



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 OR PRINTED IN BLACK)

1. Corporate ID No. 107548		2. Name of Corporation Friendship-Pine Development Corporation			
3. Street Address Principal Business Office 439 Pine Street		City Providence	State RI	Zip 02907	
4. Business Phone No. (401) 272-0526		5. State of Incorporation RHODE ISLAND			6. SIC Code 0
7. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN THE REAL ESTATE BUSINESS.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Richardson Ogidan			Vice President Name Jeffrey Austin		
Street Address 439 Pine Street			Street Address 439 Pine Street		
City Providence	State RI	Zip 02907	City Providence	State RI	Zip 02907
Secretary Name Andrea Jones			Treasurer Name Andrew DeLuski		
Street Address 439 Pine Street			Street Address 439 Pine Street		
City Providence	State RI	Zip 02907	City Providence	State RI	Zip 02907
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	\$1.00 PAR VALUE		100	Common	\$1.00

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  
Jeffrey Austin

Date

Print or Type Name of Officer  
Vice President

Title of Officer

File Date 1/14/05  
Check No. 9769  
By: W.

FOR SECRETARY OF STATE USE ONLY



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 IN BLACK)

1. Corporate ID No. 107548		2. Name of Corporation Friendship-Pine Development Corporation			
3. Street Address Principal Business Office 439 PINE STREET		City PROVIDENCE		State RI	Zip 02907-
4. Business Phone No. 4012720526		5. State of Incorporation RHODE ISLAND			6. SIC Code 0
7. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN THE REAL ESTATE BUSINESS.					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Jeff Austin			Vice President Name		
Street Address 439 Pine Street			Street Address		
City Providence	State RI	Zip 02907	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name NONE			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 \$1.00 PAR VALUE			100	common	\$1

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

DEC 09 2004



1 0 7 5 4 8

By DA  
C52027

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.

Matthew A. Brown 11-22-04  
Signature of Officer Date  
Jeff Austin  
Print or Type Name of Officer  
President  
Title of Officer

\*107548 DBC 11/10/04 10:12:42 AM\*

File Date 11/10/04

Check No. 11-22-04

By Matthew A. Brown

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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 2003

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. *107548*		2. Name of Corporation Friendship-Pine Development Corporation			
3. Street Address Principal Business Office 439 PINE STREET			City PROVIDENCE	State RI	Zip 02907-
4. Business Phone No. 4012720526		5. State of Incorporation RHODE ISLAND			6. SIC Code 0
7. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN THE REAL ESTATE BUSINESS.					
<b>8. NAMES AND ADDRESSES OF THE OFFICERS (X"BOX" FOR ATTACHMENT) [ ] FILE IN SPACES BEFORE USING ATTACHMENTS</b>					
President Name Richardson Ogidan			Vice President Name Jeff Austin		
Street Address 439 Pine St.			Street Address 439 Pine St.		
City Providence	State RI	Zip 02907	City Providence	State RI	Zip 02907
Secretary Name Andrea Jones			Treasurer Name Andrew Deluski		
Street Address 439 Pine St.			Street Address 439 Pine St.		
City Providence	State RI	Zip 02907	City Providence	State RI	Zip 02907
<b>9. NAMES AND ADDRESSES OF THE DIRECTORS (X"BOX" FOR ATTACHMENT) [ ] FILE IN SPACES BEFORE USING ATTACHMENTS</b>					
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
<b>10. SHARES AUTHORIZED (X"BOX" FOR ATTACHMENT) [ ]</b>					
<b>11. SHARES ISSUED (X"BOX" FOR ATTACHMENT) [ ]</b>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000	\$1.00 PAR VALUE		100	common	\$1

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



\* 1 0 7 5 4 8 \*

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  
Jeff Austin  
Date  
2-27-03  
Print or Type Name of Officer  
Vice President  
Title of Officer

