

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 YEAR200 |)5 |
|--|----|
|--|----|

| Filing Period: January 1 - M. (FORM MUST BE TYPED OR PRIN | | Fee: \$50.00 | | | |
|---|--|---|---|---|----------------------------|
| 1. Gurpornie ID No. 104143 | 2. Name of Corporation Smiley Developm | nent, Inc. | | | |
| 3 Street Address Principal Business O | | v/ | EAST Greenwich | Siaic | 0281P |
| 4. Business Phone No. 401-885-133 | | 5 State of Incorporation RHODE ISLAND | - | - | 6. SIC Code 5710 |
| 7. Brief Discription of the Charger of TO ENGAGE IN THE BUS OTHERWISE DISPOSING 8. NAMES AND ADDRESSES President Name | | hode Island G, DEVELOPING, OWNI Y OR INTERESTS THER | EIN. | OPERATING, SELLING | AND |
| Anonew (Smil | ey Th. | | Alan Smuly | | |
| 2022-South Com | try Track | | Sirrei Addiress 2822 South Con | uty That | |
| EAST Greenwick | state P.F | 02818 | EASTGREEN WICH | State LT | 028/B |
| Alan Snuly | lay Tec | | | | |
| 2822 South Com | ty ThAil | | 2822 South Comby | Thad | |
| "East greenwich | State | 028/8 | East Greenwich | State | 02818 |
| 9. NAMES AND ADDRESSES Director Name | An Ducci (| Swy-TE | ACHMÉNT) FILL IN SP. Director Name A | Aces before using a | ule, |
| Street Address 2822 South | Comety To | BACI | 2822 South | Cruty Than | · (|
| Cast Garewick Director Nume | suic AT | 02818 | East neeywich | State DT | 02818 |
| houe | | · | NouE | | |
| Street Address | | : | Strou Address | | |
| City | State | Zίρ | City | State | ZIp |
| 10. SHARES AUTHORIZED (AUTHORIZED SHARES | "X" BOX FOR ATTA | CHMENT) | 11. SHARES ISSUED ("X" ISSUED SHARES | BOX FOR ATTACHME | VI) [|
| Number of Shares | | Par Value | Number of Shares | Class/Series | Par Value |
| 8,000 COMM NO PAR VALU | <u> </u> | | 300 | Common | nove |
| This report must be si | gned in ink by cithe | r the President, Vice Pre | esident, Secretary, Assistant Se | coretary, Treasurer, Reco | tiver or Trustee |
| | | | Under penalty of perjury, | I declare and affirm that I ling schedules and statemen | nave examined this report. |
| File DateFile | ED- | | contained herein are true | and coercet. | 4-25-05 |
| Check No. — APR-2 | 9 2005 /635 | | Andrew CS | m lay Ja | Date |
| FOR SECRETARY OF STA | TE USE ONLY | | Print or Type Name of Office PREST DEM 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 |
|--------------------------------------|----------------------------|------|
| Filing Period: January 1 - March 1 • | Filing Fee: \$50.00 | |

