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 IN BLACK)

1. Corporate ID No.	2. Name of Corporation			
51249	ARLEN CORPORATION			
3. Street Address Principal Business Office		City	State	Zip
ONE PROVIDENCE WASHINGTON PLAZA		PROVIDENCE	RI	02903
4. Business Phone No.	5. State of Incorporation			6. SIC Code
4018543500	RHODE ISLAND			6130

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

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

President Name	Street Address	City	State	Zip
PETER A. SULLIVAN	ONE PROVIDENCE WASHINGTON PLAZA	PROVIDENCE	RI	02903

Vice President Name	Street Address	City	State	Zip
JANICE W. SULLIVAN	ONE PROVIDENCE WASHINGTON PLAZA	PROVIDENCE	RI	02903

Secretary Name	Street Address	City	State	Zip
JODI-LYNN GRAZIANO	ONE PROVIDENCE WASHINGTON PLAZA	PROVIDENCE	RI	02903

Treasurer Name	Street Address	City	State	Zip
PETER A. SULLIVAN	ONE PROVIDENCE WASHINGTON PLAZA	PROVIDENCE	RI	02903

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

Director Name	Street Address	City	State	Zip
PETER A. SULLIVAN	ONE PROVIDENCE WASHINGTON PLAZA	PROVIDENCE	RI	02903

Director Name	Street Address	City	State	Zip
FRANK F. MCGOFF	ONE PROVIDENCE WASHINGTON PLAZA	PROVIDENCE	RI	02903

Director Name	Street Address	City	State	Zip
JOSEPH D'ARRIGO	ONE PROVIDENCE WASHINGTON PLAZA	PROVIDENCE	RI	02903

Director Name	Street Address	City	State	Zip
JANICE W. SULLIVAN	ONE PROVIDENCE WASHINGTON PLAZA	PROVIDENCE	RI	02903

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
8,000	NO PAR VALUE	

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
104.16	COMMON	NO PAR

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

[redacted] 5 1 2 4 9

51249 DBC 02/22/05 08:41:56 AM
File Date 3/3/05
Check No. 4035
By: VD
FOR SECRETARY OF STATE USE ONLY

[redacted]

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 — Date 2/28/05

JODI-LYNN GRAZIANO
Print or Type Name of Officer

[redacted] SECRETARY
Title of Officer

Form 630 12/01

ARLEN CORPORATION #51249

2005 Annual Report

8. Officers (cont'd)

Executive Vice President

Frank F. McGoff
One Providence Washington Plaza
Providence, RI 02903

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 OR PRINTED IN BLACK)

1. Corporate ID No	2. Name of Corporation			
51249	ARLEN CORPORATION			
3. Street Address Principal Business Office		City	State	Zip
One Providence Washington Plaza		Providence	RI	02903
4. Business Phone No.	5. State of Incorporation			6. SIC Code
854-3500	RHODE ISLAND			6130

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

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

President Name	Vice President Name
Peter A. Sullivan	Janice W. Sullivan
Street Address: One Providence Washington Plaza	Street Address: One Providence Washington Plaza
City: Providence; State: RI; Zip: 02903	City: Providence; State: RI; Zip: 02903
Secretary Name: Jodi-Lynn Graziano	Treasurer Name: Peter A. Sullivan
Street Address: One Providence Washington Plaza	Street Address: One Providence Washington Plaza
City: Providence; State: RI; Zip: 02903	City: Providence; State: RI; Zip: 02903

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

Director Name	Director Name
Peter A. Sullivan	Frank F. McGoff
Street Address: One Providence Washington Plaza	Street Address: One Providence Washington Plaza
City: Providence; State: RI; Zip: 02903	City: Providence; State: RI; Zip: 02903
Director Name: Joseph D'Arrigo	Director Name: Janice W. Sullivan
Street Address: One Providence Washington Plaza	Street Address: One Providence Washington Plaza
City: Providence; State: RI; Zip: 02903	City: Providence; State: RI; Zip: 02903

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
8,000 NO PAR VALUE			104.16 ~~100~~ SHS NO PAR	VALUE	

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

[redacted]

51249

FILED

File Date _____

Check No. MAR 15 2004

By: By C24087

FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

Jodi-Lynn Graziano — 2/13/04

Signature of Officer — *Date*

Jodi-Lynn Graziano

Print or Type Name of Officer

Secretary

Title of Officer

[redacted]

