State**	**Zip**	**City**	**State**	**Zip**
Boston	MA	02210	Boston	MA	02210
Director Name			**Director Name**		
Street Address			**Street Address**		
City	**State**	**Zip**	**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
8,000 SHS COMM NO PAR VAL			100	Common	No Par

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

* 7 2 9 4 0 *

File Date: 2-23-00

Check No.: 1898

By: AMF

RECEIVED SECRETARY OF STATE FEB 4 04 PM '00

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: [signature] Date: 1/27/00

Marc S. Plonskier
Print or Type Name of Officer

President
Title of Officer

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

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

Filing Period: January 1–March 1 • Filing Fee: $50.00

STOP
PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.	2. Name of Corporation
72940	Clarke School Housing Corp.

3. Street Address Principal Business Office	City	State	Zip
313 Congress Street	Boston	MA	02210

4. Business Phone No.	5. State of Incorporation	6. SIC Code
(617) 345-9300	RHODE ISLAND	5538

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

5579

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

President Name	Vice President Name
Marc S. Plonskier	David J. Canepari
Street Address: 313 Congress Street	Street Address: 313 Congress Street
City: Boston State: MA Zip: 02210	City: Boston State: MA Zip: 02210
Secretary Name: Marc S. Plonskier	Treasurer Name:
Street Address: 313 Congress Street	Street Address:
City: Boston State: MA Zip: 02210	City: State: Zip:

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

Director Name	Director Name
David J. Canepari	Marc S. Plonskier
Street Address: 313 Congress Street	Street Address: 313 Congress Street
City: Boston State: MA Zip: 02210	City: Boston State: MA Zip: 02210
Director Name:	Director Name:
Street Address:	Street Address:
City: State: Zip:	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
8,000 SHS COMM NO PAR VAL			0		

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

[redacted]

* 7 2 9 4 0 *

PAID
JUL 12 1999 UD 1530
SEC'Y OF STATE

File Date:

Check No.:

By:

FOR SECRETARY OF STATE USE ONLY

[redacted]

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: 7/9/99

Marc S. Plonskier
Print or Type Name of Officer

President
Title of Officer

Form 31.12/96

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

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998

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

STOP. PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.	2. Name of Corporation			
72940	Clarke School Housing Corp.			
3. Street Address Principal Business Office		City	State	Zip
313 Congress Street		Boston	MA	02210
4. Business Phone No.	5. State of Incorporation			6. SIC Code
(617) 345-9300	RHODE ISLAND			5538

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

5579 Active Property Managers

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

President Name			Vice President Name		
Marc S. Plonskier			David J. Canepari		
Street Address			Street Address		
313 Congress Street			313 Congress Street		
City	State	Zip	City	State	Zip
Boston	MA	02210	Boston	MA	02210
Secretary Name			**Treasurer Name**		
Marc S. Plonskier			Timothy M. Donovan		
Street Address			Street Address		
313 Congress Street			313 Congress Street		
City	State	Zip	City	State	Zip
Boston	MA	02210	Boston	MA	02210

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

Director Name			Director Name		
David J. Canepari			Marc S. Plonskier		
Street Address			Street Address		
313 Congress Street			313 Congress Street		
City	State	Zip	City	State	Zip
Boston	MA	02210	Boston	MA	02210
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

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

AUTHORIZED SHARES		
Number of Shares	Class/Series	Par Value
8,000 SHS COMM NO PAR VAL		

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

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
200	Class A	-0-

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

[redacted]

* 7 2 9 4 0 *

[redacted]

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* 2/25/98

Timothy M. Donovan
Print or Type Name of Officer

Treasurer
Title of Officer

File Date: 3-11-98

Check No.: 1121

By: WP

FOR SECRETARY OF STATE USE ONLY

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

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

STOP: PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.	2. Name of Corporation
72940	Clarke School Housing Corp.

