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.	2. Name of Corporation			
16349	F.W.A. HEIRS, INC.			
3. Street Address Principal Business Office: 20 GRAYS POINT ROAD		City: CHARLESTOWN	State: RI	Zip: 02813
4. Business Phone No.: 364-3844	5. State of Incorporation: RHODE ISLAND			6. SIC Code: 5579

7. Brief Description of the Character of Business Conducted in Rhode Island: **REAL ESTATE MANAGEMENT**

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

	President Name	Vice President Name
	SARAH WHITTEMORE	PETER N. ARNOLD
Street Address	198 STANWICH	20 GRAYS POINT ROAD
City	GREENWICH	CHARLESTOWN
State	CT	RI
Zip	06830	02813

	Secretary Name	Treasurer Name
	JENNIFER Q HODSDON	JOHN P. ARNOLD
Street Address	10 EAST ARNOLDA DRIVE	68 GRAYS POINT ROAD
City	CHARLESTOWN	CHARLESTOWN
State	RI	RI
Zip	02813	02813

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

	Director Name	Director Name
	ROBIN HOEFER	THOMAS L ARNOLD III
Street Address	58 GRAYS POINT RD	212 PICNIC ST
City	CHARLESTOWN	BOXBOROUGH
State	RI	MA
Zip	02813	01719

	Director Name	Director Name
	BILL ARNOLD	MARTY GLOVAN
Street Address	PO BOX 818	87 SOUTH ARNOLDA ROAD
City	CHARLESTOWN	CHARLESTOWN
State	RI	RI
Zip	02813	02813

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

Number of Shares	Class/Series	Par Value
2,400	COMM	NO PAR VALUE

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

Number of Shares	Class/Series	Par Value
1194	Common	01

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.

[signature] 1/1/04
Signature of Officer *Date*

PETER W. ARNOLD
Print or Type Name of Officer

[redacted] VICE PRESIDENT
Title of Officer

File Date 1/4/05
Check No. 92
By: D.

FOR SECRETARY OF STATE USE ONLY

Form 630 Rev. 12/03

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			
16349	F.W.A. HEIRS, INC.			
3. Street Address Principal Business Office		City	State	Zip
C/o PETER W. ARNOLD 20 GRAY'S POINT ROAD)		CHARLESTOWN	RI	02813
4. Business Phone No.	5. State of Incorporation			6. SIC Code
(401) 364-3844	RHODE ISLAND			5579

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

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

President Name			Vice President Name		
SARAH WHITTEMORE			PETER W. ARNOLD		
Street Address			Street Address		
190 STANWICH ROAD			20 GRAY'S POINT ROAD		
City	State	Zip	City	State	Zip
GREENWICH	CT		CHARLESTOWN	RI	02813
Secretary Name			**Treasurer Name**		
JENNIFER L. QUINN			JOHN P. ARNOLD		
Street Address			Street Address		
11 EAST ARNOLDA DRIVE			68 GRAY'S POINT ROAD		
City	State	Zip	City	State	Zip
CHARLESTOWN	RI	02813	CHARLESTOWN	RI	02813

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

Director Name			Director Name		
MARTY GIOVAN			HALLIE KING		
Street Address			Street Address		
SOUTH ARNOLDA ROAD			36 BELINSKY CIRCLE		
City	State	Zip	City	State	Zip
CHARLESTOWN	RI	02813	OXFORD CT	CT	06467
Director Name			**Director Name**		
THOMAS L. ARNOLD III			ROBIN HOEFER		
Street Address			Street Address		
340 LIBERTY SQUARE ROAD			12407 RIDGE ROAD		
City	State	Zip	City	State	Zip
BOXBOROUGH	MA	01719	N. PALM BEACH	FL	33408

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
2,400 COMM NO PAR VALUE			1196	COMMON	NO PAR VALUE

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

[redacted]

16349

File Date 1-12-04
Check No. 258
By:
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* 12/28/03

PETER W ARNOLD
Print or Type Name of Officer

[redacted] VICE PRESIDENT
Title of Officer

Form 630 Rev. 12/03

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.	2. Name of Corporation
16349	F.W.A. HEIRS, INC.

3. Street Address Principal Business Office: C/o PETER W. ARNOLD, 20 GRAY'S POINT ROAD | City: CHARLESTOWN | State: RI | Zip: 02813

4. Business Phone No.: (401) 364-3844 | 5. State of Incorporation: RHODE ISLAND | 6. SIC Code: 5579

7. Brief Description of the Character of Business Conducted in Rhode Island: CONSERVATION AND MANAGEMENT OF FAMILY REAL ESTATE

