



**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. 97050		2. Name of Corporation EMERALD REALTY, CORP.			
3. Street Address Principal Business Office 3 EMERALD LANE			City Johnston	State RI	Zip 02919
4. Business Phone No. 401-949-5607		5. State of Incorporation RHODE ISLAND		6. SIC Code 5579	
7. Brief Description of the Character of Business Conducted in Rhode Island REAL ESTATE OWNERSHIP.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Stephen Ricard			Vice President Name Kathleen A. Ricard		
Street Address 3 Emerald Lane			Street Address (Same)		
City Johnston	State RI	Zip 02919	City	State	Zip
Secretary Name Stephen Ricard			Treasurer Name Kathleen A. Ricard		
Street Address (Same)			Street Address (Same)		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Stephen Ricard			Director Name Kathleen A. Ricard		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000	NO PAR VALUE		1000	Common	No P.V.

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



File Date **FILED** 2678  
Check No. MAR 17 2005  
By [Signature]  
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] 3/1/05  
Signature of Officer  
Stephen Ricard  
Print or Type Name of Officer  
President  
Title of Officer



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)

Form with sections for: 1. Corporate ID No. (97050), 2. Name of Corporation (EMERALD REALTY, CORP.), 3. Street Address (3 EMERALD LN, JOHNSTON, RI, 02919), 4. Business Phone No. (401-949-5607), 5. State of Incorporation (RHODE ISLAND), 6. SIC Code (5579), 7. Brief Description of the Character of Business (REAL ESTATE OWNERSHIP), 8. Names and Addresses of Officers (STEPHEN RICARD, KATHLEEN A. RICARD), 9. Names and Addresses of Directors (Stephen Ricard), 10. Shares Authorized (1,000 NO PAR VALUE), 11. Shares Issued (1000 Common No PV).

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



\* 9 7 0 5 0 \*

File Date: 3-8-04
Check No.: 2531
By: [Signature]

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: [Signature]
Date: 3-1-04
Print or Type Name of Officer: STEPHEN RICARD
Title of Officer: PRES.



**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. 97050  
2. Name of Corporation EMERALD REALTY, CORP.  
3. Street Address Principal Business Office 3 EMERALD LANE  
4. Business Phone No. 401-949-5607  
5. State of Incorporation RHODE ISLAND  
7. Brief Description of the Character of Business Conducted in Rhode Island REAL ESTATE INVESTMENT

City JOHNSTON State RI Zip 02919  
8. SIC Code 5579

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT)  
President Name STEPHEN RICARD  
Street Address 3 EMERALD LANE  
City JOHNSTON State RI Zip 02919  
Secretary Name STEPHEN RICARD  
Street Address (SAME)  
City State Zip

FILL IN SPACES BEFORE USING ATTACHMENTS  
Vice President Name KATHLEEN A. RICARD  
Street Address 3 EMERALD LANE  
City JOHNSTON State RI Zip 02919  
Treasurer Name KATHLEEN A. RICARD  
Street Address (SAME)  
City State Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT)  
Director Name STEPHEN RICARD  
Street Address (SAME)  
City State Zip

FILL IN SPACES BEFORE USING ATTACHMENTS  
Director Name KATHLEEN A. RICARD  
Street Address (SAME)  
City State Zip

10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)  
AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
1,000 NO PAR VALUE

11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)  
ISSUED SHARES  
Number of Shares Class/Series Par Value  
1000 Common NPV

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

File Date: 4.9.03  
Check No.: 2270  
By: [Signature]  
FOR SECRETARY OF STATE USE ONLY



\* 9 7 0 5 0 \*

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.  
X [Signature] Date 3-28-03  
Signature of Officer  
STEPHEN RICARD  
Print or Type Name of Officer  
PRESIDENT  
Title of Officer



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. 97050  
2. Name of Corporation EMERALD REALTY, CORP.  
3. Street Address Principal Business Office  
3 EMERALD LANE  
4. Business Phone No. 401-949-5607  
5. State of Incorporation  
RHODE ISLAND  
7. Brief Description of the Character of Business Conducted in Rhode Island  
Real estate investment

City JOHNSTON State RI Zip 02919  
6. SIC Code  
5579

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

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Stephen Ricard  
Street Address 3 Emerald Lane  
City Johnston State RI Zip 02919  
Secretary Name Stephen Ricard  
Street Address (same)  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Vice President Name Kathleen Ricard  
Street Address 3 Emerald Lane  
City Johnston State RI Zip 02919  
Treasurer Name Kathleen Ricard  
Street Address (same)  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name Stephen Ricard  
Street Address (same)  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Director Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Director Name Kathleen Ricard  
Street Address (same)  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Director Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
1,000 NO PAR VALUE

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

ISSUED SHARES  
Number of Shares Class/Series Par Value  
1,000 Common NPV

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



\* 9 7 0 5 0 \*

File Date: 3/15/02  
Check No.: 2082  
By: 16

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.