3. Street Address Principal Business Office	City	State	Zip
c/o The Gatehouse Group, Inc. 313 Congress St.	Boston	MA	02210

4. Business Phone No.	5. State of Incorporation	6. SIC Code
(617)345-9300	RHODE ISLAND	5538

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

5579 Real Estate Property Management

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

President Name	Street Address	City	State	Zip
Marc S. Plonskier	313 Congress Street	Boston	MA	02210

Vice President Name	Street Address	City	State	Zip
David J. Canepari	313 Congress Street	Boston	MA	02210

Secretary Name	Street Address	City	State	Zip
Marc S. Plonskier	313 Congress Street	Boston	MA	02210

Treasurer Name	Street Address	City	State	Zip
Timothy M. Donovan	313 Congress Street	Boston	MA	02210

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

Director Name	Street Address	City	State	Zip
David J. Canepari	313 Congress Street	Boston	MA	02210

Director Name	Street Address	City	State	Zip
Marc S. Plonskier	313 Congress Street	Boston	MA	02210

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

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

AUTHORIZED SHARES			ISSUED SHARES ✓		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000 SHS COMM NO PAR VAL			200		-0-

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

[redacted]

* 7 2 9 4 0 *

File Date: 2/11/97

Check No.: 754

By: [signature]

FOR SECRETARY OF STATE USE ONLY

[redacted]

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] JANUARY 30, 1997

Signature of Officer *Date*

Marc S. Plonskier

Print or Type Name of Officer

President

Title of Officer

PROFIT CORPORATION ANNUAL REPORT

1996

Filing Period: January 1–March 1
Filing Fee: $50.00

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

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO.	2. NAME OF CORPORATION		
72940	Clarke School Housing Corp.		
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE	CITY	STATE	ZIP CODE
25 Mall Street	Newport	RI	02840
4. BUSINESS PHONE NO.	5. STATE OF INCORPORATION		6. SIC CODE
(415) 848-7266	RHODE ISLAND		5538
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND			
Residential Real Estate Management & Renting			

8. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME	STREET ADDRESS	CITY	STATE	ZIP CODE
Marc S. Plonskier	313 Congress Street	Boston	MA	02210

VICE PRESIDENT NAME	STREET ADDRESS	CITY	STATE	ZIP CODE
David J. Canepari	313 Congress Street	Boston	MA	02210

SECRETARY NAME	STREET ADDRESS	CITY	STATE	ZIP CODE
Marc S. Plonskier	313 Congress Street	Boston	MA	02210

TREASURER NAME	STREET ADDRESS	CITY	STATE	ZIP CODE
Timothy M. Donovan	313 Congress Street	Boston	MA	02210

9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME	STREET ADDRESS	CITY	STATE	ZIP CODE
David J. Canepari	313 Congress Street	Boston	MA	02210

DIRECTOR NAME	STREET ADDRESS	CITY	STATE	ZIP CODE
Marc S. Plonskier	313 Congress Street	Boston	MA	02210

DIRECTOR NAME	STREET ADDRESS	CITY	STATE	ZIP CODE

DIRECTOR NAME	STREET ADDRESS	CITY	STATE	ZIP CODE

10. SHARES AUTHORIZED AND ISSUED

AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
8,000 SHS COMM NO PAR VAL			200	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.

Signature of Officer

Timothy M. Donovan
Print or Type Name of Officer

Treasurer
Title of Officer

2/7/96
Date

File Date: 2/7/96
Check No: 387
By: KID UP
For Secretary of State Use Only

DETACH BOTTOM BEFORE RETURNING

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

Please Type or Pri
File Annually – Jan. 1 - March
Filing Fee $50.0
Make Checks Payable to: Secretary of Stat

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

Corporate ID: #0072940 Annual Report for the year: 1995

Name of Corporation: Clarke School Housing Corp.