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

President Name	Vice President Name
SALLY WHITEMORE	PETER W. ARNOLD
Street Address: HUNTERS HARBOR ROAD	Street Address: 20 GRAYS POINT ROAD
City: CHARLESTOWN State: RI Zip: 02813	City: CHARLESTOWN State: RI Zip: 02813
Secretary Name	**Treasurer Name**
JENNIFER G HODSHON	JOHN P. ARNOLD
Street Address: 11 EAST ARNOLDA DRIVE	Street Address: 68 GRAYS POINT ROAD
City: CHARLESTOWN State: RI Zip: 02813	City: CHARLESTOWN State: RI Zip: 02813

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

Director Name	Director Name
THOMAS L. ARNOLD III	ROBIN A. HOGFETT
Street Address: 340 LIBERTY SQUARE RD	Street Address: 58 GRAYS POINT ROAD
City: BOXBORO State: MA Zip: 01719	City: CHARLESTOWN State: R.I Zip: 02813
Director Name	**Director Name**
DERRICK M. ARNOLD	PETER W. ARNOLD
Street Address: 11 MILLBROOK COURT	Street Address: 20 GRAYS POINT ROAD
City: CHARLESTOWN State: RI Zip: 02813	City: CHARLESTOWN State: RI Zip: 02813

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
2,400 COMM NO PAR VALUE			1,196	COM	NO PAR VALUE

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

[redacted]

* 16349 *

1-15-03
File Date:

247
Check No.:

AL
By:

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: 1/8/03

PETER W. ARNOLD
Print or Type Name of Officer

[redacted] VICE PRESIDENT
Title of Officer

Form 630 12/02

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 2002

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.	2. Name of Corporation
16349	F.W.A. HEIRS, INC.

3. Street Address Principal Business Office	City	State	Zip
20 GRAYS POINT ROAD	CHARLESTOWN	RI	02813

4. Business Phone No.	5. State of Incorporation	6. SIC Code
(401) 364-3844	RHODE ISLAND	5579

7. Brief Description of the Character of Business Conducted in Rhode Island
TO HOLD AND MANAGE FAMILY LAND

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

President Name	Vice President Name
SARAH WHITTEMORE	PETER W. ARNOLD
Street Address: 190 STANWICH ROAD	Street Address: 20 GRAYS POINT ROAD
City: GREENWICH State: CT Zip: 06830	City: CHARLESTOWN State: RI Zip: 02813
Secretary Name	**Treasurer Name**
JENNIFER G HODSHON	JOHN P. ARNOLD
Street Address: 11 EAST ARNOLDA DRIVE	Street Address: 68 GRAYS POINT ROAD
City: CHARLESTOWN State: RI Zip: 02813	City: CHARLESTOWN State: RI Zip: 02813

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

Director Name	Director Name
THOMAS L. ARNOLD III	DERICK M. ARNOLD
Street Address: 340 LIBERTY SQUARE ROAD	Street Address: 11 MILLBROOK COURT
City: BOXBORO State: MA Zip: 01719	City: CHARLESTOWN State: RI Zip: 02813
Director Name	**Director Name**
ROBIN A. HOEFER	PETER W. ARNOLD
Street Address: 58 GRAYS POINT ROAD	Street Address: 20 GRAYS POINT ROAD
City: CHARLESTOWN State: RI Zip: 02813	City: CHARLESTOWN State: RI Zip: 02813

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
2,400	COMM	NO PAR VALUE	1196	COMMON	NO PAR VALUE

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

* 16349 *

File Date: 1-22-02

Check No.: 233

By: 2c

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: 1/8/02

PETER W. ARNOLD
Print or Type Name of Officer

VICE PRESIDENT
Title of Officer

5

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

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.	2. Name of Corporation
16349	F.W.A. HEIRS, INC.

3. Street Address Principal Business Office	City	State	Zip
20 GRAY'S POINT ROAD	CHARLESTOWN	RI	02813

4. Business Phone No.	5. State of Incorporation	6. SIC Code
(401) 364-3844	RHODE ISLAND	5579

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

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

President Name	Vice President Name
SARAH A. WHITTEMORE	PETER W. ARNOLD
Street Address: 190 STANWICH RD	Street Address: 20 GRAYS POINT ROAD
City: GREENWICH State: CT Zip: 06830	City: CHARESTOWN State: RI Zip: 02813
Secretary Name	**Treasurer Name**
JENNIFER HODSHON	JOHN P. ARNOLD
Street Address: 11 EAST ARNOLDA RD	Street Address: 68 GRAYS POINT ROAD
City: CHARLESTOWN State: RI Zip: 02813	City: CHARLESTOWN State: RI Zip: 02813

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

Director Name	Director Name
THOMAS L. ARNOLD III	DERYCK M ARNOLD
Street Address: 340 LIBERTY SQUARE RD	Street Address: 11 MILLBROOK COURT
City: BOXBOROUGH State: MA Zip: 01719	City: CHARLESTOWN State: RI Zip: 02813
Director Name	**Director Name**
ROBIN A. HOEFER	
Street Address: 58 GRAYS POINT ROAD	Street Address:
City: CHARLESTOWN State: RI Zip: 02813	City: State: Zip:

