

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

Matthew A. Brown, Secretary of State

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

ROFIT CORPORATION	ANNUAL REPORT FOR THE YEAR	2005

1. Corporate ID No. 107548	2. Name of Corpo	omion -Pine Development Corpo	oration		
3. Street Address Principal Business		-Fille Development Corpo	City	State	Zip
439 Pine Str			Providence	RI	02907
1. Business Phone No.		5. State of Incorporatio			6. SIC Code
(401) 272-05	26	RHODE ISLAN	D		0
7. Brief Description of the Characte TO ENGAGE IN THE R	T of Business Conduct EAL ESTATE BUS		<u></u>		
. NAMES AND ADDRESSE	S OF THE OFFIC	CERS: ("X" BOX FOR AT	TACHMENT) FILL IN S	SPACES BEFORE USIN	G ATTACHMENTS
Richardson O	gidan		Jeffrey Austi	n	
Street Address 439 Pine Str			Sinci Address 439 Pine Stre		
·		122			19:5
any Providence	State RI	z _{iρ} 02907	Cily Providence	State RI	12ip 02907
PIOVIGENCE Secretary Name	,	1 02301	: Treasurer Name]хт	
Andrea Jones			Andrew DeLusk	i	
Anutea Jones			: Street Address	· <u>~</u>	
439 Pine Str	eet		439 Pine Stre	et	
City	State	Zip	City	State	Zip
Providence	RI	02907	Providence	RI	02907
. NAMES AND ADDRESSE		•	•	N SPACES BEFORE US	ING ATTACHMENTS
Sirector Nume			Director Name		
Street Address		Street Address			
Cuy	State	ZIP .	City	State	Zip
Director Name	 	J	Director Name		
Street Address			Street Address	_	
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED AUTHORIZED SHARES	 	ATTACHMENT)	11. SHARES ISSUED ("X" BOX FOR ATTACE	 HMENT) [
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
			100	Common	\$1.00
8,000 \$1.00 PAR VALUE					
· · · · · · · · · · · · · · · · · · ·					
8,000 \$1.00 PAR VALUE	: signed in ink by	y either the President, Vic	e President, Secretary, Assista	int Secretary, Treasurer,	Receiver or Trustee
8,000 \$1.00 PAR VALUE	signed in ink by	y either the President, Vic	e President, Secretary, Assista	int Secretary, Treasurer,	Receiver or Trustee
8,000 \$1.00 PAR VALUE	e signed in ink by	y either the President, Vic	e President, Secretary, Assista	ant Secretary, Treasurer,	Receiver or Trustee
8,000 \$1.00 PAR VALUE	signed in ink by	y either the President, Vic	Under penalty of per	rjury, Meclare and affirm	that I have examined the
8,000 \$1.00 PAR VALUE	signed in ink by	y either the President, Vic	Under penalty of per inclu 4 ing _k apy accor	rjury. Meclare and affirm pany/rig schedules and st	that I have examined the
This report must be	e signed in ink by	y either the President, Vic	Under penalty of per	rjury. Meclare and affirm pany/rig schedules and st	that I have examined the
8,000 \$1.00 PAR VALUE	e signed in ink by	y either the President, Vic	Under penalty of per including any accor contained herein are	rjury. Meclare and affirm pany/rig schedules and st	that I have examined the satements, and that all s
This report must be	e signed in ink by	y either the President, Vic	Under penalty of perincular penalty of perincular penalty of perincular of officer	rjury. Meclare and affirm panying schedules and sta The land correct.	that I have examined the
This report must be	e signed in ink by	y either the President, Vic	Under penalty of perincular penalty of perincular penalty of contained herein are signature of conficer Jeffrey Au	rjury. Meclare and affirm npanying schedules and sta The and correct.	that I have examined that all s
This report must be	e signed in ink by	y either the President, Vic	Under penalty of perincular penalty of perincular penalty of perincular of officer	rjury. Meclare and affirm apanying schedules and state and correct.	that I have examined the satements, and that all s