Form 630 Rev. 12/03

Executive Vice President

Frank P. McGoff
One Providence Washington Plaza
Providence, RI 02903

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

STOP
PLEASE READ INSTRUCTIONS

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: January 1–March 1 • Filing Fee: $50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.: 51249
2. Name of Corporation: ARLEN CORPORATION
3. Street Address Principal Business Office: One Providence Washington Plaza — City: Providence — State: RI — Zip: 02903
4. Business Phone No.: 854-3500
5. State of Incorporation: RHODE ISLAND
6. SIC Code: 6130
7. Brief Description of the Character of Business Conducted in Rhode Island: financial products

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

President Name: Peter A. Sullivan
Street Address: One Providence Washington Plaza
City: Providence — *State*: RI — *Zip*: 02903

Vice President Name: Janice W. Sullivan
Street Address: One Providence Washington Plaza
City: Providence — *State*: RI — *Zip*: 02903

Secretary Name: Jodi-Lynn Graziano
Street Address: One Providence Washington Plaza
City: Providence — *State*: RI — *Zip*: 02903

Treasurer Name: Peter A. Sullivan
Street Address: One Providence Washington Plaza
City: Providence — *State*: RI — *Zip*: 02903

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

Director Name: Peter A. Sullivan
Street Address: One Providence Washington Plaza
City: Providence — *State*: RI — *Zip*: 02903

Director Name: Frank F. McGoff
Street Address: One Providence Washington Plaza
City: Providence — *State*: RI — *Zip*: 02903

Director Name: Joseph D'Arrigo
Street Address: One Providence Washington Plaza
City: Providence — *State*: RI — *Zip*: 02903

Director Name: Janice W. Sullivan
Street Address: One Providence Washington Plaza
City: Providence — *State*: RI — *Zip*: 02903

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

AUTHORIZED SHARES

Number of Shares	*Class/Series*	*Par Value*
8,000	NO PAR VALUE	

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

ISSUED SHARES

Number of Shares	*Class/Series*	*Par Value*
100	SHS NO PAR VALUE	

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

[redacted] * 5 1 2 4 9 *

File Date: 3.3.03
Check No.: 2603
By: WP

FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

Jodi-Lynn Graziano — 2/25/03
Signature of Officer — *Date*

Jodi-Lynn Graziano
Print or Type Name of Officer

Secretary
Title of Officer

Executive Vice President

Frank P. McGoff
One Providence Washington Plaza
Providence, RI 02903

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

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.: 51249
2. Name of Corporation: ARLEN CORPORATION
3. Street Address Principal Business Office: One Providence Washington Plaza — City: Providence — State: RI — Zip: 02903
4. Business Phone No.: 854-3500
5. State of Incorporation: RHODE ISLAND
6. SIC Code: 6130
7. Brief Description of the Character of Business Conducted in Rhode Island: FINANCIAL PRODUCTS + SERVICES

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

President Name: Peter A. Sullivan
Street Address: One Providence Washington Plaza
City: Providence — State: RI — Zip: 02903

Vice President Name: Janice W. Sullivan
Street Address: One Providence Washington Plaza
City: Providence — State: RI — Zip: 02903

Secretary Name: Jodi-Lynn Graziano
Street Address: One Providence Washington Plaza
City: Providence — State: RI — Zip: 02903

Treasurer Name: Peter A. Sullivan
Street Address: One Providence Washington Plaza
City: Providence — State: RI — Zip: 02903

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

Director Name: Peter A. Sullivan
Street Address: One Providence Washington Plaza
City: Providence — State: RI — Zip: 02903

Director Name: Frank P. McGoff
Street Address: One Providence Washington Plaza
City: Providence — State: RI — Zip: 02903

Director Name: Joseph D'Arrigo
Street Address: One Providence Washington Plaza
City: Providence — State: RI — Zip: 02903

Director Name: Janice W. Sullivan
Street Address: One Providence Washington Plaza
City: Providence — State: RI — Zip: 02903

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
8,000	NO PAR VALUE	

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
100	SHS NO PAR VALUE	

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

[redacted]

[redacted]

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.

