



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. 106343		2. Name of Corporation ADG Real Estate Inc.			
3. Street Address Principal Business Office C/O MILLER CAINE 40 WESTMINSTER STREET		City PROVIDENCE	State RI	Zip 02903-	
4. Business Phone No. 4014545000		5. State of Incorporation RHODE ISLAND		6. SIC Code 5579	
7. Brief Description of the Character of Business Conducted in Rhode Island TO MANAGE REAL ESTATE PROPERTIES, HOLD REAL AND PERSONAL PROPERTY.					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILE IN SPACES BEFORE USING ATTACHMENTS					
President Name Alfredo Goncalves		Vice President Name Alfredo Goncalves			
Street Address 70 Miller Avenue		Street Address 70 Miller Avenue			
City Providence	State RI	Zip 02905	City Providence	State RI	Zip 02905
Secretary Name Alfredo Goncalves		Treasurer Name Alfredo Goncalves			
Street Address 70 Miller Avenue		Street Address 70 Miller Avenue			
City Providence	State RI	Zip 02905	City Providence	State RI	Zip 02905
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILE IN SPACES BEFORE USING ATTACHMENTS					
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
10. SHARES 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
8,000 NO PAR VALUE			100	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 0 6 3 4 3

106343 DBC 01/14/05 02:01:33 PM

File Date 2/8/05

Check No. 2436

By: AD

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.

Alfredo Goncalves 2/9/05
Signature of Officer Date

Alfredo Goncalves

Print or Type Name of Officer

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

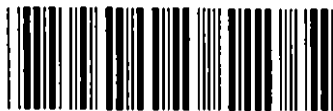
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 106343		2. Name of Corporation ADG Real Estate Inc.			
3. Street Address Principal Business Office 40 Westminster Street, Suite 305			City Providence	State RI	Zip 02903
4. Business Phone No 401-454-5000		5. State of Incorporation RHODE ISLAND			6. SIC Code 5579
7. Brief Description of the Character of Business Conducted in Rhode Island TO MANAGE REAL ESTATE PROPERTIES, HOLD REAL AND PERSONAL PROPERTY.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Alfredo Goncalves			Vice President Name Alfredo Goncalves		
Street Address 70 Miller Avenue			Street Address 70 Miller Avenue		
City Providence	State RI	Zip 02905	City Providence	State RI	Zip 02905
Secretary Name Alfredo Goncalves			Treasurer Name Alfredo Goncalves		
Street Address 70 Miller Avenue			Street Address 70 Miller Avenue		
City Providence	State RI	Zip 02905	City Providence	State RI	Zip 02905
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000 NO PAR VALUE			100	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 0 6 3 4 3 *

File Date 3/16/04
Check No. 2181
By: KMC

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.

Alfredo Goncalves
Signature of Officer Date

Alfredo Goncalves, President
Print or Type Name of Officer

Title of Officer



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



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.

106343

2. Name of Corporation

ADG Real Estate Inc.

3. Street Address Principal Business Office

676 Miller & Caine, L.L.P.
40 Westminster Street, Suite 305

City

Providence

State

RI

Zip

02903

4. Business Phone No.

401-454-5000

5. State of Incorporation

RHODE ISLAND

6. SIC Code

5579

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

Management company

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

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Alfredo Goncalves

Vice President Name

Alfredo Goncalves

Street Address

70 Miller Avenue

Street Address

70 Miller Avenue

City

Providence

State

RI

Zip

02905-1415

City

Providence

State

RI

Zip

02905-1415

Secretary Name

Alfredo Goncalves

Treasurer Name

Alfredo Goncalves

Street Address

70 Miller Avenue

Street Address

70 Miller Avenue

City

Providence

State

RI

Zip

02905-1415

City

Providence

State

RI

Zip

02905-1415

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

FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

Director Name

Street Address

Street Address

City

State

Zip

City

State

Zip

Director Name

Director Name

Street Address

Street Address

City

State

Zip

City

State

Zip

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

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

AUTHORIZED SHARES

ISSUED SHARES

Number of Shares

Class/Series

Par Value

8,000 NO PAR VALUE

Number of Shares

Class/Series

Par Value

100

comon

no par value

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



* 1 0 6 3 4 3 *

File Date: 3-3-03

1933

Check No.:

By: kmc

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: Alfredo Goncalves Date: 03/03/2003

Alfredo Goncalves, President

Print or Type Name of Officer

Title of Officer

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



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.

