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) 2. Name of Corporation 1. Corporate ID No. 106343 ADG Real Estate Inc. 3. Street Address Principal Business Office State C/O MILLER CAINE 40 WESTMINISTER STREET **PROVIDENCE** RI 02903-4. Business Phone No. 3. State of Incorporation 6. SIC Code 5579 4014545000 **RHODE ISLAND** 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) | FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Alfredo Goncalves · Alfredo Goncalves Street Address Street Address 70 Miller Avenue 70 Miller Avenue City State Ciry State Zip Zip Providence RI Providence RI 02905 02905 Secretary Name Treasurer Name Alfredo Goncalves Alfredo Goncalves Street Address Street Address 70 Miller Avenue .70 Miller Avenue City State City State Zip Zip Providence 02905 RI Providence 09205 RT 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Street Address · Street Address City Zip State ·Cirv State Zip Director Name Director Name Street Address Street Address State City City State Zip Zip 10. SHARES AUTHORIZED (X BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) **AUTHORIZED SHARES** ISSUED SHARES Number of Shares Number of Shares Class/Series Par Value Class/Series Par Value 8,000 NO PAR VALUE no par value 100 common

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

| *106343 DBC 01/14/05 02:01:33 PM* |
|-----------------------------------|
| File Date 2 8 05                  |
| Check No. 2436                    |
| Ву: Д                             |
| FOR SECRETARY OF STATE USE ONLY   |

| Inder penalty of perjury, I declare and affirm that I have examined |
|---|
| his report, including any accompanying schedules and statements,    |
| ind that all statements copyained herein are true and correct.      |
| Sheele Macaline 3-19/05 Signandre of Officer Date                   |
| Signandre of Officer Date   |
| Alfredo Goncalves   |
| Print or Type Name of Officer                                       |
| Drooidont   |

Form 630 12/01

President

Title of Officer



# 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

Matthew A. Brown, Secretary of State

| PROFIT CORPO  | Harch 1 • F                          |   | RT FOR THE YEA                      | R2004                           | 4   |  |  |
|---|--------------------------------------|---|-------------------------------------|---------------------------------|---|--|--|
| 1. Corporate ID No.                                     | 2. Name of Corpon                    | Itlon                                     | <u> </u>                            |                                 |   |  |  |
| 106343  | ADG Real E                           | state Inc.                                |                                     |                                 |   |  |  |
| 3. Street Address Principal Business                    |                                      | •   | City                                | State                           | Zip   |  |  |
| 40 Westminster  | Street, Sui                          | te <u>3</u> 05                            | Providence                          | RI                              | 02903   |  |  |
| 4. Business Phone No                                    |                                      | 5. State of Incorporation                 | D11                                 |                                 | 6. SIC Code   |  |  |
| 401-454-5000  |                                      | RHODE ISLAN                               | ND                                  |                                 | 5579  |  |  |
| 7. Brief Description of the Character TO MANAGE REAL ES | of Business Conducted TATE PROPERTIE | i in Rhode Island<br>S, HOLD REAL AND PER | RSONAL PROPERTY.                    |                                 |   |  |  |
| 8. NAMES AND ADDRESSE                                   | S OF THE OFFICE                      | ERS: ("X" BOX FOR AT                      | <i>TACHMENT)</i>     FILL IN S      | SPACES BEFORE USING             | ATTACHMENTS   |  |  |
| President Name  |                                      |   | Vice President Name                 |                                 |   |  |  |
| Alfredo Goncal  | ves                                  |   | Alfredo Gonca                       | lves                            |   |  |  |
| Street Address  | -                                    |   | Sircei Address                      |                                 |   |  |  |
| 70 Miller Aven  | ue                                   |   | 70 Miller Ave                       | enue                            |   |  |  |
| Cray Providence   | State RI                             | <sup>Ζφ</sup> 02905                       | Cary Providence                     | State RI                        | <sup>Zip</sup> 02905  |  |  |
| Secretary Name Alfredo Goncalves                        |                                      |   | Treasurer Name Alfredo Goncalves    |                                 |   |  |  |
| Street Address<br>70 Miller Aven                        | ue                                   |   | Sircei Addres<br>70 Miller Ave      | Sircer Address 70 Miller Avenue |   |  |  |
| Providence  | State<br>RI                          | <sup>Ζφ</sup> 02905                       | Cuy Provdience                      | State RI                        | <i>7φ</i> 02905   |  |  |
| 9. NAMES AND ADDRESSE Director Name                     | S OF THE DIREC                       | TORS: ("X" BOX FOR                        | ATTACHMENT)   FILL IN Director Name | SPACES BEFORE USIN              | NG ATTACHMENTS  |  |  |
| Street Address  |                                      |   | Street Address                      |                                 |   |  |  |
| City  | State                                | Zip                                       | City                                | State                           | Zip   |  |  |
| Director Name   | •••                                  | ······································    | Director Name                       |                                 | •••••••••   |  |  |
| Street Address  |                                      |   | Street Address                      | ···                             |   |  |  |
| Cuy   | State                                | Zip                                       | City                                | State                           | Zıp   |  |  |
| 10. SHARES AUTHORIZED AUTHORIZED SHARES                 | (*X" BOX FOR                         | ATTACHMENT)                               | :<br>11. SHARES ISSUED (            | "X" BOX FOR ATTACH              | MENT)   |  |  |
| Number of Shares  | Class/Series                         | Par Value                                 | Number of Shares                    | Class/Senes                     | Par Value   |  |  |
| 8,000 NO PAR VALUE                                      |                                      |   | 100                                 | common                          | no par value  |  |  |
|   |                                      |   |                                     |                                 |   |  |  |
| This report must be                                     | signed in ink by                     | either the President, Vic                 | ce President, Secretary, Assista    | nt Secretary, Treasurer,        | Receiver or Trustee   |  |  |
|   | 10634                                |   | including any accom                 | panying schedules and stat      | nat I have examined this replements, and that all statements. |  |  |
| File Date   | [04]                                 | _   | contained herein are                | true and correct.               | Witzen  |  |  |
| Check No. 218   |                                      | _   | Signature of Officer Alfredo Gon    | calves, Presider                | Date  |  |  |
| 8y:   | mc                                   |   | Print or Type Name o                | f Officer                       |   |  |  |
| FOR SECRETARY OF S                                      | TATE USE ONLY                        | 1   |                                     |                                 |   |  |  |