Jodi-Lynn Graziano — 2/12/02
Signature of Officer — *Date*

Jodi-Lynn Graziano
Print or Type Name of Officer

Secretary
Title of Officer

File Date: 2/13/02

Check No.: 2026

By: LB

FOR SECRETARY OF STATE USE ONLY

[redacted]

Executive Vice President

Frank P. McGoff
One Providence Washington Plaza
Providence, RI 02903

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 2001

Filing Period: January 1–March 1 • Filing Fee: $50.00

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.: 51249
2. Name of Corporation: ARLEN CORPORATION
3. Street Address Principal Business Office: One Providence Washington Plaza — City: Providence — State: RI — Zip: 02903
4. Business Phone No.: (401) 854-3500
5. State of Incorporation: Rhode Island
6. SIC Code: 6130
7. Brief Description of the Character of Business Conducted in Rhode Island: Financial Products

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

President Name: Peter A. Sullivan
Street Address: One Providence Washington Plaza
City: Providence — State: RI — Zip: 02903

Vice President Name: Janice W. Sullivan
Street Address: One Providence Washington Plaza
City: Providence — State: RI — Zip: 02903

Secretary Name: Jodi-Lynn Graziano
Street Address: One Providence Washington Plaza
City: Providence — State: RI — Zip: 02903

Treasurer Name: Peter A. Sullivan
Street Address: One Providence Washington Plaza
City: Providence — State: RI — Zip: 02903

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

Director Name: Peter A. Sullivan
Street Address: One Providence Washington Plaza
City: Providence — State: RI — Zip: 02903

Director Name: Frank P. McGoff
Street Address: One Providence Washington Plaza
City: Providence — State: RI — Zip: 02903

Director Name: Joseph D'Arrigo
Street Address: One Providence Washington Plaza
City: Providence — State: RI — Zip: 02903

Director Name: Janice W. Sullivan
Street Address: One Providence Washington Plaza
City: Providence — State: RI — Zip: 02903

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
8,000 SHS	NO PAR VAL	

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
100 SHS	NO PAR VALUE	

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

[redacted]

File Date: 3/2

Check No.: 1495

By: [signature]

FOR SECRETARY OF STATE USE ONLY

[redacted]

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] 2/28/01
Signature of Officer — Date

Jodi-Lynn Graziano
Print or Type Name of Officer

Secretary
Title of Officer

Executive Vice President

Frank P. McGoff
One Providence Washington Plaza
Providence, RI 02903

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

STOP
PLEASE READ INSTRUCTIONS

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.: 51249
2. Name of Corporation: ARLEN CORPORATION
3. Street Address Principal Business Office: One Providence Washington Plaza
   City: Providence
   State: RI
   Zip: 02903
4. Business Phone No.: 831-1173v- 854-3500
5. State of Incorporation: RHODE ISLAND
6. SIC Code: 6130
7. Brief Description of the Character of Business Conducted in Rhode Island: Financial Products and Services

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

President Name	Vice President Name
Peter A. Sullivan	Janice W. Sullivan
Street Address: One Providence Washington Plaza	Street Address: One Providence Washington Plaza
City: Providence State: RI Zip: 02903	City: Providence State: RI Zip: 02903
Secretary Name	**Treasurer Name**
Jodi-Lynn Graziano	Peter A. Sullivan
Street Address: One Providence Washington Plaza	Street Address: One Providence Washington Plaza
City: Providence State: RI Zip: 02903	City: Providence State: RI Zip: 02903

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

Director Name	Director Name
None	None
Street Address:	Street Address:
City: State: Zip:	City: State: Zip:
Director Name	**Director Name**
None	None
Street Address:	Street Address:
City: State: Zip:	City: State: Zip:

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
8,000 SHS	NO PAR VAL	

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
100 SHS	NO PAR VALUE	

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

[redacted]

* 5 1 2 4 9 *

File Date: 1/4/00

Check No.: 5411

By: CL

FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

Jodi-Lynn Graziano 12/30/99
Signature of Officer *Date*

Jodi-Lynn Graziano
Print or Type Name of Officer

Secretary
Title of Officer

[redacted]

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

STOP
PLEASE READ INSTRUCTIONS

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No	2. Name of Corporation			
51249	ARLEN CORPORATION			
3. Street Address Principal Business Office		City	State	Zip
One Providence Washington Plaza		Providence	RI	02903
4. Business Phone No.	5. State of Incorporation			6. SIC Code
~~831-1173~~ 854-3500	RHODE ISLAND			6130

7. Brief Description of the Character of Business Conducted in Rhode Island
Financial Products and Services

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

President Name			Vice President Name		
Peter A. Sullivan			None		
Street Address			Street Address		
One Providence Washington Plaza					
City	State	Zip	City	State	Zip
Providence	RI	02903			
Secretary Name			Treasurer Name		
Jodi-Lynn Graziano			Peter A. Sullivan		
Street Address			Street Address		
One Providence Washington Plaza			One Providence Washington Plaza		
City	State	Zip	City	State	Zip
Providence	RI	02903	Providence	RI	02903

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

Director Name			Director Name		
None			None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
None			None		
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 SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000 SHS NO PAR VAL			100 SHS NO PAR VAL		

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

* 5 1 2 4 9 *

File Date: Jan 19-99
Check No.: 4926
By: DD
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.