| (FORM MUST BE TYPED OR PRINT | ED IN BLACK) | | | | |
|--|---|------------------------------------|---|----------------|---|
| 1. Corporate ID No | 2. Name of Corporatio | n | | | |
| 104148 | Smiley Develop | ment, Inc. | | | |
| 3. Street Address Principal Business Of | Tice | | City | State | Zφ |
| 2822 South Count | v Trail | | East Greenwich | RI | 02818 |
| 4. Business Phone No. | | 5. State of Incorporation | ı | | 6. SIC Code |
| 401-885-1337 | | RHODE ISLAND | | | 5710 |
| 8. NAMES AND A DISPOSING President Name | NESS OF ACQUIRI OF REAL PROPER OF THE OFFICER | Rhode Island NG, DEVELOPING, OW | INING, LEASING, MORTGAGING, EREIN TACHMENT) FILL IN SPACE Vice President Name | CES BEFORE USI | LING AND |
| Andrew C. Smiley | , Jr. | | Alan T. Smiley | | |
| Since Address 2822 South Count | y Trail | | Street Address 2822 South Cou | nty Trail | |
| City | State | Z.ip | City | State | Zip |
| East Greenwich | RI | 02818 | East Greenwich | l RI | โ กิวหาห |
| Secretary Name | | | Treasurer Name | | |
| Andrew C. Smiley | , Jr. | | Alan T. Smiley | | |
| Street Address | <u> </u> | | Street Address | | |
| 2822 South Count | y Trail | | 2822 South Coun | ty Trail | |
| City | State | Zip | City | State | Zip |
| East Greenwich | RI | .02818 | East Greenwich | RI | 02818 |
| 9. NAMES AND ADDRESSES | OF THE DIRECTO | RS: ("X" BOX FOR A | ATTACHMENT) FILL IN SP | ACES BEFORE L | ISING ATTACHMENTS |
| Director Name | | | Director Name | | |
| Andrew C. Smiley | , Jr. | | Alan T. Smiley | | |
| Street Address | | <u>_</u> | Street Address | | |
| 2822 South Count | y Trail | | 2822 South Coun | ty Trail | |
| City | State | Zip | City | State | Zip O |
| East Greenwich | RI | 02818 | East Greenwich | RI: | 니: 02818 |
| Director Name | | | Director Name | • | |
| Street Address | | | Street Address | | - 2 |
| City | State | Ztp | City | State | 200 - 1 m |
| 10. SHARES AUTHORIZED | ("X" BOX FOR AT | TACHMENT) | 11. SHARES ISSUED ("X" | BOX FOR ATTA | CHMENTED |
| | | | Licerian crivence | | - · · · · · · · · · · · · · · · · · · · |

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

ISSUED SHARES

Number of Shares

300

Title of Officer

| File Date | FILED | |
|-----------|---------------------------------|--|
| Check No. | JAN 22 2004 | |
| Ву: | BYM 18045 Con | |
| | FOR SECRETARY OF STATE USE ONLY | |

Class/Series

Par Value

AUTHORIZED SHARES

8,000 COMM NO PAR VALUE

Number of Shares

| | es and statements, and that all statements |
|---|--|
| contained herein are true and correct. | Ar 1-21-00 |
| Signature of Officer | Date |
| andrew C. Smiley, C | Jr. |
| Andrew C. Smiley, C Print or Type Name of Officer President | Jr |

Class/Series

Common

Par Value

No Par Value

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

P Fi

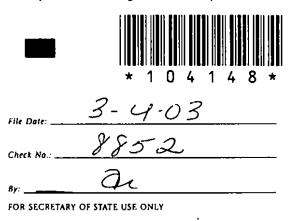
| | RPORATION ANNUAL REPORTS 1-March 1 • Filing Fee: \$50.00 | ORT FOR THE YEAR | 2003 | STOP PLEASE READ INSTRUCTIONS |
|------------------------|--|------------------|------|-------------------------------|
| (FORM MUST BE TYPED OR | RINTED IN BLACK) | ; | | |
| 1. Corporate ID No. | 2. Name of Corporation | | | |
| 104148 | Smiley Development, Inc. | | | |

| 3. Street Address Principal Business Office 2843 South County Trail | | East | Greenwich | RI | 02818 |
|--|---|---------------------------------------|-----------------------------------|----------------|------------------------|
| Business Phone No. 401-885-1337 Brief Description of the Character of Business Conducted in R Real Estate Sale and Dev | | | | | 6. SIC Code , -5710 |
| 8. NAMES AND ADDRESSES OF THE OFFICE President Name Andrew C. Smiley, Jr. Street Address 2843 South County Trail City State | Z1p | Vice Presider Alar Street Addres 2841 | T. Smiley South County | y Trail | Zip |
| East Greenwich RI Secretary Name Andrew C. Smiley, Jrs. Street Address 2843 South County Trail | 02818 | Treasurer Na Alai Street Addres | n T. Smiley | | 02818 |
| City State East Greenwich RI 9. NAMES AND ADDRESSES OF THE DIREC | zip 02818 TORS (*x* BOX FOR ATTAK | 2843 | South County FILL IN SPACES BEFOR | Trail RI | 21p 02818 1ENTS |
| Director Name Andrew C. Smiley, Jr. Street Address 2843 South County Trail City State | 7.ip | Director Non Alai Street Addres | n T. Smiley | y Trail | Zip |
| East Greenwich RI Director Name | . 0 ²⁸¹⁸ | East Director Nam | | RI 0281 | 18 |
| Street Address | | Street Addres | 35 | | |
| City State | Zíp | City | State | • | Zip |
| 10. SHARES AUTHORIZED (*X* BOX FOR ATTAC. AUTHORIZED) SHARES | HMENT) | 11. SHAR | RES ISSUED (*X* BOX FO | OR ATTACHMENT) | |

