

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

Malthew A. Brown, Secretary of State

FOR SECRETARY OF STATE USE ONLY

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

Constant the second control of the second	ROFIT	CORPORATION	ANNUAL	REPORT F	OR THE	YEAR	2
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005 Filing Period: January 1 - March 1 • Filing Fee: \$50.00 (FORM MUST HE TYPED OR PRINTED IN BIACK) 1. Corporate ID No. 2. Name of Corporation 75647 Pleasant Sea View, Inc. 3. Street Address Principal Business Office Giry Warwick ^{24p} 02886 RI 2 Bay Avenue 4. Business Phone No. 5. State of Incorporation 6. SIC Code 401-732-6300 RHODE ISLAND 5553 7. Bruef Description of the Character of Business Conducted in Rhode Island
TO PURCHASE, HOLD TITLE TO, MORTGAGE, AND SELL REAL PROPERTY TO BUY AND SELL BOATS, YACHTS, MARINE EQUIPMENT, BOAT TRAILERS.

8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name Ronald A. Bethel Brian A. Bethel & Robert R. Bethel Street Address Sirver Address
17 Uxbridge & 54 Pleasant Street 17 Uxbridge Road State ZΦ MA Mendon Mendon Treasurer Name Secretary Name Brian A. Bethel Ronald A. Bethel Street Address Street Address 17_Uxbridge Road 17 Uxbridge Road State Mendon MA Mendon MA 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Street Address Street Address City State Zip Director Name Director Name Street Address Street Address Zip CIN State Z.(p 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 300 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 porjury, I declare and affirm that I have examined this report, including any accompanying schedules and schements, and that all statements Ronald A. Bethel Print or Type Name of Officer 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 CORPORATION ANNUAL REPORT FOR THE YEAR _	2004
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Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRIN	TED IN BLACK)						
1. Corporate ID No.	2. Name of Corporation				<u></u>		
75647	Pleasant Sea View	v, Inc.	·				
3. Street Address Principal Business, C			City		State	Zip	
2 Bay Avenue			Warwick		RI	02886	
4. Business Phone No.		5. State of Incorporation				6. SIC Code	
732-6300		RHODE ISLAND				5553	
7. Brief Description of the Chamcier of TO PURCHASE, HOLD TI EQUIPMENT, BOAT TRAI 8. NAMES AND ADDRESSES	TLE TO, MORTGAGE,	oode Island AND SELL REAL PROP	HMENT) FIL			INE NG ATTACHMENTS	
President Name			Vice President Name				
Ronald A. Bethel	····	=	Brian A. Be	thel &	Robert R. B	ethel	
Street Address			Street Address			_	
17 Uxbridge Road	Ta .	i _s .	17 Uxbridge	Road &			
City	State	ZΨ	City		State	Zip	
Mendon	MA	L	Mendon		MA		
Secretary Name			Treasurer Name				
Ronald A. Bethel			Brian A. Be	thel			
Street Address			Street Address				
17 Uxbridge Road	·	•	17 Uxbridge	Road			
Clty	State	Zip	City		State	Zip	
Mendon	MA	1	Mendon	.	MA		
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR A Director Name		S: ("X" BOX FOR ATT	TTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS 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			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) [ISSUED SHARES				
Number of Shares	Class/Series	Par Value	Number of Shares		Class/Series	Par Value	
1,000 NO PAR VALUE			300		common	no par	
This report must be	This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee						
					<i>A</i>		

	* 7-5-6 4 7 *
File Date _	1113104
Check No	3475
By:FC	OR SECRETARY OF STATE USE ONLY

4
Under penalty of perjury I declare and affirm that I have examined this report.
including any accompanying sofiedules and statements, and that all statements
contained herein the true and correct.
1/1/1/12 1/2/04
Signiture of Office Date
Ronald A. Bethel
Print or Type Name of Officer
President
Title of Officer