Title of Officer

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

### 2003

| PROFIT CORPO Filing Period: January 1-  |                        |                          |                          | RT FOR THE   | YEAR _             | 2003       | PLEASE READ<br>INSTRUCTIONS |
|---|------------------------|--------------------------|--------------------------|--|--------------------|------------|-----------------------------|
| (FORM MUST BE TYTED OR PRINTED  1. Corporate ID No.  106343   | 2. Name of Cor         | oration<br>I Estate Inc. |                          |  |                    |            |                             |
| 3. Siger Address Frincipal Business Office to the High Control of | e, L.L.P.<br>reet, Sui |                          |                          | rovidence  | State              |            | 02903<br>SIC Code           |
| 401-454-5000  7. Brief Description of the Character of Management compan  |                        |                          | DE ISLAND                |  |                    |            | 5579                        |
| 8. NAMES AND ADDRESSE President Name Alfredo Goncalves Street Address 70 Miller Avenue  | S OF THE O             | FFICERS (*x* 80)         | V                        | vt) FILL IN SPACES BEI<br>lice President Name<br>Alfredo Goncalve<br>treet Address<br>70 Miller Avenue | 8                  | ATTACHMENT | 3                           |
| Providence Secretary Name Alfredo Goncalves   | State R.               | zip<br>029               | 05–1415<br>ກ             | Providence  teasurer Name  Alfredo Goncalv   | State<br>RI<br>res | zip<br>(   | ,<br>)2905–1415             |
| 5treet Address 70 Miller Avenue City  | State                  | Zip                      |                          | treet Address<br>70 Miller Avenu<br>Gity   | le<br>State        | Zij        |                             |
| Provdience 9. NAMES AND ADDRESSE Director Name  | RI                     | 02905                    | –1415<br>BOX FOR ATTACHM | Providence   | RI                 | (          | 02905-1415                  |
| Street Address  |                        |                          | Si                       | treet Address  |                    |            |                             |
| City  | State                  | Zip                      | С                        | City   | State              | Zij        | ,                           |
| Director Name   |                        |                          | מ                        | Director Name  |                    |            |                             |
| Street Address  |                        |                          | 5.                       | treet Address  |                    |            |                             |
| City  | State                  | Zip                      | c                        | City   | State              | Zij        | ρ                           |
| 10. SHARES AUTHORIZED AUTHORIZED SHARES   | (*X* BOX FOR           | ATTACHMENT)              |                          | 11. SHARES ISSUED (**x*  | BOX FOR ATTAC      | CHMENT)    |                             |
| Number of Shares  | Class/Series           | Par Value                | N                        | lumber of Shares   | Class/Series       | Pa         | r Value                     |