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

Number of Shares

300



Class/Series

Number of Shares

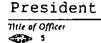
8,000 COMM NO PAR VALUE

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 berein are true and correct. Andrew C. Smiley, Print or Type Name of Officer

Class/Series

Common



Par Value

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

| Filing Period: January 1- | -March I • | Filling | Fee: \$50.00 | |
|-----------------------------|--------------------|---------|--------------|--|
| FORM MUST BE TYPED IN BLACK |) | | | |
| 1. Corporate ID No. | 2. Name of Corners | ation | | |

Smiley Development, Inc. 3. Street Address Principal Business Office 2843 South County Trail

East Greenwich

02818

4. Business Phone No. 401-885-1337

104148

S. State of Incorporation **RHODE ISLAND** 6. SIC Code 5710

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

Real Estate Sale and Development 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name

Andrew C. Smiley, Jr. Street Address 2843 South County Trail

East Greenwich State RI

02818

Alan T. Smiley Street Address

2843 South County Trail

East Greenwich,

^{Zip} 02818

Secretary Name

Andrew C. Smiley, Jr.

2843 South County Trail

Alan T. Smiley Street Address

2843 South County Trail

Zip

East Greenwich 02818 East Greenwich 02818 9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS . Director Name

Director Name

Andrew C. Smiley, Jr.

Street Address

2843 South County Trail

East Greenwich

8,000 CC:: M NO PAR VALUE

Alan T. Smiley

Street Address

Treasurer Name

2843 South County Trail

East Greenwich

RΙ

02818

Street Address

Street Address

City

Director Name

State

Zip

State

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

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

ISSUED SHARES Number of Shares

Class/Series

Par Value

300

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 alhistatements contained herein are true and correct.

Andrew C.

Print or Type Name of Officer President

Title of Officer → 5

Ferm G30 12/01

(FORM MUST BE TYPED IN BLACK)

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 | | | | |



| 1. Corporate ID No. | 2. Name of Corporat | ion | | | |
|---|-------------------------|---------------------------|-------------------------|---------------------------|----------------------------|
| 104148 | Smiley De | velopment, Inc. | | | |
| 3. Street Address Principal Busine | ss Office | _ | City | State O | Zip |
| 2843 Sou 4. Business Phone No. | th County | TRAIL | EAST GREEN | wich "RT | 02818 |
| 4. Business Phone No. | / | S. State of Incorporation | | | 6. SIC Code |
| 401-885-1 | 337 | RHODE ISLAN | D | | 5710 |
| 7. Brief Description of the Charac | · _ | • | | - / | • |
| | Keul Esta | te Develop | ment AND Si | Ales | |
| 8. NAMES AND ADDRE | | | HMENT) FILL IN SPACE | ES BEFORE USING ATTA | CHMENTS |
| President Name | | | Vice President Name | / | |
| Succe Address - | CSmiley J | U | Alau | T Smiley | |
| 2890 Tou | CSmiley J VerHill Ro | (| 134 Shx | upe St | |
| Sausenston | n State RI | zip 02874 | Westgreen | wid RI | Zip |
| Secretary Name | •• | | Theresees Manue | | |
| Secretary Name Alan Smila Street Address | ey | | Anonen | CSmilie 24 | _ |
| 134 Shedres | .St | | Street Address Tow | CSmiling The | |
| Han Smila sired Address 134 Shamps City WG | State RI | 02876 | SAUJSENS | town VCI & | 2100Z874 |
| 9. NAMES AND ADDRE | | CTORS ("X" BOX FOR ATT | ACHMENT) FILL IN SPA | CES BEFORE USING AT | TACHMENTS ' |
| Director Name | | | Director Name | | |
| noné | - | | 21 02 | 15 | |
| Street Address | | | Street Address | | |
| | | | ; | | |
| City | State | Zip | City | State | ZIp |
| Director Name | | | Dissates Name | | |
| none | | | Director Name Nom | | |
| Street Address | | | Street Address | E | |
| | | | 5 | | |
| City | State | Zip | City | State | Zip |
| 10. SHARES AUTHORIZ | ED ("X" BOX FOR ATTA | CHMENT) | 11. SHARES ISSUED |) (*X* BOX FOR ATTACHMEN | V T) |
| AUTHORIZED SHARES | | | ESSUED SHARES | | |
| Number of Shares | Class/Series | Par Value | Number of Shares | Class/Series | Par Value |
| 8,000 COMM NO | PAR VALUE | | 300 | Common | no por value |
| | | | | | • |
| The target of the same of the | | | | - | |
| imis report must be sig | neu in ink by eith | er the President, Vice | rresident, secretary, A | ssistant secretary, Irea: | surer, Receiver or Trustee |