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

ROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

STOP PILASI READ INSTRUCTIONS

FORM MUST BE TYTED OR PI 1. Corporate ID No. 75647					
•	2. Name of Corporati	on			
	Pleasant Sea				
3. Street Address Principal Busi		,	City	State	Zip
2 Bay Avenue			Warwick	RI	02886
4. Business Phone No.		5. State of Incorpora			6. SIC Code
732-6300		RHODE ISL	AND		5553
7. Brief Description of the Char Real estate tr		Rhode Island			
8. NAMES AND ADDI President Name	RESSES OF THE OFFI	CERS ("X" BOX FOR A	TTACHMENT) FILL IN SPACE Vice President Name	ES BEFORE USING ATTAC	CHMENTS
Ronald A. Beth Street Address	el		Brian A. Beth Street Address	el & Robert R. Be	ethel
17 Uxbridge Ro	ad State	Zip	17 Uxbridge R	oad & 54 Pleasant	t Street
Mendon	MA	•	Mendon	MA	
Secretary Name			Treasurer Name		
Ronald A. Beth Street Address	el		Brian A. Beth Street Address	el	
17 Uxbridge Ro	ad		17 Uxbridge R	oad	
City	State	Zip	City	State	Zip
Mendon	MA		Mendon	MA	
9. NAMES AND ADDI Director Name	RESSES OF THE DIRE	CTORS ("X" BOX FO	R ATTACHMENT) FILL IN SPA Director Name	ACES 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	Zip
10. SHARES AUTHOR AUTHORIZED SHARES	IZED ("X" BOX FOR ATT	CHMENT)	11. SHARES ISSUEI	D (*x* box for attachmen	(T)
Number of Shares	Class/Series	Car Value	Number of Shares	Class/Series	Par Value
1,000 NO PAR VALUE	E		300	common	no par

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

	* 7 5 6 4 7 *
File Date:	1.29.03
Check No.:	2833
By:	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 systements contained herein are true and correct.

sinfante of Officer

Ronald (A. Bethel

₹

President
Title of Officer

Ferm 630 12/02



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	I-March 1 •	Filing Fee: \$50.0	0		[172]
(FORM MUST BE TYPED IN BLA	CK)				
1. Corporate 1D No.	2. Name of Carpo	ration	•		~
75647	Pleasant S	Sea View, Inc.			
3. Street Address Principal Business		,	City	State	Zip
2 Bay Avenue		S. State of Incorpora	Warwick	RI	02886
732-6300		RHODE ISL			6. SIC Code 5553
7. Brief Description of the Character	of Business Conducted		AIIU		3333
real estate trans					
8. NAMES AND ADDRESS President Name		FICERS ("X" BOX FOR A		ES BEFORE USING ATTA	CHMENTS
Ronald A. Bethel			Vice President Name	al and Datama D	n - 4 k - 1
Street Address			Street Address	el and Robert R.	Betnel
17 Uxbridge Rd.				. and 54 Pleasan	t Stroot
City	State	Zip	Cliy	State	Zip
Mendon	MA	•	Mendon	MA	e.ip
Secretary Name		•	Treasurer Name	ria	
Ronald A. Bethel Street Address			Brian A. Bet	thel	
17 Uxbridge Rd.			17 Uxbridge	Rđ.	
City	State	Zip	Cliy	State	Zip
Mendon	MA	•	Mendon	MA	•
9. NAMES AND ADDRESS Director Name	SES OF THE DIF	RECTORS (*X* BOX FOR	ATTACHMENT) FILL IN SPA Director Name	CES BEFORE USING ATT	TACHMENTS
NONE					
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 AT	TACHMENT)	11. SHARES ISSUED	("X" BOX FOR ATTACHMEN	T)
AUTHORIZED SHARES			ESSUFE) SHARES	- 	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Serles	Par Value
1,000 NO PAR VALUE		•	' 300	common	no par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee 1 (8 8)((18 8) (8)((8 8)((8) 8) (9 8) (9 8)

, 	* 7.5	5_4_7 *	· ·	-
File Date: 2	1 75 CF 1			
Check No.: 2	186	·	_	

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, a	ne
that all'statements contained horein are true and correct.	

Ronald A. Bethel Print or Type Name of Officer

President

Title of Officer **€** 3⊳ 3

Farm 630 12/01

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

101

(FORM MUST BE TYPED IN BLACK)

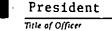
1. C	orporate	175647	,
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2 Name of Corporation Pleasant Sea View, Inc.