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

AUTHORIZED SHARES		
Number of Shares	Class/Series	Par Value
1,200 COMM	NO PAR VALUE	

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

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
1196	COMMON	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]

File Date: 1/5

Check No.: 224

By: JC

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: 1/1/01

PETER W. ARNOLD
Print or Type Name of Officer

VICE PRESIDENT
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 2000

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.	2. Name of Corporation			
16349	F.W.A. HEIRS, INC.			
3. Street Address Principal Business Office		City	State	Zip
20 Gray's Point Road		Charlestown	RI	02813
4. Business Phone No.	5. State of Incorporation			6. SIC Code
(401) 364-3844	Rhode Island			5579
7. Brief Description of the Character of Business Conducted in Rhode Island				
Real Estate Management				

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

President Name			Vice President Name		
Sarah A. Whittemore			Peter W. Arnold		
Street Address			Street Address		
Hunter's Harbor Road			20 Gray's Point Road		
City	State	Zip	City	State	Zip
Charlestown	RI	02813	Charlestown	RI	02813
Secretary Name			**Treasurer Name**		
Jennifer Q. Hodshon			John P. Arnold		
Street Address			Street Address		
18 Gray's Point Road			68 Gray's Point Road		
City	State	Zip	City	State	Zip
Charlestown	RI	02813	Charlestown	RI	02813

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

Director Name			Director Name		
Peter W. Arnold			Robin Hoefer		
Street Address			Street Address		
20 Gray's Point Road			58 Gray's Point Road		
City	State	Zip	City	State	Zip
Charlestown	RI	02813	Charlestown	RI	02813
Director Name			Director Name		
Thomas L. Arnold, III					
Street Address			Street Address		
340 Liberty Square					
City	State	Zip	City	State	Zip
Boxboro	MA	01719			

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
1200	Common	No Par	1200	Common	No Par

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

PAID
JUL 13 2000
SEC'Y OF STATE

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.

John P. Arnold 6/28/2000
Signature of Officer *Date*

JOHN P ARNOLD
Print or Type Name of Officer

Treasurer
Title of Officer

File Date: JUL 13 2 31 PM '00

Check No.: CORPORATIONS DIV.
SECRETARY OF STATE

By: RECEIVED

FOR SECRETARY OF STATE USE ONLY

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

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			
0016349	FWA HOTELS, INC			
3. Street Address Principal Business Office		City	State	Zip
20 GRAYS POINT ROAD		CHARLESTOWN	RI	02813
4. Business Phone No.	5. State of Incorporation			6. SIC Code
(401) 364-3844	R.I.			5579

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

Real Estate Managemnt

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

President Name		Vice President Name		
SARAH A. WHITTEMORE		PETER W. ARNOLD		
Street Address		Street Address		
HUNTERS HARBOR RD		20 GRAYS POINT ROAD		
City / State / Zip		City / State / Zip		
CHARLESTOWN / RI / 02813		CHARLESTOWN / RI / 02813		
Secretary Name		**Treasurer Name**		
JENNIFER Q HODGSON		JOHN P. ARNOLD		
Street Address		Street Address		
18 GRAYS POINT ROAD		68 GRAYS POINT ROAD		
City / State / Zip		City / State / Zip		
CHARLESTOWN / RI / 02813		CHARLESTOWN / RI / 02813		

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

Director Name		Director Name		
PETER W. ARNOLD		ROBIN HOEFER		
Street Address		Street Address		
20 GRAYS POINT ROAD		58 GRAYS POINT RD		
City / State / Zip		City / State / Zip		
CHARLESTOWN / RI / 02813		CHARLESTOWN / RI / 02813		
Director Name		**Director Name**		
THOMAS L. ARNOLD III				
Street Address		Street Address		
340 LIBERTY SQ				
City / State / Zip		City / State / Zip		
BOXBORO / MA				

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
1200	COMMON	NO PAR VALUE	1200	Common	No Par

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

PAID
KB
JUL 13 2000
SECY OF STATE

[redacted]

File Date: JUL 13 2 31 PM '00
Check No.: CORPORATIONS DIV
SECRETARY OF STATE
By: RECEIVED
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: 6/20/00
PETER W. ARNOLD
Print or Type Name of Officer
VICE 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

STOP
PLEASE READ INSTRUCTIONS

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.	2. Name of Corporation			
16349	F.W.A. HEIRS, INC.			
3. Street Address Principal Business Office		City	State	Zip
24 Hunter's Harbor Road		Charlestown	RI	02813
4. Business Phone No.	5. State of Incorporation			6. SIC Code
364-6471	Rhode Island			5579

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

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

President Name			Vice President Name		
Mary Giovan			William F. Arnold		
Street Address			Street Address		
Box 245			Box 818 - Gray's Point Road		
City	State	Zip	City	State	Zip
Charlestown	RI	02813	Charlestown	RI	02813
Secretary Name			**Treasurer Name**		
Elizabeth A. Quinn			Thomas L. Arnold, II		
Street Address			Street Address		
601 Bay Hills			24 Hunter's Harbor Road		
City	State	Zip	City	State	Zip
Arnold	MD	21012	Charlestown	RI	02813