| | * 1 0 4 1 4 8 * | | | |
|---------------|-------------------|--|--|--|
| File Date: | 212/01 | | | |
| Check No.: | 7148 | | | |
| Ву: | JUP | | | |
| FOR SECRETARY | OF STATE USE ONLY | | | |

| Under penalty of perjury, i declare and affirm | |
|---|--------------|
| this report, including any accompanying sche- | |
| that all statements contained herein are true a | and correct. |
| Chichas CSuly of | 1-22-01 |
| Andrew C Smile | 1 1k |
| 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 2000

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

| STOP |
|-----------------------------|
| PLEASE READ ANNIBECTIONS |
| |

| (FORM MUST BE TYPED IN BLACK |) | | | | |
|--|-------------------------------------|--|---|--------------------------|----------------------|
| I. Corporate ID No. 104148 | 2. Name of Corporation Smiley Devel | opment, Inc. | | | |
| 3. Street Address Principal Business Off | nce . | | City | State | Zip |
| 2843 South County 4. Business Phone No. | Trail | 5. State of Incorporation RHODE ISLAND | East Greenwich | RI | 02818 6. SIC Code |
| (401) 885-1337 7. Brief Description of the Character of Real estate deve | | | | | 5710 |
| 8. NAMES AND ADDRESSE President Name | S OF THE OFFICER | \$ ("X" BOX FOR ATTACHM | (ENT) FILL IN SPACES BEFO Vice President Name | RE USING ATTACHME | NTS |
| Andrew C. Smiley, | Jr. | | Alan T. Smiley Street Address | | |
| 2843 South County | Trail State | Zip | cif 843 South County | J.mail . | Zip |
| East Greenwich | RI | 02818 | East Greenwich | RI | 02818 |
| Andrew C. Smiley, | Jr. | | Alan T. Smiley | | |
| 2843 South County | Trail State | Zip | 2843 South County | Trajl | Zip |
| East Greenwich 9. NAMES AND ADDRESSE Director Name | RI s of the directo | 02818 DRS (*x* box for attac | East Greenwich (HMENT) FILLIN SPACES BE Director Name | RI FORE USING ATTACHE | 02818 OENTS |
| Andrew C. Smiley, | Jr. | | Alan T. Smiley | | |
| 2843 South County | Trail State | Zip | city 2843 South County | y Trail | Zip |
| East Greenwich Director Name | , RI | 02818 | East Greenwich | RI | 02818 |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 10. SHARES AUTHORIZED | ("X" BOX FOR ATTACHN | AENT) | 11. SHARES ISSUED (*X* B | OX FOR ATTACHMENT) | |
| Number of Shares | Class/Series | Par Value | Number of Shares | Class/Series | Par Value |
| 8,000 COMM 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



| File Date: | 7-17-00 | |
|--------------|---------|--|
| Check No.: _ | 6812 | |
| Ву: | AMF | |

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 It statements contained herein are true and correct. ~/0~0~0 Signature of Officer Date Andrew C. Smiley, Print or Type Name of Officer

President Title of Officer