Title of Officer



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				_	
1. Corporate ID No. 107548	2. Name of Corp	Pine Development Co.			
3. Street Address Principal Bu		-Pine Development Cor			
439 PINE STREET	siness Office		City	State	Zip
4. Business Phone No.		5. State of Incorporation	PROVIDENCE	RI	02907-
4012720526		RHODE ISLAN			6. SIC Code
7. Brief Description of the Chi	aracter of Business Ci	onducted in Rhode Island			0
TO ENGAGE IN THE R					
8. NAMES AND ADDRE	SSES OF THE OF	FICERS ("X" BOX FOR A	TTACHMENT) FILL IN SI	PACES BEFORE USING AT	TACHMENTS
<i>Presideni Name</i> Jeff Austin			Vice President Name		
Street Address			* Street Address		
439 Pine Stree	et		Sireel Maaress		
City	State	Zip	City	State	Zip
Providence	RI	02907	,	Sierie	2.4
Secretary Name	• • • • • • • • •		Treasurer Name		
			•		
Street Address			* Street Address	······································	······································
			.		
City	State	Zip	City	State	Zip
			•		
9. NAMES AND ADDRE Director Name	sses of the di	RECTORS ("X" BOX FOR	ATTACHMENT) [] FILU IN	SPACES BEFORE USING A	TTACHMENTS
NONE			, Director Name		
Street Address	 _	-			
SIFEI NUOVESS			Street Address		
City	State	Zip		T.C.	Ta.:
	Sittle	<i>ZIP</i>	•City	State	Zip
Director Name		. 	Director Name	· · · · · · · · · · · · · · ·	
			•		
Street Address			*Street Address		
City	State	Zip	·City	State	Zip
			<u>. </u>		
10. SHARES AUTHORIZ	ZED ("X" BOX FO.	RATTACHMENT) \square^{r}		X" BOX FOR ATTACHMENT	
AUTHORIZED SHARES Number of Shares	Class/Series	Par Value	ISSUED SHARES	let - e	T6 47
Transcr of anarca	Crass/Series	rar value	Number of Shares	Class/Series	Par Value
8,000 \$1.00 PAR VALI	UE		100	common	\$1
					
			1	ł	
This report must be sign	ned in ink hy eit	her the President Visa	President, Secretary, Assi.	stant Savatoni Transii	Panaiyan an Tuyata
- F	104 III 1711			siuni secretury, Treusui	er, Receiver or Trusie
61 /1611 66 111 18	25: 6:::: 0:00: :o:	DEC 09 2	2004	•	
					_
TI JI BILI ÇONU Î	BOLŽIMI ČIBOLŽEI	By_S	+		
1 0 7	5 4 8	<u> </u>	Under penalty of pe	rjury, I declare and affirm th	nat I have examined
		$\overline{}$	this report, including	g any accompanying schedunts contained herein are true	iles and statements,
*107548 DBC 11/10/0)4 10:12:42 AM [•]		Bill and that an statemen	1 1 -	_
File Date		HO. 11 UE 7 1	13" Z/ML/	1. At 11'	11 - dy
.			Signafure of Officer	D.	ate /
Check No ,		$-a_{ij}$, a_{ij}	Jeff Aust	in	
R ₁₁ .		31/12 30 153-31	Print or Type Name of	Officer	· · · · · ·
By:		—"∏gaAla¢ad"—	President		
FOR SECRETARY OF STAT	E USE ONLY		Title of Officer		Form 630 12/0



Check No.