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

Director Name			Director Name		
Peter W. Arnold			Deryck M. Arnold		
Street Address			Street Address		
20 Gray's Point Road			11 Millbrook Court		
City	State	Zip	City	State	Zip
Charlestown	RI	02813	Charlestown	RI	02813
Director Name			**Director Name**		
R. Nicholas Quinn					
Street Address			Street Address		
601 Bay Hills					
City	State	Zip	City	State	Zip
Arnold	MD	21012			

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
1200	Common	No Par	1200	Common	No Par

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

[redacted]

PAID
JUL 13 2000
SEC'Y OF STATE

File Date: JUL 13 2 31 PM '00

Check No.:

By:

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV.

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.

T.L. Arnold — 6/26/00
Signature of Officer — *Date*

T.L. Arnold
Print or Type Name of Officer

Treasurer
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

STOP
PLEASE READ INSTRUCTIONS

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 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		
16349	F.W.A. HEIRS, INC.		
3. Street Address Principal Business Office	City	State	Zip
24 Hunter's Harbor Road	Charlestown	RI	02813
4. Business Phone No.	5. State of Incorporation		6. SIC Code
364-6471	Rhode Island		5579

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

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

President Name			Vice President Name		
Mary Giovan			William F. Arnold		
Street Address			Street Address		
Box 245			Box 818 - Gray's Point Road		
City	State	Zip	City	State	Zip
Charlestown	RI	02813	Charlestown	RI	02813
Secretary Name			**Treasurer Name**		
Elizabeth A. Quinn			Thomas L. Arnold, II		
Street Address			Street Address		
601 Bay Hills			24 Hunter's Harbor Road		
City	State	Zip	City	State	Zip
Arnold	MD	21012	Charlestown	RI	02813

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

Director Name			Director Name		
Peter W. Arnold			Deryck M. Arnold		
Street Address			Street Address		
20 Gray's Point Road			11 Millbrook Court		
City	State	Zip	City	State	Zip
Charlestown	RI	02813	Charlestown	RI	02813
Director Name			**Director Name**		
R. Nicholas Quinn					
Street Address			Street Address		
601 Bay Hills					
City	State	Zip	City	State	Zip
Arnold	MD	21012			

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
1200	Common	No Par	1200	Common	No Par

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

PAID
JUL 13 2000
SECY OF STATE

File Date: 00 JUL 12 PM 2

Check No.:

By:

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV

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.

T.L. Arnold — 6/26/00
Signature of Officer — *Date*

T.L. ARNOLD
Print or Type Name of Officer

TREASURER
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

STOP
PLEASE READ INSTRUCTIONS

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1996

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.	2. Name of Corporation			
16349	F.W.A. HEIRS, INC.			
3. Street Address Principal Business Office		City	State	Zip
24 Hunter's Harbor Road		Charlestown	RI	02813
4. Business Phone No.	5. State of Incorporation			6. SIC Code
364-6471	Rhode Island			5579

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

Real Estate Management

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

President Name			Vice President Name		
Marty Giovan			William F. Arnold		
Street Address			Street Address		
Box 245			Box 818 - Gray's Point Road		
City	State	Zip	City	State	Zip
Charlestown	RI	02813	Charlestown	RI	02813
Secretary Name			**Treasurer Name**		
Elizabeth A. Quinn			Thomas L. Arnold, II		
Street Address			Street Address		
601 Bay Hills			24 Hunter's Harbor Road		
City	State	Zip	City	State	Zip
Arnold	MD	21012	Charlestown	RI	02813

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

Director Name			Director Name		
Peter W. Arnold			Deryck M. Arnold		
Street Address			Street Address		
20 Gray's Point Road			11 Millbrook Court		
City	State	Zip	City	State	Zip
Charlestown	RI	02813	Charlestown	RI	02813
Director Name			Director Name		
R. Nicholas Quinn					
Street Address			Street Address		
601 Bay Hills					
City	State	Zip	City	State	Zip
Arnold	MD	21012			

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
1200	Common	None	1200	Common	No Par

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

PAID
JUL 13 2000
24758

File Date: SEC'Y OF STATE JUL 13 2 32 PM '00

Check No.:

By:

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV.

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.