Stephen Ricard Date 3-11-02  
Signature of Officer  
Stephen Ricard  
Print or Type Name of Officer  
President  
Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001**

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **97050** 2. Name of Corporation **EMERALD REALTY, CORP.**

3. Street Address Principal Business Office **3 Emerald Lane** City **Johnston** State **RI** Zip **02919**

4. Business Phone No. **401 949-5607** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **5579**

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

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

President Name <b>Stephen Ricard</b>	Vice President Name
Street Address <b>3 Emerald Lane</b>	Street Address
City State Zip <b>Johnston RI 02919</b>	City State Zip
Secretary Name <b>Kathleen Ricard</b>	Treasurer Name
Street Address <b>3 Emerald Lane</b>	Street Address
City State Zip <b>Johnston RI 02919</b>	City State Zip

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

Director Name <b>Stephen Ricard</b>	Director Name <b>Kathleen Ricard</b>
Street Address <b>3 Emerald Lane</b>	Street Address <b>3 Emerald Lane</b>
City State Zip <b>Johnston RI 02919</b>	City State Zip <b>Johnston RI 02919</b>
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

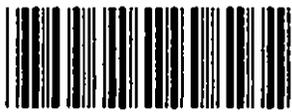
**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES	Class/Series	Par Value
1,000	NO PAR VALUE	

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

ISSUED SHARES	Class/Series	Par Value
1000	common	NPV

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



\* 9 7 0 5 0 \*

File Date: 3/5

Check No.: 1863

By: [Signature]

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] 2-6-01

Signature of Officer Date

Stephen Ricard  
Print or Type Name of Officer

President  
Title of Officer

**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. **97050** 2. Name of Corporation **EMERALD REALTY, CORP.**

3. Street Address Principal Business Office **3 Emerald Lane** City **Johnston** State **RI** Zip **02919**  
4. Business Phone No. **401 949-5607** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **5579**

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

**Real Estate**

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

President Name <b>Stephen Ricard</b>	Vice President Name
Street Address <b>3 Emerald Lane</b>	Street Address
City State Zip <b>Johnston, RI 02919</b>	City State Zip
Secretary Name	Treasurer Name
Street Address	Street Address
City State Zip	City State Zip

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

Director Name <b>Stephen Ricard</b>	Director Name <b>Kathleen Ricard</b>
Street Address <b>3 Emerald Lane</b>	Street Address <b>3 Emerald Lane</b>
City State Zip <b>Johnston RI 02919</b>	City State Zip <b>Johnston RI 02919</b>
Director Name	Director Name
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
<b>1,000</b>	<b>NO PAR VALUE</b>	

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
<b>1000</b>	<b>common</b>	<b>no par value</b>

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



\* 9 7 0 5 0 \*

File Date: 3/13/00

Check No.: 16607

By: [Signature]

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.

X [Signature] 2-28-00  
Signature of Officer Date

Stephen Ricard  
Print or Type Name of Officer

President  
Title of Officer



**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. **97050** 2. Name of Corporation **EMERALD REALTY, CORP.**

3. Street Address Principal Business Office **3 Emerald Lane** City **Johnston,** State **RI** Zip **02919**

4. Business Phone No. **(401) 949-5607** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **5579**

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

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

President Name <b>Stephen Ricard</b>	Vice President Name
Street Address <b>3 Emerald Lane</b>	Street Address
City State Zip <b>Johnston, RI 02919</b>	City State Zip
Secretary Name	Treasurer Name
Street Address	Street Address
City State Zip	City State Zip

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

Director Name <b>Stephen Ricard</b>	Director Name <b>Kathleen Ricard</b>
Street Address <b>3 Emerald Lane</b>	Street Address <b>3 Emerald Lane</b>
City State Zip <b>Johnston, RI 02919</b>	City State Zip <b>Johnston, RI 02919</b>
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

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

AUTHORIZED SHARES	Class/Series	Par Value
<b>1,000 NO PAR VALUE</b>		

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

ISSUED SHARES	Class/Series	Par Value
<b>1000</b>	<b>common</b>	<b>no par value</b>

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



\* 9 7 0 5 0 \*

File Date: Feb 29, 99  
Check No.: 1494  
By: [Signature]

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: [Signature] Date: 2-13-99  
**Stephen Ricard**  
Print or Type Name of Officer  
**President**  
Title of Officer



**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. **97050** 2. Name of Corporation **EMERALD REALTY, CORP.**  
3. Street Address Principal Business Office **3 Emerald Lane** City **Johnston** State **RI** Zip **02919**  
4. Business Phone No. **438-4646** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7880**  
7. Brief Description of the Character of Business Conducted in Rhode Island

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

**Real Estate Ownership**  
President Name **Stephen Ricard** Vice President Name **Kathleen Ricard**  
Street Address **3 Emerald Lane** Street Address **3 Emerald Lane**  
City **Johnston** State **RI** Zip **02919** City **Johnston** State **RI** Zip **02919**  
Secretary Name **Kathleen Ricard** Treasurer Name  
Street Address **3 Emerald Lane** Street Address  
City **Johnston** State **RI** Zip **02919** City **Johnston** State **RI** Zip **02919**

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

Director Name **Stephen Ricard** Director Name **Kathleen Ricard**  
Street Address **3 Emerald Lane** Street Address **3 Emerald Lane**  
City **Johnston** State **RI** Zip **02919** City **Johnston** State **RI** Zip **02919**  
Street Address  
City **Johnston** State **RI** Zip **02919** City **Johnston** State **RI** Zip **02919**

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

AUTHORIZED SHARES  
Number of Shares **1,000** Class/Series **no par value** Par Value

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

ISSUED SHARES  
Number of Shares **1000** Class/Series **common** Par Value **no par value**

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 *[Signature]* Date **3-2-98**

**Stephen Ricard**  
Print or Type Name of Officer

**President**  
Title of Officer

File Date: **3.5.98**

Check No.: **1234**

By: **[Signature]**

FOR SECRETARY OF STATE USE ONLY