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

100



File Date: Check No .: . FOR SECRETARY OF STATE USE ONLY

8,000 NO PAR VALUE

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.

comon

Alfredo Goncalves, President

Print or Type Name of Officer

Title of Officer **€** 5

Form 630 12/02

no par value

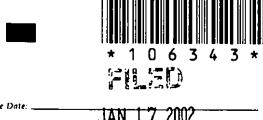
Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002



| rum               | g rerioa; January   | 1-March 1 •         | Filing Fee: \$50.00                     |                                     |                        | INSTRUCTION                 |
|-------------------|---|---------------------|---|-------------------------------------|------------------------|-----------------------------|
| (FORM             | MUST RE TYPED IN BLAC   | CK)                 |   |                                     |                        |                             |
| 1. Corpo          | rate ID No.   | 2. Name of Corporal | ion .                                   |                                     |                        |                             |
| 1                 | 06343   | ADG Real Es         | tate Inc.                               |                                     |                        |                             |
|                   | Address Principal Business 6<br>c/o Miller &<br>40 Westminste | Caine, L.L.P        | ite 305                                 | City<br>Providence                  | State<br>RI            | Zip<br>02903<br>6. SIC Code |
|                   | 401-454-5000  |                     | RHODE ISLAND                            |                                     |                        | 5579                        |
| 7. Brief          | Description of the Character Management co                    | · ·                 |   |                                     |                        |                             |
| 8. NA<br>Presiden |   |                     | CERS ("x" box for attach                | Vice President Nume                 | BEFORE USING ATTACH    | MENTS                       |
| Street Address    |   |                     | Alfredo Goncalves                       |                                     |                        |                             |
| Jitti Ai          | 168 Sumter St   | reet                |   | Street Address 168 Sumter S         | treet                  |                             |
| City              |   | State               | Zip                                     | City                                | State                  | Zip                         |
|                   | Providence  | RI                  | 02906                                   | Providence                          | RI                     | 02906                       |
| Secretary         |   | •                   | , | Treasurer Name                      |                        | ·                           |
|                   | Alfredo Gonca   | lves                |   | Alfredo Gonc                        | alves                  |                             |
| Street A          |   |                     |   | Street Address                      |                        |                             |
|                   | 168 Sumter St   | reet                |   | 168 Sumter S                        | treet                  |                             |
| City              |   | State               | Zip                                     | City                                | State                  | Zip                         |
|                   | Providence  | RI                  | 02906                                   | Providence                          | RI                     | 02906                       |
| 9. NA<br>Director |   | SES OF THE DIRE     | CTORS ("X" BOX FOR ATTA                 | CHMENT) FILL IN SPACE Director Name | S BEFORE USING ATTAC   | CHMENTS                     |
| Street A          | ldress  |                     |   | Street Address                      |                        |                             |
| City              |   | State               | Zip                                     | City                                | State                  | Zip                         |
| Director          | Name  |                     | · · · · · · · · · · · · · · · ·         | Director Name                       |                        |                             |
| Street A          | ldress  |                     |   | Street Address                      |                        |                             |
| City              |   | State               | Zip                                     | City                                | State                  | Zip                         |
|                   | IARES AUTHORIZEI  | O (*X* BOX FOR ATTA | CHMENT)                                 | 11. SHARES ISSUED (*                | X" BOX FOR ATTACHMENT) |                             |
| Number            | of Shares   | Class/Series        | Par Value                               | Number of Shares                    | Class/Series           | Par Value                   |
| 8,00              | 0 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