T. L. Arnold — 6/26/00
Signature of Officer — *Date*

T. L. ARNOLD
Print or Type Name of Officer

TREASURER
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

STOP
PLEASE READ INSTRUCTIONS

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1995

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.	2. Name of Corporation			
16349	F.W.A. HEIRS, INC.			
3. Street Address Principal Business Office		City	State	Zip
24 Hunter's Harbor Road		Charlestown	RI	02813
4. Business Phone No.	5. State of Incorporation			6. SIC Code
364-6471	Rhode Island			5579

7. Brief Description of the Character of Business Conducted in Rhode Island: Real Estate Management

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

President Name	Street Address	City	State	Zip
MMary Giovan	Box 245	Charlestown	RI	02813

Vice President Name	Street Address	City	State	Zip
William F. Arnold	Box 818 - Gray's Point Road	Charlestown	RI	02813

Secretary Name	Street Address	City	State	Zip
Elizabeth A. Quinn	601 Bay Hills	Arnold	MD	21012

Treasurer Name	Street Address	City	State	Zip
Thomas L. Arnold, II	24 Hunter's Harbor Road	Charlestown	RI	02813

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 W. Arnold	20 Gray's Point Road	Charlestown	RI	02813

Director Name	Street Address	City	State	Zip
Deryck M. Arnold	11 Millbrook Court	Charlestown	RI	02813

Director Name	Street Address	City	State	Zip
R. Nicholas Quinn	601 Bay Hills	Arnold	MD	21012

Director Name	Street Address	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
1,200	Common	None	1,200	Common	No Par

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

PAID KD
JUL 13 2000 #47515

File Date: JUL 13 2000

Check No.: SEC'Y OF STATE

By:

FOR SECRETARY OF STATE USE ONLY

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV.
00 JUL 13 P 2:32

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.

T.L. Arnold — *Signature of Officer*

6/26/00 — *Date*

T.L. Arnold — *Print or Type Name of Officer*

TREASURER — *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

STOP
PLEASE READ INSTRUCTIONS

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1994

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.	2. Name of Corporation			
16349	F.W.A. HEIRS, INC.			
3. Street Address Principal Business Office		City	State	Zip
24 Hunter's Harbor Road		Charlestown	RI	02813
4. Business Phone No.	5. State of Incorporation			6. SIC Code
364-6471	Rhode Island			5579

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

Real Estate Management

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

President Name	Street Address	City	State	Zip
MMary Giovan	Box 245	Charlestown	RI	02813

Vice President Name	Street Address	City	State	Zip
William F. Arnold	Box 818 - Gray's Point Road	Charlestown	RI	02813

Secretary Name	Street Address	City	State	Zip
Elizabeth A. Quinn	601 Bay Hills	Arnold	MD	21012

Treasurer Name	Street Address	City	State	Zip
Thomas L. Arnold, II	24 Hunter's Harbor Road	Charlestown	RI	02813

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 W. Arnold	20 Gray's Point Road	Charlestown	RI	02813

Director Name	Street Address	City	State	Zip
Deryck M. Arnold	11 Millbrook Court	Charlestown	RI	02813

Director Name	Street Address	City	State	Zip
R. Nichols Quinn	601 Bay Hills	Arnold	MD	21012

Director Name	Street Address	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
1,200	Common	No Par	1,200	Common	No Par

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

[redacted] [redacted]

File Date: JUL 13 2 32 PM '00

Check No.: RECEIVED SECRETARY OF STATE CORPORATIONS DIV

By:

FOR SECRETARY OF STATE USE ONLY

PAID JUL 13 2000 SEC'Y OF STATE

[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.

T.L. Arnold — *Signature of Officer*

6/26/00 — *Date*

T.L. ARNOLD — *Print or Type Name of Officer*

TREASURER — *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

STOP
PLEASE READ INSTRUCTIONS

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1993

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.	2. Name of Corporation		
16349	F.W.A. HEIRS, INC.		
3. Street Address Principal Business Office	City	State	Zip
24 Hunter's Harbor Road,	Charlestown	RI	02813
4. Business Phone No.	5. State of Incorporation		6. SIC Code
364-6471	Rhode Island		5579

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

Real Estate Management

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

President Name	Vice President Name
MMary Giovan	William F. Arnold
Street Address	Street Address
Box 245	Box 818 - Gray's Point Road
City / State / Zip	City / State / Zip
Charlestown / RI / 02813	Charlestown / RI / 02813
Secretary Name	**Treasurer Name**
Elizabeth A. Quinn	Thomas L. Arnold, II
Street Address	Street Address
601 Bay Hills	24 Hunter's Harbor Road
City / State / Zip	City / State / Zip
Arnold / MD / 21012	Charlestown / RI / 02813

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

Director Name	Director Name
Peter W. Arnold	Deryck M. Arnold
Street Address	Street Address
20 Gray's Point Road	11 Millbrook Court
City / State / Zip	City / State / Zip
Charlestown / RI / 02813	Charlestown / RI / 02813
Director Name	**Director Name**
R. Nicholas Quinn	
Street Address	Street Address
601 Bay Hills	
City / State / Zip	City / State / Zip
Arnold / MD / 21012	

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
1,200	Common	None	1,200	Common	No Par

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

PAID

File Date: JUL 13 2000 2 32 PM

Check No.: SECY OF STATE

By: 24735

RECEIVED JUL 13 2000 SECRETARY OF STATE CORPORATIONS DIV

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.