\*107548 DBC2/25/034:51:16 PM\*  
File Date 2-28-03  
Check No. 7629  
By:   
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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. 107548 2. Name of Corporation Friendship-Pine Development Corporation  
3. Street Address Principal Business Office 439 Pine Street Providence RI 02907  
4. Business Phone No. 401-272-0526 5. State of Incorporation Rhode Island  
6. SIC Code  
7. Brief Description of the Character of Business Conducted in Rhode Island

to engage in the real estate business

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

President Name Richardson Ogidan Street Address 439 Pine Street City Providence State RI Zip 02907	Vice President Name Jeff Austin Street Address 439 Pine Street City Providence State RI Zip 02907
Secretary Name Andrea Jones Street Address 439 Pine St. City Providence State RI Zip 02907	Treasurer Name Andrew Deluski Street Address 439 Pine St. City Providence State RI Zip 02907

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

Director Name none Street Address City State Zip	Director Name Director Name Street Address City State Zip
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10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
8,000	\$1.00 par value	

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
100	common	\$1

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

FILED

File Date: MAY 13 2002

Check No.: By: 276599

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.

Richardson Ogidan 5-8-02  
Signature of Officer Date

Richardson Ogidan  
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



**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. **107548** 2. Name of Corporation **Friendship-Pine Development Corporation**

3. Street Address Principal Business Office

City

State

Zip

**439 Pine Street**

**Providence**

**RI**

**02907**

4. Business Phone No.

5. State of Incorporation  
**RHODE ISLAND**

6. SIC Code  
**6**

**272-0526**

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

**To engage in the real estate business**

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

President Name

Vice President Name

**Richardson Ogidan**

**Andrea Jones**

Street Address

Street Address

**439 Pine Street**

**439 Pine Street**

City

State

Zip

City

State

Zip

**Providence**

**RI**

**02907**

**Providence**

**RI**

**02907**

Secretary Name

Treasurer Name

**Gabe Sorogheye**

**Jim DeRentis**

Street Address

Street Address

**439 Pine Street**

**439 Pine Street**

City

State

Zip

City

State

Zip

**Providence**

**RI**

**02907**

**Providence**

**RI**

**02907**

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

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)

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

**8,000 \$1.00 PAR VALUE**

**100**

**common**

**\$1**

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



\* 1 0 7 5 4 8 \*

**3-22-01**

File Date: \_\_\_\_\_

**385**

Check No.: \_\_\_\_\_

**2**

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.

**Richardson I. Ogidan** **3-12-01**  
Signature of Officer Date

**Richardson Ogidan**  
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. **107548** 2. Name of Corporation **Friendship-Pine Development Corporation**  
3. Street Address Principal Business Office **439 Pine Street** City **Providence** State **RI** Zip **02907**  
4. Business Phone No. **272-0526** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code

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

To engage in the real estate business

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

President Name <b>Richardson Ogidan</b> Street Address <b>439 Pine Street</b> City <b>Providence</b> State <b>RI</b> Zip <b>02907</b> Secretary Name <b>Gabe Sorogheye</b> Street Address <b>439 Pine Street</b> City <b>Providence</b> State <b>RI</b> Zip <b>02907</b>	Vice President Name <b>Andrea Jones</b> Street Address <b>439 Pine Street</b> City <b>Providence</b> State <b>RI</b> Zip <b>02907</b> Treasurer Name <b>Jim DeRentis</b> Street Address <b>439 Pine Street</b> City <b>Providence</b> State <b>RI</b> Zip <b>02907</b>
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9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name <b>None</b> Street Address  City State Zip	Director Name  Street Address  City State Zip
Director Name  Street Address  City State Zip	Director Name  Street Address  City State Zip

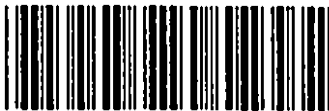
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
**8,000 \$1.00 PAR VALUE**

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

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**100 Common \$1**

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



\* 1 0 7 5 4 8 \*

File Date: 6/22  
Check No.: 214  
By: cc

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.

Richardson D. Ogidan 5/8/00  
Signature of Officer Date  
RICHARDSON D. OGIDAN  
Print or Type Name of Officer  
PRESIDENT  
Title of Officer