3. Street Address Principal Business (Office		City	State	Zip
2 Bay Avenue 4. Business Phone No. 732-6300		5. State of incorpore RHODE ISI	Warwick AND	RI	02886 6. 5555
7. Brief Description of the Character	of Business Conducted I	n Rhode Island			
real estate trans					·
8. NAMES AND ADDRESS President Name Ronald A. Bethel	SES OF THE OFFI	CERS (*x* BOX FOR A	Vice President Name	s BEFORE USING ATTAG	
Street Address			Street Address		
17 Uxbridge Rd.	State	Zip	17 Uxbridge Rd	. and 54 Pleasan	t Street
Mendon Secretary Name	MA		Mendon Treasurer Name	MA	
Ronald A. Bethel Street Address			Brian A. Be Street Address	ethel	
17 Uxbridge Rd.			17 Uxbridge	e Rd.	
City	State	Zip	City	State	Zip
Mendon	MA		Mendon	MA	
9. NAMES AND ADDRESS	SES OF THE DIRE	ECTORS ("x" BOX FOI		CES BEFORE USING ATT	ACHMENTS
Director Name			Director Name		
NO?	NE		Canada Addana		
Pitteet Waatess			Street Address		
City	State	ZIp	City	State	Zip
Director Name			Director Name	•	
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZES AUTHORIZES SHARES	D (*X* BOX FOR ATT	ACHMENT)	11. SHARES ISSUED	(*X" BOX FOR ATTACHMEN	(T)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 SHS NO PAR	VALUE		300	common	no par

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

	* 7 5 6 4 7 *
File Date:	131/61
Check No.:	1454
Ву:	LO
FOR SECRETARY	DE STATE USE ONLY



1. Corporate ID No.

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

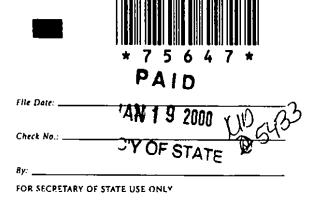
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000 Filing Period: January 1-March 1 • Filing Fee: \$50.00

riing retion: junuary 1-march 1	•	riling Fee: \$50.00	
(FORM MUST BE TYPED IN BLACK)			

2. Name of Corporation

Pleasant Sea	View, Inc.			
fice		City	State	Zip
	S. State of Incorporation	Warwick	RI	02886 6. SIC Code
Business Conducted in Rho	-			5553
ictions S OF THE OFFICER	S ("X" BOX FOR ATTACHA	AENT) FILL IN SPACES B Vice President Name	EFORE USING ATTACHM	ENTS
		Brian A. Bethel	and Robert R. Be	thel
State	Zip	17 Uxbridge Rd.	and 54 Pleasant	Street Zip
MA .		Mendon Treasurer Name	MA	
		Brian A. Bethel Street Address		
State	Zip	17 Uxbridge Rd.	State	Zip
MA S OF THE DIRECTO	ORS ("X" BOX FOR ATTAC	Mendon HMENT) FILL IN SPACES Director Name	MA S BEFORE USING ATTACH	IMENTS
		Street Address		
State	Zip	City	State	Zip
•		Director Name		
		Street Address		
State	Zip	City	State	Zip
("X" BOX FOR ATTACHN	(ENT)	11. SHARES ISSUED (*)	(* BOX FOR ATTACHMENT)	
	Par Value	Number of Shares	Ciass/Series	Par Value
Class/Series				
	State MA State MA State MA State State MA State State State State State State State State	S. State of Incorporation RHODE ISLAND Business Conducted in Rhode Island ACTIONS SOF THE OFFICERS (*X* BOX FOR ATTACHN State Zip MA State Zip MA State Zip State Zip MA State Zip	Warwick S. State of Incorporation RHODE ISLAND Business Conducted in Rhode Island RCTIONS SOF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES B Vice President Name Brian A. Bethel State Zip City MA Mendon Reasurer Name Brian A. Bethel Street Address 17 Uxbridge Rd. City MA Mendon Street Address 17 Uxbridge Rd. City MA Mendon City MA Mendon Street Address 17 Uxbridge Rd. City MA Mendon City Manuel City Director Name Street Address State Zip City Director Name Street Address State Zip City 11. SHARES ISSUED ("2)	Warwick RI S. State of Incorporation RHODE ISLAND Sustiness Conducted in Rhode Island Scitions SCOFTHE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENT Vice President Name Brian A. Bethel and Robert R. Be Street Address 17 Uxbridge Rd. and 54 Pleasant City MA Mendon MA Teasurer Name Brian A. Bethel Street Address 17 Uxbridge Rd. City State AM Mendon MA Stof THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENT) State Zip City State Director Name Street Address State Zip City State Director Name Street Address State Zip City State Director Name Street Address State Zip City State