T. L. Arnold — 6/26/00
Signature of Officer / *Date*

T. L. Arnold
Print or Type Name of Officer

Treasurer
Title of Officer

Filing Fee $50.00

165 JB.

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 0016343 Annual Report for the year 1992

FIRST: The name of the corporation is F.W.A. HEIRS, INC.

SECOND: It is incorporated under the laws of RHODE ISLAND

THIRD: Character of business, briefly stated, is REAL ESTATE OWNERSHIP & MANAGEMENT

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 24 HUNTERS HARBOR RD - BOX 306
CHARLESTOWN, RI 02813

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

Name	Office	Address (including number, street, zip code)
P. ARNOLD	Director	71 GRAYS POINT RD, CHARLESTOWN, RI 02813
	Director	
	Director	
M. GIOVAN	President	P.O. BOX 245, CHARLESTOWN, RI 02813
W. F. ARNOLD	Vice President	P.O. BOX 818, CHARLESTOWN, RI 02813
S. QUINN	Secretary	601 BAY HILLS RD, ARNOLD, MD 21012
T. L. ARNOLD	Treasurer	58 STANICKER DRIVE, LAWRENCEVILLE, NJ 08648

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1200	COMMON		NO PAR

PAID
JUL 06 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
1196	COMMON		NO PAR

Dated JUNE 28 1992

(Name of Corporation)

By Thomas L. Arnold, Jr.

Title TREASURER

(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 0016349 Annual Report for the year 1991

FIRST: The name of the corporation is F.W.A. HEIRS, INC.

SECOND: It is incorporated under the laws of RHODE ISLAND

THIRD: Character of business, briefly stated, is REAL ESTATE MANAGEMENT

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 24 HUNTERS HARBOR ROAD
CHARLESTOWN, RI 02813

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

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
J. ARNOLD	Director	17 BINNEY LANE, OLD GREENWICH, CT 06870
M. GIDVAN	President	BOX 245, CHARLESTOWN, RI 02813
W. ARNOLD	Vice President	BOX 818, CHARLESTOWN, RI 02813
S. QUINN	Secretary	601 BAY HILLS RD, ARNOLD MD 21012
T. ARNOLD	Treasurer	58 STONICKER DRIVE - LAWRENCEVILLE, NJ 08648

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1200	COMMON		NO PAR

PAID
APR 24 1991
SEC'Y OF STATE

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1190			NO PAR

Dated 4/18 1991

F.W.A. HEIRS
(Name of Corporation)

By T.L. Arnold

Title TREASURER

(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 0016349 Annual Report for the year 1990

FIRST: The name of the corporation is F. W. A. Heirs, Inc

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Real Estate Management

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 24 Hunters Harbor Road
Charlestown, RI 02813

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

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
J. Arnold	Director	17 Binney Lane, Old Greenwich, CT 0687
M. Giovan	President	Box 245, Charlestown, RI 02813
W. Arnold	Vice President	Box 818, Charlestown, RI 02813
S. Quinn	Secretary	601 Bay Hills Rd, Arnold, MD 21012
T. Arnold	Treasurer	58 Stonicker Drive, Lawrenceville, NJ 08648

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1200	Common		No Par

PAID
APR 24 1991
SEC'Y OF STATE

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1190	Common		No Par

Dated 4/18 19 91

F. W. A. Heirs
(Name of Corporation)

By T. L. Arnold

Title 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 0016849 Annual Report for the year 1989

FIRST: The name of the corporation is F.W.A. HEIRS, INC.

SECOND: It is incorporated under the laws of RHODE ISLAND

THIRD: Character of business, briefly stated, is REAL ESTATE MANAGEMENT

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 24 HUNTERS HARBOR ROAD
CHARLESTOWN, R.I. 02813

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

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
MARTI GIOVAN	President	BOX 245, CHARLESTOWN, RI
WILLIAM ARNOLD	Vice President	BOX 818, CHARLESTOWN, RI
SUE QUINN	Secretary	ARNOLD, MD
THOMAS ARNOLD	Treasurer	58 STONICKER DRIVE, LAWRENCEVILLE, NJ 08648

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1200	COMMON		

PAID
MAR 13 1989
SEC'Y OF STATE

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1196	COMMON		

Dated 2/27/89 19

F.W.A. HEIRS, INC.
(Name of Corporation)

By Thomas L. Arnold

Title Treasurer

(Report must be signed by an officer)

Form 31 1/85

7

Filing Fee $15.00

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

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 16349 Annual Report for the year 1988

FIRST: The name of the corporation is F.W.A. HEIRS, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is REAL ESTATE MANAGEMENT

FOURTH: If foreign corporation, address of its principal office —

FIFTH: Business address in Rhode Island THOMAS L. ARNOLD, JR. - BOX 204 - SOUTH ARNOLDA ROAD - CHARLESTOWN, RI 02813