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 beat Gorocota

Alfredo Goncalves
Print or Type Name of Officer

President

Title of Officer

Form 630 12/01



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

| (FORM MUST BE TYPED IN B                                      | (LACK)                              |                                     |                                  |                         |                           |  |
|---|-------------------------------------|-------------------------------------|----------------------------------|-------------------------|---------------------------|--|
| 1 Corporate ID No.  | 2 Name of Corporation               |                                     |                                  |                         |                           |  |
| 106343  | ADG Real                            | Estate Inc.                         |                                  |                         |                           |  |
| 3 Street Address Principal Busin<br>C/o Miller<br>40 Westmins | & Caine, L.L.P.<br>Ster Street, Sui | te 305                              | Providence                       | State<br>RI             | <sup>Zip</sup> 02903      |  |
| 4. Business Phone No<br>401-454-500                           | nn                                  | 15. State of Incorporation Rhode Is | 1                                |                         | 6. SIC Code               |  |
| 7. Brief Description of the Chara                             |                                     |                                     | 19110                            |                         | 5579                      |  |
| : Management  |                                     | noae isiana                         |                                  |                         |                           |  |
| 8. NAMES AND ADDR   | ESSES OF THE OFFICE                 | ERS ("X" BOX FOR ATTACH!            | MENT) OFILL IN SPACES B          | EFORE USING ATTACI      | IMENTS                    |  |
| President Name  |                                     |                                     | Vice President Name              |                         |                           |  |
| Alfredo Goncaly   | /es                                 |                                     | Alfredo Goncalves                |                         |                           |  |
| Street Address  |                                     |                                     | Street Address                   |                         |                           |  |
| 168 Sumter Stre   |                                     |                                     | 168 Sumter St                    |                         |                           |  |
| City  | State                               | Zip                                 | Providence                       | State<br>RI             | <sup>Zip</sup> 02906      |  |
| Providence Secretary Name                                     | RI                                  | 02906                               | 1                                | KI                      | 02900                     |  |
| *   |                                     | ,                                   | Treasurer Name Alfredo Goncalves |                         |                           |  |
| Alfredo Goncaly   | <u>res</u>                          | <del></del>                         | Street Address                   |                         |                           |  |
| 168 Sumter Stre   | et                                  |                                     | 168 Sumter St                    | reet                    |                           |  |
| City  | State                               | Zip                                 | City                             | State                   | Zip                       |  |
| Providence  | RI                                  | 02906                               | Providence                       | RI                      | 02906                     |  |
| 9. NAMES AND ADDR   | ESSES OF THE DIREC                  | TORS ("X" BOX FOR ATTAC             | CHMENT) DFILL IN SPACE           | S BEFORE USING ATTA     | CHMENTS                   |  |
| Director Name   |                                     |                                     | Director Name                    |                         |                           |  |
| Street Address  |                                     |                                     | Street Address                   |                         | <del></del>               |  |
| Sireet Audress  |                                     |                                     | Street Munitss                   |                         |                           |  |
| City  | State                               | Zip                                 | City                             | State                   | Zip                       |  |
| ,   | <br>                                |                                     |                                  |                         | '                         |  |
| Director Name   |                                     |                                     | Director Name                    |                         |                           |  |
|   |                                     |                                     |                                  |                         |                           |  |
| Street Address  |                                     |                                     | Street Address                   |                         | . <u> </u>                |  |
| I   |                                     |                                     |                                  |                         |                           |  |
| t,ity   | State                               | Zip                                 | City                             | State                   | Zip                       |  |
| -   | i                                   |                                     |                                  |                         |                           |  |
| 10. SHARES AUTHORI  | ZED ("X" BOX FOR ATTAC              | HMENT)                              | 11. SHARES ISSUED (*             | X* BOX FOR ATTACHMENT.  |                           |  |
| VUTHORIZED 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              |  |
| ļ- <u>·</u>   |                                     |                                     |                                  |                         | . IIO par varae           |  |
| 1   |                                     |                                     |                                  | į                       |                           |  |
|   |                                     | <del> I </del>                      | <del></del>                      |                         | <del></del>               |  |
| This report must be si  | i <b>gned in ink</b> by eithe       | r the President, Vice P             | resident, Secretary, Assi        | stant Secretary, Treasu | irer, Receiver or Trustee |  |

| File Date: | FILED        |
|------------|--------------|
| Check No.: | MAR 1 9 2001 |
| By:        | 2001012      |