FOR SECRETARY OF STATE USE ONLY

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

Form 630 12/01

2002

Filing Period: Janua	ry I - March I 🏓 🔝	Filing Fee: \$50.00	PORT FOR THE Y	TEAK	
FORM MUST BE TYPEL	' '	-			
1. Corporate ID No. *107548*		2. Name of Corporation Friendship-Pine Development Corporation			
J. Street Address Principal			City	State	Zip
439 PINE STREE	ET		PROVIDENCE	RI	02907-
4. Business Phone No. 4012720526		5. State of Incorpo RHODE ISL			6. SIC Code 0
7 Brief Description of the TO ENGAGE IN THE	Character of Business Ca				
E. TAMESAND ADD	RESSES OF THE OF	inters execution	Paragistican Dialud (K.S)	MODERN STREET	HE COTTO FINAN
<i>Presideni Name</i> Richardson Ogi:			Vice President Name Jeff Austin		
Street Address			Street Address		
439 Pine St.	,		· 439 Pine St.		
City	State	Zip	City	State	Zip
Providence	RI	02907	Providence	RI	02907
Secretary Name			Treasurer Name	• • • • • • • • • • • • •	• • • • • • • • • • • •
Andrea Jones			Andrew Deluski		
Sireei Address 439 Pine St.			*Street Address .439 Pine St.		
Ciry	State	Zip	'City	State	12/
Providence	RI	02907	.Providence	RI	Zip 02907
A DAVIES AND ADD	RESSES OF THE OR	STORY SECTIONS	The providence of the River		
Director Name			Director Name	MAGLO BEFORE USING	MAKCABITE (16)
			•		
Sireei Address			· Street Address		· · · · · · · · · · · · · · · · · · ·
-			· · · · · · · · · · · · · · · · · · ·		
City	State	Zip	·City	State	Zip
Director Name			Director Name		<i></i>
			Director Name		
Sircei Address	·-	· · · ·	·Street Address		
			• •		
City	State	Zip	City	State	Zip
An experience expenses	CENTRAL GERALI				
AUTHORIZED SHARES	TOTAL LANGUAGO	g. win (all larvi)	ISSUED SHARES	THE STANDARD OF THE STANDARD O	(I)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
9 000 \$4 00 DAD V	A				
8,000 \$1.00 PAR V 	ALUE		100	common	\$1
"his report must be s	signed in ink by eith	her the President, Vio	ce President, Secretary, Assi.	stant Secretary, Treasi	urer, Receiver or Tru
I I I I I I I I I I I I I I I I I I I	Die 40km (Deut Cilik Ciau) (Die	T0)			
· 1		11) *	Under penalty of per	rjury, I declare and affirm	that I have examined
·			this report, including	any accompanying sched	dules and statements,
*107548 DBC2/25	/034:5出16 PML			its contained herein are th	
*107548 DBC2/25	28-03		-//// A	41/	3-)7-07
THE DOIL			V 4.///	, /)	3-27-03
Check No.	7629		Signature of Officer	1	Date



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

STOP PLEASE READ INSTRUCTIONS

Filing Period: January	I-March I • F	iling Fee: \$50.00			PLEASE. INSTRUC
FORM MUST BE TYPED IN BLAC	CK)				
1. Corporate ID No.	2. Name of Corporation		•		
107548 3. Street Address Principal Business (Friendshi	p-Pine Develo	pment Corporati	on State	Zip
439 Bine Stree	et		Providence	RI	02907
f. Business Phone No.		5. State of Incorporation			6. SIC Code
401-272-0526 7. Brief Description of the Character	of Business Conducted in Ri	Rhode Is1	and		
to engage in t B. NAMES AND ADDRESS President Name	the real est SES OF THE OFFICE	ate business ERS (*x* BOX FOR ATTACH	MENT) FILL IN SPACES B	EFORE USING ATTACK	IMENTS
Richardson Ogi	idan		Jeff Aust	in	
439 Pine Stree			439 Pine	Street	
Sity	State	Zip	City	State	Zip
Providence Secretary Name	RI	02907	Providence	RI	02907
Andrea Jones			Andrew De	eluski	
439 Pine St.			439 Pine	St.	
City	State	Zip	City	State	Zip
Providence NAMES AND ADDRESS Director Name	RI SES OF THE DIRECT	02907 FORS (*x* BOX FOR ATTAC	Providence CHMENT) FILL IN SPACES Director Name	RI BEFORE USING ATTA	02907 CHMENTS
none Greet Address			Street Address		
Sity	State	Zip	. City	State	Zip
Director Name			Director Name		
itroet Address			Street Address		
Tity	State	Zip	City	State	Zip
10. SHARES AUTHORIZED LUTHORIZZED SHARES) ("X" BOX FUR ATTACH	IMENT)	11. SHARES ISSUED (*X	* BOX FOR ATTACHMENT)	
lumber of Shares	Class/Series	Par Value	Number of Shares	Class/Serles	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