Jodi-Lynn Graziano — 1/15/99
Signature of Officer *Date*

Jodi-Lynn Graziano
Print or Type Name of Officer

Secretary
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
401-277-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998

Filing Period: January 1–March 1 • Filing Fee: $50.00

STOP *PLEASE READ INSTRUCTIONS*

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.: 51249
2. Name of Corporation: ARLEN CORPORATION
3. Street Address Principal Business Office: 10 Davol Square
   City: Providence | State: RI | Zip: 02903
4. Business Phone No.: 831-1173
5. State of Incorporation: RHODE ISLAND
6. SIC Code: 6130
7. Brief Description of the Character of Business Conducted in Rhode Island: Financial Products and Services

8. NAMES AND ADDRESSES OF THE OFFICERS (*"X" BOX FOR ATTACHMENT*)

President Name: Peter A. Sullivan	Vice President Name: None
Street Address: 10 Davol Square	Street Address:
City: Providence | State: RI | Zip: 02903	City: | State: | Zip:
Secretary Name: Jodi-Lynn Graziano	Treasurer Name: Peter A. Sullivan
Street Address: 10 Davol Square	Street Address: 10 Davol Square
City: Providence | State: RI | Zip: 02903	City: Providence | State: RI | Zip: 02903

9. NAMES AND ADDRESSES OF THE DIRECTORS (*"X" BOX FOR ATTACHMENT*)

Director Name: None	Director Name: None
Street Address:	Street Address:
City: | State: | Zip:	City: | State: | Zip:
Director Name: None	Director Name: None
Street Address:	Street Address:
City: | State: | Zip:	City: | State: | Zip:

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
8,000 SHS NO PAR VAL		

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
100 SHS NO PAR VAL		

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

* 5 1 2 4 9 *

File Date: 3.26.98
Check No.: 4489
By: ICP
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.

Signature of Officer — Date

Jodi-Lynn Graziano
Print or Type Name of Officer

Secretary
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
401-277-3040

STOP: PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

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.: 51249
2. Name of Corporation: ARLEN CORPORATION
3. Street Address Principal Business Office: 10 Davol Square
   City: Providence
   State: RI
   Zip: 02903
4. Business Phone No.: 831-1173
5. State of Incorporation: RHODE ISLAND
6. SIC Code: 6130
7. Brief Description of the Character of Business Conducted in Rhode Island: financial products and services

8. NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)*

President Name	Vice President Name
Peter A. Sullivan	none
Street Address: 10 Davol Square	Street Address:
City: Providence State: RI Zip: 02903	City: State: Zip:
Secretary Name	**Treasurer Name**
Jodi-Lynn Graziano	Peter Sullivan
Street Address: 10 Davol Square	Street Address: 10 Davol Square
City: Providence State: RI Zip: 02903	City: Providence State: RI Zip: 02903

9. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)*

Director Name	Director Name
none	none
Street Address:	Street Address:
City: State: Zip:	City: State: Zip:
Director Name	**Director Name**
none	none
Street Address:	Street Address:
City: State: Zip:	City: State: Zip:

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

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000 SHS	NO PAR VAL		100 SHS	NO PAR VALUE	

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

* 5 1 2 4 9 *

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.

Jodi-Lynn Graziano 2/26/97
Signature of Officer *Date*

Jodi-Lynn Graziano
Print or Type Name of Officer

Secretary
Title of Officer

File Date: 3-3-97

Check No.: 3918

By: IAP

FOR SECRETARY OF STATE USE ONLY

PROFIT CORPORATION ANNUAL REPORT

1996

Filing Period: January 1–March 1
Filing Fee: $50.00

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

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO.	2. NAME OF CORPORATION
51249	ARLEN CORPORATION

3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE	CITY	STATE	ZIP CODE
10 Davol Square	Providence	RI	02903

4. BUSINESS PHONE NO.	5. STATE OF INCORPORATION	6. SIC CODE
831-1173	RHODE ISLAND	6130

7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND
Financial Products and Services

8. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME	STREET ADDRESS	CITY	STATE	ZIP CODE
Peter A. Sullivan	10 Davol Square	Providence	RI	02903

VICE PRESIDENT NAME	STREET ADDRESS	CITY	STATE	ZIP CODE
None				

SECRETARY NAME	STREET ADDRESS	CITY	STATE	ZIP CODE
None				

TREASURER NAME	STREET ADDRESS	CITY	STATE	ZIP CODE
Peter A. Sullivan	10 Davol Square	Providence	RI	02903

9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME	STREET ADDRESS	CITY	STATE	ZIP CODE
None				

DIRECTOR NAME	STREET ADDRESS	CITY	STATE	ZIP CODE
None				

DIRECTOR NAME	STREET ADDRESS	CITY	STATE	ZIP CODE
None				

DIRECTOR NAME	STREET ADDRESS	CITY	STATE	ZIP CODE
None				

10. SHARES AUTHORIZED AND ISSUED

AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
8,000 SHS	NO PAR VAL		100 SHS	NO PAR VAL	

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

Peter A. Sullivan
Print or Type Name of Officer

President
Title of Officer

2/28, 1996
Date

File Date: 2/29/96 PAP
Check No: 3395
By: CC

For Secretary of State Use Only

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

CK# 2885 22

ANNUAL REPORT
Please Type or Print
File Annually – Jan. 1 - March 1
Filing Fee $50.00
Make Checks Payable to: Secretary of State

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

Corporate ID: 0051249 Annual Report for the year: 1995

Name of Corporation: ARLEN CORPORATION

Business entity organized under the laws of the State of: RI

For foreign entity, address and telephone number of principal office:

Phone: ( )

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):
10 Davol Square
Providence, RI 02903

Phone: (401) 831-1173

Business Entity is (check one):
[X] Business Corporation (See RIGL Chapter 7-1.1)
[ ] Professional Service Corporation (See RIGL Chapter 7-5.1)

Brief statement of the character of business conducted in Rhode Island:
Financial Products and Services

THE NAMES OF THE OFFICERS ARE:

	STREET ADDRESS	CITY/STATE	ZIP CODE
PRESIDENT: Peter A. Sullivan	10 Davol Square	Providence, RI	02903
VICE PRESIDENT:			
SECRETARY:			
TREASURER: Peter A. Sullivan	10 Davol Square	Providence, RI	02903

THE NAMES OF THE DIRECTORS ARE:

	STREET ADDRESS	CITY/STATE	ZIP CODE
NAME: None			
NAME:			
NAME:			

NUMBER OF SHARES AUTHORIZED (Rider may be attached)		NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)	
Number of Shares	Class / Series	Number of Shares	Class / Series
8000	Common, Without Par	100	Common, Without Par

Date 1/31, 19 95

By: Peter A. Sullivan
PRINT OR TYPE NAME OF OFFICER SIGNING
President
TITLE OF OFFICER SIGNING

Form 31 1/95

DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

ROBERT E. MC CORRY, JR
574 CENTRAL AVE.
PAWTUCKET RI 02861

PAID
FEB 03 1995
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Filing Fee $50.00
Payable to:
Secretary of State

PLEASE TYPE or PRINT

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

File Annually
LLC: Sept. 1 - Nov. 1
CORP: Jan. 1 - March 1

Corporate ID: 0051249 Annual Report for the year: 1994

Name of Business Entity: ARLEN CORPORATION

Business entity organized under the laws of the State of: RI

Federal Taxpayer Identification Number: [redacted]

For foreign entity, address and telephone number of principal office

Phone: ( )

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box)

10 Davol Square
Providence, RI 02903

Phone: (401) 831-1173

Business Entity is (check one):

[X] Business Corporation (See RIGL Chapter 7-1.1)
[ ] Professional Service Corporation (See RIGL Chapter 7-5.1)
[ ] Limited Liability Company (See RIGL 7-16)

Name, title and mailing address of contact person to whom communications may be directed:

Peter A. Sullivan, President
10 Davol Square-Box 19
Providence, RI 02903

Brief statement of the character of business conducted in Rhode Island:

Financial Products and Services

Date of Organization: September 27, 1988

Date of Qualification to do business in Rhode Island (if foreign entity)

THE NAMES OF THE OFFICERS ARE:

	STREET ADDRESS	CITY/STATE	ZIP CODE
☐ CHIEF EXECUTIVE OFFICER OR ☒ PRESIDENT (Check One) Peter A. Sullivan	10 Davol Square	Providence, RI	02903
☐ CHIEF OPERATING OFFICER OR ☐ VICE PRESIDENT (Check One)			
☐ CUSTODIAN OF RECORDS OR ☐ SECRETARY (Check One)			
☐ CHIEF FINANCIAL OFFICER OR ☒ TREASURER (Check One) Peter A. Sullivan	10 Davol Square	Providence, RI	02903

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
NONE			

NUMBER OF SHARES AUTHORIZED (If Applicable)		NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)	
NUMBER	8000	NUMBER	100
CLASS	COMMON	CLASS	COMMON
SERIES		SERIES	
PAR VALUE OR WITHOUT PAR	WITHOUT	PAR VALUE OR WITHOUT PAR	WITHOUT

FILED
FEB 25 1994
By [signature]

Date 2-22-94

By: [signature]
Peter A. Sullivan
PRINT OR TYPE NAME OF OFFICER SIGNING
President
TITLE OF OFFICER SIGNING

Form 31 1/94

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form LLC 3 must be filed.

ROBERT E. MC CORRY, JR
574 CENTRAL AVE.
PAWTUCKET RI 02861

Filing Fee $50.00

January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

ALP ✓ 2002

Corporate ID 0051249 Annual Report for the year 1993

FIRST: The name of the corporation is ARLEN CORPORATION

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is

Financial products and services

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 574 Central Ave., Pawtucket, RI

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
Peter Sullivan	President	10 Davol Square, Box 19, Prov., RI
	Vice President	
	Secretary	
Peter Sullivan	Treasurer	10 Davol Square, Box 19, Prov., RI

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
8000	Common	None	

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MAR 12 1993

SECRETARY OF STATE

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	common		None

Dated February 22 19 93

ARLEN CORPORATION
(Name of Corporation)

By Peter C. Sullivan

Title President

(Report must be signed by an officer)

Form 31 1/85

Filing Fee $50.00

W- 1410

January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0051049 Annual Report for the year 1992

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THIRD: Character of business, briefly stated, is Financial products and services

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 574 Central Ave., Pawtucket, RI

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
None	Director	
	Director	
	Director	
Peter Sullivan	President	10 Davol Square, Box 19, Prov., RI
	Vice President	
	Secretary	
Peter Sullivan	Treasurer	10 Davol Square, Box 19, Prov., RI

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
8000	Common		None

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FEB 24 1992
SEC'Y OF STATE

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	Common		None

Dated February 7 19 92

ARLEN CORPORATION
(Name of Corporation)

By Peter A. Sullivan

Title President

(Report must be signed by an officer)

Form 31 1/85

Filing Fee $50.00

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0051249

Annual Report for the year 1991

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	Director	
	Director	
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	Vice President	
	Secretary	
Peter Sullivan	Treasurer	10 Davol Square, Box 19, Prov., RI

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
8000	Common	None	

EIGHTH: Number of Shares issued:

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FEB 21 1991
SEC'Y OF STATE

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	Common		None

Dated January 25 19 91

ARLEN CORPORATION
(Name of Corporation)

By Peter C. Sullivan

Title President and Treasurer

(Report must be signed by an officer)

Form 31 1/85

Filing Fee $15.00

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0051249 Annual Report for the year 1990

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Name	Office	Address (including number, street, zip code)
None	Director	
	Director	
	Director	
Peter A. Sullivan	President	10 Davol Square, Providence, RI
	Vice President	
	Secretary	
Peter A. Sullivan	Treasurer	10 Davol Square, Providence, RI

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
8000	Common		None

FEB 16 1990

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	Common		None

Dated January 22 19 90

ARLEN CORPORATION
(Name of Corporation)

By Peter A. Sullivan

(Report must be signed by an officer)

Title

Filing Fee $15.00

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0051249 Annual Report for the year 1989

FIRST: The name of the corporation is ARLEN CORPORATION

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THIRD: Character of business, briefly stated, is Financial products and services

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	Director	
	Director	
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	Vice President	
	Secretary	
Peter A. Sullivan	Treasurer	10 Davol Square, Providence, RI

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
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FEB 23 1989
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EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	Common		None

Dated February 16 19 89

ARLEN CORPORATION
(Name of Corporation)

By Peter A. Sullivan

Title President, Treasurer

(Report must be signed by an officer)

Form 31 1/85