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. Ronald A. Bethel

Print or Type Name of Officer

President 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 1999 Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK	<u>)</u>				
1. Corporate ID No. 75647	2. Name of Corporation Pleasant Sea	View, Inc.			
3. Street Address Principal Business Off	ice		City	State	Zip
2 Bay Avenue			Warwick	RI	02886
4. Business Phone No.		' AHODE ISLAND)	_	6. SIC Cods
401-732-6300 7. Brief Description of the Character of	Business Candusted In 1	l Bhada taland			· +
real estate transac		knoaz Ijiana			
8. NAMES AND ADDRESSES		ERS (*X* BOX FOR ATTACH	MENT) FILL IN SPACE	CES BEFORE USING ATTAC	CHMENTS
President Name			Vice President Name		-
Ronald A. Bethel Street Address		 -	Brian A. Betl	hel and Robert R.	Bethel
17 Uxbridge Rd.			17 Uxbridge Ro	d. and 54 Pleasant	Street
City	State	Zip	City	State	ZIP
Mendon	MA	** ** ** ** ** ** ** ** ** **	· Mendon	MA	······································
Ronald A. Bethel			Brian A. Bet	hel	İ
Street Address			Street Address	~ · · · · · · · · · · · · · · · · · · ·	
17 Uxbridge Rd.	State		17 Uxbridge		
Mendon .	MA	Zip	City Mendon	: State MA	Zip I
9. NAMES AND ADDRESSE	S OF THE DIREC	TORS ("X" BOX FOR ATTA	<i>:</i>	ACES BEFORE USING ATT	ACHMENTS
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
		<u> </u>	: :		
10. SHARES AUTHORIZED	("X" BOX FOR ATTAC	CHMENT)	T · · · · · · · · · · · · · · · · · · ·	D ("X" BOX FOR ATTACHMEN	7) [
AUTHORIZED SHARFS Number of Shares	Class/Series	Par Value	ISSUED SHARES		T Par Value
1,000 SHS NO PAR VA		,	Number of Shares	Class/Series	Par Value
			300	common	no par
· ·		·	1		
	- 	····			
This report must be signed	in ink by eithe	er the President, Vice P	resident, Secretary,	Assistant Secretary, Treas	urer, Receiver or Trustee
j 188111 182	EL CUIC DAN DIBA ABO	II I ST I			
		 			

	* 7 5 6 4 7 *	Under penalty of perjury, I declare and affirm that I have examined
	. 1	this report, including any accompanying schedules and statements, and
File Date:	ph/9,99	that all statements contained herein are true and correct.
Check No.:	12294 121	stefature de lefter /// Datel
Ву:	20,	Print or Type Name of Officer
FOR SECRETARY O	F STATE USE ONLY	Yres .
	•	Title of Officer

(FORM MUST BE TYPED IN BLACK)

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

T VEAD 4000

STOP PLEASE READ INSTRUCTIONS

1. Corporate ID No. 2. Name of Corporation 75847 Pleasant Sea View, Inc. 3. Street Address Principal Business Office City State Zip 2 Bay Avenue Warwick 02886 RI 4. Business Phone No. 5. State of incorporation 6. SIC Code 401-732-6300 RHODE ISLAND 5553 7. Brief Description of the Character of Business Conducted in Rhode Island real estate transactions 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) President Name Vice President Name Ronald A. Bethel Brian A. Bethel and Robert R. Bethel Street Address Street Address 17 Uxbridge Rd. 17 Uxbridge Rd. and 54 Pleasant Street City State Zip State Mendon MA Mendon MA Secretary Name Treasurer Name Ronald A. Bethel Brian A. Bethel Street Address Street Address 17 Uxbridge Rd. 17 Uxbridge Rd. City Zip Mendon MA Mendon: MA 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name Director Name NONE 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 STIARES

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

Number of Shares

300

File Date:	131.98
Check No.: _	10866
Ву:	100
FOR SECRETA	ARY OF STATE USE ONLY

Class/Series

Par Value

Number of Shares

1,000 SHS 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 gradements constitute there is a reconstitute of the state of the

common

that all statements consained hearin are true and correct.