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 Print or Type Name of Officer

President

Title of Officer

Form 630 12/00

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

State

State

State

RI

RΙ

RI

Providence

Providence

Alfredo Goncalves

168 Sumter Street

Maria J. R. Goncalves

11 Young Orchard Avenue

Vice President Name

Street Address

Treasurer Name

Street Address

City

#### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000 Filing Period: January 1-March 1 • Filing Fee: \$50.00

5. State of incorporation

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

02907

02903

02906

02903

6. SIC Code

5579

(FORM MUST BE TYPED IN BLACK)

RHODE ISLAND

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

Management

State

State

RI

3. Street Address Principal Business Office C/O Miller & Caine, L.L.P. 40 Westminster Street, Suite 305

2. Name of Corporation

ADG Real Estate Inc.

Zip

1. Corporate ID No.

4. Business Phone No.

President Name

Street Address

Secretary Name

Street Address

City

Providence

401-454-5000

Management company

Alfredo Goncalves

168 Sumter Street

Alfredo Goncalves

168 Sumter Street

FOR SECRETARY OF STATE USE ONLY

| Providence                        | KI                                    | 02907  | Providence                            | RI  |                  |
|-----------------------------------|---------------------------------------|--|---------------------------------------|---|------------------|
| 9. NAMES AND ADD Director Name    | RESSES OF THE DIR                     | ECTORS (*x* BOX FOR                          | ATTACHMENT) FILL IN SPA Director Name | CES BEFORE USING ATT                                      | ACHMENTS         |
| Street Address                    |                                       |  | Street Address                        |   |                  |
| City                              | State                                 | Zip  | City                                  | State   | Zip              |
| Director Name                     |                                       |  | Director Name                         |   |                  |
| Street Address                    |                                       |  | Street Address                        |   |                  |
| City                              | State                                 | Zip  | City                                  | State   | 7<br>Zip         |
| 10. SHARES AUTHOR                 | RIZED (*X* BOX FOR ATT                | 'ACHMENT')                                   | 11. SHARES ISSUED                     | ("X" BOX FOR ATTACHMEN                                    | r)               |
| Number of Shares                  | Class/Series                          | Par Value                                    | Number of Shares                      | Class/Series  | Par Va           |
| 8,000 NO PAR  This report must be | ··· · · · · · · · · · · · · · · · · · | her the President. V                         | 100                                   | common  | no<br>urer. Rece |
|                                   | 1 0 6 3 4                             | <b>                                     </b> | Under penalty of                      | perjury, I declare and affir<br>ding any accompanying scl | m that I hav     |
| File Date:                        | FILED MAR 1 6 2000                    | <br>   | that all statemen                     | ts contained herein are true                              | lus 3            |
| Check No.:                        | <u> </u>                              | <b>,</b>                                     | Signalule of Officer                  | P) Canadana   | Date             |
|                                   | BV_UCIUY7                             |  | mania J.                              | R. Goncalves  |                  |

|                      |                               | - > >                      |
|----------------------|-------------------------------|----------------------------|
| mber of Shares       | Class/Series                  | Par Value                  |
| 100                  | common                        | no par valu                |
| dent, Secretary, As  | sistant Secretary, Treas      | urer, Receiver or Truste   |
| Under penalty of p   | perjury, I declare and affire | n that I have examined     |
| this report, includ  | ing any accompanying sch      | edules and statements, and |
| that all statements  | contained herein are true     | and correct.               |
| Mary                 | (11(1)Ma                      | 105 3/7/00                 |
| Signalule of Officer | () (() Ma                     | Date 3/17/00               |
| * /· //              | Goncalves                     | Date 3/17/00               |
| * /· //              |                               | Date 3/17/00               |
| Maria J. F           | Officer                       | Date 3/17/00               |
| Maria J. F           | Officer                       | Date 3/17/00               |