106343

2. Name of Corporation

ADG Real Estate Inc.

3. Street Address Principal Business Office

c/o Miller & Caine, L.L.P.
40 Westminster Street, Suite 305

4. Business Phone No.

401-454-5000

5. State of Incorporation

RHODE ISLAND

City

Providence

State

RI

Zip

02903

6. SIC Code

5579

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

Management company

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

President Name

Alfredo Goncalves

Vice President Name

Alfredo Goncalves

Street Address

168 Sumter Street

Street Address

168 Sumter Street

City

Providence

State

RI

Zip

02906

City

Providence

State

RI

Zip

02906

Secretary Name

Alfredo Goncalves

Treasurer Name

Alfredo Goncalves

Street Address

168 Sumter Street

Street Address

168 Sumter Street

City

Providence

State

RI

Zip

02906

City

Providence

State

RI

Zip

02906

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

Director Name

Director Name

Street Address

Street Address

City

State

Zip

City

State

Zip

Director Name

Director Name

Street Address

Street Address

City

State

Zip

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

8,000 NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

100

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 0 6 3 4 3 *

FILED

File Date: JAN 17 2002

Check No.: By 601701

By: ce

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.

Alfredo Goncalves
Signature of Officer Date

Alfredo Goncalves
Print or Type Name of Officer

President

Title of Officer

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 106343		2. Name of Corporation ADG Real Estate Inc.			
3. Street Address Principal Business Office c/o Miller & Caine, L.L.P. 40 Westminster Street, Suite 305		City Providence		State RI	Zip 02903
4. Business Phone No 401-454-5000		5. State of Incorporation Rhode Island		6. SIC Code 5579	
7. Brief Description of the Character of Business Conducted in Rhode Island Management company					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Alfredo Goncalves			Vice President Name Alfredo Goncalves		
Street Address 168 Sumter Street			Street Address 168 Sumter Street		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
Secretary Name Alfredo Goncalves			Treasurer Name Alfredo Goncalves		
Street Address 168 Sumter Street			Street Address 168 Sumter Street		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 checked="" type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000	common	no par value	100	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: FILED
Check No.: MAR 19 2001
By: 2961012
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.

Alfredo Goncalves
Signature of Officer Date 3-10-01
Alfredo Goncalves
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 **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

106343

ADG Real Estate Inc.

3. Street Address Principal Business Office

c/o Miller & Caine, L.L.P.
40 Westminster Street, Suite 305

City

Providence

State

RI

Zip

02903

4. Business Phone No.

401-454-5000

5. State of Incorporation

RHODE ISLAND

6. SIC Code

5579

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

Management company

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

President Name

Alfredo Goncalves

Vice President Name

Maria J. R. Goncalves

Street Address

168 Sumter Street

Street Address

11 Young Orchard Avenue

City

Providence

State

RI

Zip

02907

City

Providence

State

RI

Zip

02906

Secretary Name

Alfredo Goncalves

Treasurer Name

Alfredo Goncalves

Street Address

168 Sumter Street

Street Address

168 Sumter Street

City

Providence

State

RI

Zip

02907

City

Providence

State

RI

Zip

02903

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

Director Name

Director Name

Street Address

Street Address

City

State

Zip

City

State

Zip

Director Name

Director Name

Street Address

Street Address

City

State

Zip

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

8,000 NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

100

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 0 6 3 4 3 *

FILED

File Date: MAR 16 2000

Check No.: By Cc1047

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.

Maria J. R. Goncalves 3/14/00
Signature of Officer Date

Maria J. R. Goncalves

Print or Type Name of Officer

Vice President

Title of Officer