Class/Series

Par Value

no par

Ronald A. Bethel

Print or Type Name of Officer

President and Treammer

- -

Title of Officer



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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

2. Name of Corporation

=					· · · · · · · · · · · · · · · · · · ·
75647 Street Address Principal Bus		ea View, Inc.	City	State	Zip
2 Bay Avenue	mess office		Warwick	RI	02886
. Business Phone No.		5. State of Incorporation	Walwick	KI	6. SIC Code
401-732-6300 Brief Description of the Cha	tracter of Business Conducted	RHODE ISLAND			5553
real estate t					
		ICERS ("X" BOX FOR ATTACH			
President Name			Vice President Name		D . 1 . 1
Ronald A. Be	thel		Brian A. Beth	el and Robert R.	Bethel
treet Address			Street Address		
17 Uxbridge R	d.		17 Uxbridge F	Rd. and 54 Pleasa	nt Street
lity	State	21p	City	State	Zip
Mendon Secretary Name	MA		Mendon Treasurer Name	MA .	•
Ronald A. Beth	el		Brian A. Be	ethel	
17 Uxbridge R	:d.		17 Uxbridge	Rd.	
City	State	Zip	City	State	Zip
Mendon	MA	•	Mendon	MA	
9. NAMES AND ADD	RESSES OF THE DI	RECTORS ("X" BOX FOR ATTAC	CHMENT)		
Director Name			Director Name		
NONE	NONE				
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name	·		Director Name		
Street Address			Street Address		

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

State

AUTHORIZED SHARES

13011

Number of Shares

City

Class/Series

Par Value

ESSUELD SHARFS

City

Number of Shares

Class/Series

State

Par Value

Date

Zip

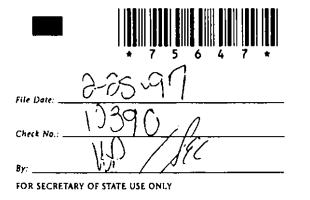
300

common

no par

1,000 SHS NO PAR VALUE

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 copyrings perein are true and correct.