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

Name	Office	Address (including number, street, zip code)
J.P. ARNOLD	Director	GREENWICH, CT.
	Director	
	Director	
MARTI GIOVAN	President	CHARLESTOWN, RI
W.F. ARNOLD	Vice President	CHARLESTOWN, RI
S. QUINN	Secretary	ARNOLD, MD.
T.L. ARNOLD	Treasurer	C/O 58 STOWICKER DRIVE, LAWRENCEVILLE, NJ 08648

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1200	COMMON		NO PAR

PAID
JAN 20 1988
SEC'Y OF STATE

JAN 20 1988

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1196	Common		NO PAR

Dated 1/10 19 88

F W A HEIRS, INC
(Name of Corporation)

By T.L. Arnold, Jr.

Title 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
270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 16349 Annual Report for the year 1987

FIRST: The name of the corporation is F.W.A. HEIRS, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is REAL ESTATE MANAGEMENT

FOURTH: If foreign corporation, address of its principal office N/A

FIFTH: Business address in Rhode Island c/o T. L. ARNOLD, BOX 204, CHARLESTOWN R.I. 02813

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

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
PETER W. ARNOLD	Director	BOX 804 CHARLESTOWN, R.I. 02813
WILLIAM T. ARNOLD	President	BOX 818, CHARLESTOWN, R.I. 02813
MARY N. GIOVAN	Vice President	BOX 245, CHARLESTOWN, R.I. 02813
ELIZABETH A. QUINN	Secretary	601 BAY HILLS, ARNOLD, MD
THOMAS L. ARNOLD, JR.	Treasurer	58 STONICKER DR. LAWRENCEVILLE, N.J.

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1200	Common		NONE

APR 22 1987

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1196	Common		NONE

PAID
MAR 3 1987
SECRETARY OF STATE

Dated 2/13/87 19

F.W.A. HEIRS, INC.
(Name of Corporation)

By T. L. Arnold, Jr.

Title 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

OFFICE OF THE SECRETARY OF STATE

Annual Report for the year 1986

FIRST: The name of the corporation is FWA Heirs, Inc CID # 16349

SECOND: It is incorporated under the laws of R. I.

THIRD: Character of business, briefly stated, is Real Estate Management

FOURTH: If foreign corporation, address of its principal office —

FIFTH: Business address in Rhode Island (blank reports will be mailed to this address) Box 204, Charlestown, R.I.

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

Name	Office	Address
	Director	
	Director	
	Director	
William F. Arnold, Jr	President	Charlestown, RI
Marty Giovan	Vice President	Charlestown, RI
Peter W. Arnold	Secretary	Charlestown, RI
T.L. Arnold, Jr	Treasurer	58 Stonicker Drive - Lawrenceville, NJ 08648

(If additional space is needed, attach rider)

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1200	Common		No Par

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1200	Common		No Par

Dated: 1/7 1986

FWA Heirs
(Name of Corporation)

By T.L. Arnold, Jr.

Title Treasurer

(Report must be signed by an officer)

1/10/86 AH

1/10/86 PAID

AR CERT 0:9AM 1

15.00 15.00

If the corporation has changed its registered office and/or its registered agent, Form #9 must be filed. Please contact Corporation Division for information. 277-3040

FORM 31 11-82

16,349

Filing fee: $15.00

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

State of Rhode Island and Providence Plantations

OFFICE OF THE SECRETARY OF STATE

Annual Report for the year 1985

FIRST: The name of the corporation is FWA HEIRS, INC

SECOND: It is incorporated under the laws of RHODE ISLAND

THIRD: Character of business, briefly stated, is REAL ESTATE MANAGEMENT

FOURTH: If foreign corporation, address of its principal office —

FIFTH: Business address in Rhode Island (blank reports will be mailed to this address) C/o BOX 306, CHARLESTOWN, R.I

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

Name	Office	Address
SUE QUINN	Director	ARNOLD, MD
MARTY GIOVAN	Director	CHARLESTOWN, R.I.
	Director	
W.F. ARNOLD, JR	President	CHARLESTOWN, R.I.
P.W. ARNOLD	Vice President	CHARLESTOWN, R.I.
S.A. WHITTEMORE	Secretary	CHARLESTOWN, R.I.
T.L. ARNOLD, JR	Treasurer	58 STONICKER DRIVE LAWRENCEVILLE, NJ 08648

(If additional space is needed, attach rider)

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1200	COMMON		NO PAR

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
960	COMMON		NO PAR

Dated: 1/9 1985

F.W. HEIRS, INC
(Name of Corporation)

By Thomas L. Arnold, Jr

Title Treasurer

(Report must be signed by an officer)

VF
JAN 28 1985

01/16/85 PAID

AMRR CHECK 031901 15.00 15.00

If the corporation has changed its registered office and/or its registered agent, Form #9 must be filed. Please contact Corporation Division for information. 277-3040

FORM 31 11-82

16,349

Filing fee: $15.00

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

State of Rhode Island and Providence Plantations
OFFICE OF THE SECRETARY OF STATE

Annual Report for the year 1984

FIRST: The name of the corporation is FWA Heirs, Inc

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Real Estate Management

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island (blank reports will be mailed to this address) C/o Box 306, Charlestown, R.I.