Business entity organized under the laws of the State of: RI

For foreign entity, address and telephone number of principal office:

Phone: ( )

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):
25 Mary Street
Newport, RI 02840

Phone: (401) 848-7266

Business Entity is (check one):
[X] Business Corporation (See RIGL Chapter 7-1.1)
[ ] Professional Service Corporation (See RIGL Chapter 7-5.1)

Brief statement of the character of business conducted in Rhode Island:
Apartment Rental

THE NAMES OF THE OFFICERS ARE:

	STREET ADDRESS	CITY/STATE	ZIP CODE
PRESIDENT: Marc S. Plonskier	313 Congress Street	Boston, MA	02210
VICE PRESIDENT: David J. Canepari	Same		
SECRETARY: Marc S. Plonskier	Same		
TREASURER: Timothy M. Donovan	Same		

THE NAMES OF THE DIRECTORS ARE:

	STREET ADDRESS	CITY/STATE	ZIP CODE
NAME: David J. Canepari	313 Congress Street	Boston, MA	02210
NAME: Marc S. Plonskier	Same		
NAME:	STREET ADDRESS	CITY/STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED (Rider may be attached)		NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)	
Number of Shares	Class / Series	Number of Shares	Class / Series
8,000	(no par)	200	(no par)

Date Sept. 26, 19 95

By: Timothy M Donovan
PRINT OR TYPE NAME OF OFFICER SIGNING
Treasurer
TITLE OF OFFICER SIGNING

orm 31 1/95

DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

FILED
OCT 2 1995
By
148985

Filing Fee $50.00
Payable to:
Secretary of State

PLEASE TYPE or PRINT

State of Rhode Island and Providence Plantations

Office of The Secretary of State

100 North Main Street
Providence, Rhode Island 02903-1335
401-277-3040

LLC: Sept. 1 - Nov. 1
CORP: Jan. 1 - March 1

Corporate ID: 72940 Annual Report for the year: 1994

Name of Business Entity: Clarke School Housing Corp.

Business entity organized under the laws of the State of: RI

Federal Taxpayer Identification Number:

For foreign entity, address and telephone number of principal office:

Phone: ( )

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

590 Indian Avenue
Middletown, RI 02842

Phone: ( )

Business Entity is (check one):

[X] Business Corporation (See RIGL Chapter 7-1.1)
[ ] Professional Service Corporation (See RIGL Chapter 7-5.1)
[ ] Limited Liability Company (See RIGL 7-16)

Name, title and mailing address of contact person to whom communications may be directed:

Marc S. Plonskier, President
313 Congress Street
Boston, MA 02210

Brief statement of the character of business conducted in Rhode Island:

To acquire, hold, operate, manage, sell, improve lease, develop and redevelop real property of all types and to act as a general and/or limited partner

Date of Organization: 6-18-93

Date of Qualification to do business in Rhode Island (if foreign entity):

THE NAMES OF THE OFFICERS ARE:

	STREET ADDRESS	CITY/STATE	ZIP CODE
☐ CHIEF EXECUTIVE OFFICER OR ☒ PRESIDENT (Check One) Marc S. Plonskier	200 Highland Avenue	Newton, MA	02165
☐ CHIEF OPERATING OFFICER OR ☒ VICE PRESIDENT (Check One) Exec. David J. Canepari	590 Indian Avenue	Middletown, RI	02842
☐ CUSTODIAN OF RECORDS OR ☒ SECRETARY (Check One) Marc S. Plonskier	As above		
☐ CHIEF FINANCIAL OFFICER OR ☒ TREASURER (Check One) Timothy M. Donovan	26 Finnegan Way	Newburyport, MA	01950

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
Marc S. Plonskier	As above		
David J. Canepari	As above		
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED (If Applicable)	NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)
NUMBER 8,000	NUMBER 200
CLASS	CLASS
SERIES --	SERIES --
PAR VALUE OR WITHOUT PAR no par	PAR VALUE OR WITHOUT PAR no par

FILED
OCT 24 1994
By M659 [illegible]
M65913094[illegible]

Date October 20, 19 94

By:

Marc S. Plonskier
PRINT OR TYPE NAME OF OFFICER SIGNING