Signature of Olercel

Ronald A. Bethel

Print or Type Name of Officer

President and Treasurer

Title of Officer

PROFIT CORPORATION ANNUAL REPORT

1996



State of Rhode Island and Providence Plantations

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

Filing Period: January 1-March 1

Filing Fee: \$50.00

		PLEASE TYPE OR	PRINT IN BLACK INK.		
1, CORPORATE ID NO.	2. NAME OF CORPORATION				
75647		ant Sea View, Ir	nc.		·
3. STREET ADDRESS PROYCEPAL BUSINESS	OFFICE		i anv	STATE	ZIP CODE
2 Bay Avenue	·		Warwick	R.I.	02886
BUSINESS PHUNE NU.		5 STATE OF INCORPORATION RHODE IS	SLAND		6 Src COOE
(401) 732–6300)	1		······································	5553
is oner occurring or the crossic les	OF BUSINESS COMDUCTED IN INNUE	SUAN:			
Real_estate_t		<u> </u>		ــــــــــــــــــــــــــــــــــــــ	
PRESIDENT NAME	8. HA	MES AND ADDR	ESSES OF THE O	FFICERS	
Ronald A. Betl	nel		Brian A. Bethe	el and Robert R.	. Bethel
STREET ADDRESS			STREET ADDRESS		
<u>17 Uxbridge Ro</u>	oad STATE	ZIP COOE	17 Uxbridge_Ro	oad and 54 Pleas	sant_Street
_ Mendon	Massachuse	etts		MA	
SECRETARY NAME			TREASURER NAME		
Brian A. Bethe	<u>el </u>		Ronald A. Beth	nel	
17 Ukhridge Ro			17 Uxbridge Ro		
airy	STATE	<i>T</i> ₱ 000€	an CADITORE IN	STATE	72P C000E
_Mendon			Mendon	MA	<u></u>
DIRECTOR NAME	9. NA	MES AND ADDR	DIRECTOR NAME	IRECTORS	
NONE			1		
STREET ADDRESS			STREET ADDRESS		
απν	STATE	ZIP CODE	άτι	STATE	ZIP CORE
	_		•		
OIRECTOR NAME			DIRECTOR HAVE		
STREET ADDRESS		· -	STREET ADDRESS		···
			1		
ar?	STATE	ZP CODE	αίγ	STATE	ΔP COD€
· · · · · · · · · · · · · · · · · · ·					
	1 0 . S	HARES AUTHOR	IZED AND ISSUE	· <u>-</u>	· · · · · · · ·
NUMBER OF SHARES	CLASS / SERIES	PAR VALLE	A MUMBER OF SHARES	ISSUED SHARES CLASS/SERIES	PAR VALUE
1.000 SHS	NO PAR VALUE		•		
			300	COMMON	NO_PAR_VAL
			1		
		, .	1		
			GNED IN INK by either		
Pre	esident, Vice Presid	lent, Secretary, Assis	stant Secretary, Treasure	er, Receiver or Truste	ee
			Under penalty	of perjury, I declare and	affirm that I have examined the
		1	all state hents	contained herein are true	affirm that I have examined the hedules and statements, and the and correct.
2	1. 100			1. ////	
File Date:	1, 196	:	Signature of C	the of the other	
Check No:	9461	:	RONALD A	BETHEL	
· · · · · • ·	AR - 111) [;]		Name of Officer	.1 /
By:	2-14	í			1129196
For Secretary of	f State Use Only		Title of Officer		/ / Date

Title of Officer

Date

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

Ch# 4387 mmc ANNUAL REPORT

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

Corporate ID:	Annual Report for the year:
Pleasant Sea Vie	BW. Inc.
Name of Corporation: Business entity organized under the laws of the State of: _Rhode_I_s For foreign entity, address and telephone number of principal office:	Business Entity is (check one): Business Corporation (See RIGL Chapter 7-1.1)
Phone: () Address and telephone of the principal office of business entity in Rhox Jsland (Provide street address - Not P.O. Box):	Real estate transactions
2 Bay Ave. Warwick, RI 02886	
Phone: (401) 732-6300	
THE NAM	IES OF THE OFFICERS ARE:
PRESIDENT	STREET ADDRESS CITY/STATE ZIP CODE
Ronald A. Bethel 17 Uxbridge Rd. Me	endon, MA STREET ADDRESS CITY/STATE ZIP CODE
Brian A. Bethel 17 Uxbridge Rd., Mo XXXXXXXX Vice President	STREET ADDRESS CITY/STATE ZIP CODE
Robert R. Bethel, 54 Pleasant St., Mendon TREASURER Ronald A. Bethel Secretary: Robert R.	STREET ADDRESS CITY/STATE ZIP CODE
THE NAME	ES OF THE DIRECTORS ARE: NONE STREET ADDRESS CITY/STATE ZIP CODE
	STREET ADDRESS CITY/STATE ZIP CODE
NAME	STREET ADDRESS CITY/STATE ZIP CODE
NAME	STREET ADDRESS CITY/STATE ZIP CODE
NUMBER OF SHARES AUTHORIZED (Rider may be attached) 1000	NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)
Number of Shares 1000 Class / Series Common no pa	Number of Shares 300 Class / Series common no par
Date	Por 1 / / / /
. 19	Ronald A Nechel
Form 31 1/95	PRINT OR JUYPE NAME OF OUTGER SIGNING TITLE OF OFFICER SIGNING
DESIGNATED REGISTE	ERED AGENT FOR SERVICE OF PROCESS:
PLEASE NOTE: If the registered office and/or registered agent indicates	cated below is incorrect, Form 9 must be filed.

EDWARD J. GOMES
91 FRIENDSHIP STREET
PROVIDENCE RI 02903

75003 105 MMC