		70. 111 13 1	C+ .
File Date:	FILED		6.1 X
Check No.:	MAY 1 3 2002		
By:	By CAM 27	165 GR	
′ 	OF STATE USE ONLY		

Title of Officer

Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

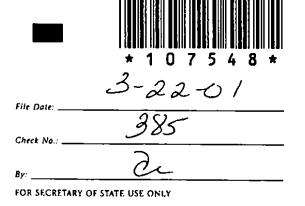
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

STOP PLASE RIAD INSTRUCTIONS

inng ittiou. Junuary 1-march 1	•	riting ree: \$30.00	
(CODIA LUICT DE MINDO INCOLO CON)			

O CORD MOST BE TITED IN DENCKY					
I. Corporate ID No. 107548	7. Name of Corporation Friendship-	Pine Developmen	t Corporation		`
3. Street Address Principal Business Offic	•		City	State	ZIp
439 Pine Street	;	5. State of Incorporation	Providence	RI	02907
272-0526 7. Brief Description of the Character of Bi	usiness Conducted in Rho	RHODE ISLAND de Island			U
To engage in th 8. NAMES AND ADDRESSES President Name	e real est Of THE OFFICER	ate business \$(*x* BOX FOR ATTACHN	(ENT) FILL IN SPACES BEFO	DRE USING ATTACHME	NTS
Richardson Ogi	dan		Andrea Jones Street Address		
439 Pine Stree	t		439 Pine Stree	t	
City	itate	Zip	City	State	Zip
Providence Secretary Name	RI	02907	Providence Treasurer Name	RI	02907
Gabe Sorogheye			Jim DeRentis Street Address		
439 Pine Street	State	Zip	439 Pine Street	State	Zip
Providence 9. NAMES AND ADDRESSES Director Name	RI OF THE DIRECTO	02907 DRS (*X* BOX FOR ATTAC	Providence HMENT) FILL IN SPACES BE Director Name	R I FORE USING ATTACHN	02907 MENTS
None			Street Address		
City s	State	Zip	City	State	Zip
Director Name		•	Director Name		•
Street Address			Street Address		
Gity S	itate	Zip	City	State	Zip
10. SHARES AUTHORIZED (*.	X" BOX FOR ATTACHM	(ENT)	11. SHARES ISSUED ("X" BO	OX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000 \$1.00 PAR VA	LUE		100	common	\$1
				•	

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.

Report of Officer

Date

Print or Type Name of Officer

Title of Officer

Title of Officer

James R. Langevin, Secretary of State 100 North Main Street, Prov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

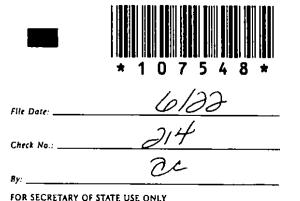
	nce, RI 0	TOP	5
Zip 6. Si	0290 IC Code	7	
TS			
ZIp	0290	7	

Filing Period: January 1-March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 107548 Friendship-Pine Development Corporation 3. Street Address Principal Business Office 439 Pine Street Providence RΙ 4. Business Phone No. 5. State of Incorporation RHODE ISLAND 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 ATTACHMEN President Name Vice President Name Richardson Ogidan Andrea Jones Street Address Street Address 439 Pine Street 439 Pine Streetr City State State Providence RΙ 02907 Providence RI Secretary Name Treasurer Name Gabe Sorogheye Jim DeRentis Street Address Street Kddress 439 Pine Street 439 Pine Street City Zip Providence RI 02907 02907 Providence RI 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 City State 210 10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES

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

Number of Shares

100



Class/Series

Par Value

Number of Shares

8,000 \$1.00 PAR VALUE

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and statements contained herein are true and correct: Title of Officer

Class/Serles

Common

Par Value