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

Name	Office	Address
Sarah Whittemore	Director	Charlestown, R.I.
Marty Giovan	Director	" "
	Director	
W.F. Arnold, Jr	President	Charlestown, R.I.
P.W. Arnold	Vice President	Charlestown, RI
Sue Quinn	Secretary	Arnold, Md.
T.L. Arnold, Jr	Treasurer	58 Stonicker Drive, Lawrenceville, NJ 08648

(If additional space is needed, attach rider)

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1200	Common		No Par

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
960	Common		No Par

Dated: 1/9/85 19

F.W. Heirs, Inc
(Name of Corporation)

By Thomas L. Arnold, Jr.

Title Treasurer

(Report must be signed by an officer)

DEC 31 1984
VF

01/16/85 PAID

AMT 15.00
CHECK 15.00
031800

If the corporation has changed its registered office and/or its registered agent, Form #9 must be filed. Please contact Corporation Division for information. 277-3040

FORM 31 11-82

Filing fee: $15.00

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

State of Rhode Island and Providence Plantations
OFFICE OF THE SECRETARY OF STATE

Annual Report for the year 1983

FIRST: The name of the corporation is

FWA HEIRS, INC

SECOND: It is incorporated under the laws of RHODE ISLAND

THIRD: Character of business, briefly stated, is

MANAGEMENT & RENTAL OF REAL ESTATE & BUILDINGS

FOURTH: If foreign corporation, address of its principal office

—

FIFTH: Business address in Rhode Island (blank reports will be mailed to this address) C/O PETER ARNOLD - ARNOLDA EAST - CHARLESTOWN, R.I - 02813

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

Name	Office	Address
	Director	
	Director	
	Director	
ELIZABETH QUINN	President	ARNOLD, MARYLAND
WILLIAM F. ARNOLD	Vice President	CHARLESTOWN, R.I.
JOHN P. ARNOLD	Vice President	GREENWICH, CONN.
MARY GIOVAN	Secretary	CHARLESTOWN, R.I.
THOMAS ARNOLD, JR	Treasurer	LAWRENCEVILLE, N.J.
PETER ARNOLD	ASST TREASURER	CHARLESTOWN, R.I.

(If additional space is needed, attach rider)

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1200	COMMON		NO PAR VALUE

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
960	COMMON		NO PAR VALUE

3-4-83

Dated: 2/26 19 83 FWA HEIRS, INC.

(Name of Corporation)

By Thomas L. Arnold, Jr.

Title Treasurer

(Report must be signed by an officer)

MAR 4 1983 BB

If the corporation has changed its registered office and/or its registered agent, Form #9 must be filed. Please contact Corporation Division for information. 277-3040

FORM 31 11-82

Filing fee: $15.00

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

11-81

State of Rhode Island and Providence Plantations

OFFICE OF THE SECRETARY OF STATE

Annual Report for the year 1982

FIRST: The name of the corporation is F.W.A. HEIRS, INC.

SECOND: It is incorporated under the laws of RHODE ISLAND

THIRD: Character of business, briefly stated, is REAL ESTATE MANAGEMENT

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island (blank reports will be mailed to this address) c/o PETER W. ARNOLD, ARNOLDA EAST, CHARLESTOWN, R.I. 02813

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

Name	Office	Address
	Director	
WILLIAM F. ARNOLD, JR	~~Director~~	70 PINE ST, NYC, N.Y.
PETER W. ARNOLD	ASST TREAS ~~Director~~	ARNOLDA EAST, CHARLESTOWN, RI 02813
ELIZABETH A. QUINN	President	601 BAY HILLS, ARNOLD, MD 21012
JOHN P. ARNOLD	Vice President	BINNEY LANE, OLD GREENWICH, CT
SARAH A. WHITTEMORE	Secretary	1161 LAUREL, WINNETKA, ILL.
THOMAS L. ARNOLD, JR.	Treasurer	58 STONICKER, LAWRENCEVILLE, NJ

(If additional space is needed, attach rider)

SEVENTH: Number of Shares authorized: 1200 no par value

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1200	Common	—	no par value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
960	Common	—	no par value

Dated: February 1 19 82

FWA Heirs Inc.
(Name of Corporation)

FEB 18 1982

By Elizabeth A. Quinn

Title President FWA Heirs, Inc.

(Report must be signed by an officer)

If the corporation has changed its registered office and/or its registered agent, Form #9 must be filed. Please contact Corporation Division for information. 277-3040

Form 31 — 10-81