



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 69653		2. Name of Corporation The Kenyon Association Condominium, Inc.			
3. Street Address Principal Business Office 7 Bayfield Road		City Wakefield	State RI	Zip 02879	
4. Business Phone No. 401-792-3714		5. State of Incorporation Rhode Island			6. SIC Code 8888
7. Brief Description of the Character of Business Conducted in Rhode Island Homeowners Association					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Stuart Robinson			Vice President Name Tom Cicerelli		
Street Address 2 Forge Road North			Street Address 21 Geranium Circle		
City Wilton	State CT	Zip 06897	City Cranston	State RI	Zip 02920
Secretary Name (Recording) Ellen Henry			Treasurer Name Carol Berk		
Street Address 7 Bayfield Road			Street Address 171 Oak Hill Avenue		
City Wakefield	State RI	Zip 02879	City Pawtucket	State RI	Zip 02860
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name (Corresponding Secretary) Claire Stoecker			Director Name		
Street Address 104 Olympus Way			Street Address		
City Jupiter	State FL	Zip 33477	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1000 Comm (No Par Value)		—0	None	N/A	N/A

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

File Date	6/20/05
Check No.	163
By:	DA
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.

Carol A. Berk Jan. 24, 05
Signature of Officer Date
Carol A. Berk
Print or Type Name of Officer
Treasurer
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)

1. Corporate ID No 69653		2. Name of Corporation The Kenyon Association Condominium, Inc.			
3. Street Address Principal Business Office 7 Bayfield Road		City Wakefield		State RI	Zip 02879
4. Business Phone No. 401-792-3714		5. State of Incorporation RHODE ISLAND			6. SIC Code 8888
7. Brief Description of the Character of Business Conducted in Rhode Island TO DEAL WITH THE NATHAN G. KENYON ESTATE.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Stuart Robinson			Vice President Name Tom Cicerelli		
Street Address 2 Forge Road North			Street Address 21 Geranium Circle		
City Wilton	State CT	Zip 06897	City Cranston	State RI	Zip 02920
Secretary Name (Recording) Ellen Henry			Treasurer Name Carol Berk		
Street Address 7 Bayfield Road			Street Address 171 Oak Hill Avenue		
City Wakefield,	State RI	Zip 02879	City Pawtucket	State RI	Zip 02860
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name (Corresponding Secretary) Caire Stoeckier			Director Name		
Street Address 104 Olympus Way			Street Address		
City Jupiter	State FL	Zip 33477	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 COMM NO PAR VALUE					

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



* 6 9 6 5 3 *

File Date 1/15/04
Check No. 134
By: DA

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 Carol A. Berk Jan. 14, 2004
Date

Carol A. Berk

Print or Type Name of Officer

Treasurer

Title of Officer



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

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



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 69653 2. Name of Corporation The Kenyon Association Condominium, Inc.
3. Street Address Principal Business Office 45 Woodcock Trail City Charlestown State RI Zip 02813-2874
4. Business Phone No. 401-364-6610 5. State of Incorporation Rhode Island 6. SIC Code 8888

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

Homeowners' Association

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

President Name Stuart Robinson Street Address 2 Forge Road North City Wilton State CT Zip 06897	Vice President Name Tom Cicefelli Street Address 21 Geranium Circle City Cranston State RI Zip 02920
Secretary Name (Corresponding) Claire Stoecker Street Address 104 Olympus Way City Jupiter State FL Zip 33477	Treasurer Name Carol Berk Street Address 171 Oak Hill Avenue City Pawtucket State RI Zip 02860-6146

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

Director Name XXXXXX Recording Secretary Ellen Henry Street Address 7 Bayfield Road City Wakefield State RI Zip 02879	Director Name Street Address City State Zip
Director Name Street Address City State Zip	Director Name Street Address City State Zip

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

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

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

ISSUED SHARES
Number of Shares Class/Series Par Value
None

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

File Date: 1/22/03

Check No.: 112

By: DA

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.

Carol A. Berk Jan 22, 2003
Signature of Officer Date

Carol A. Berk
Print or Type Name of Officer

Treasurer

Title of Officer



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

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 69653		2. Name of Corporation The Kenyon Association Condominium, Inc.			
3. Street Address Principal Business Office 46 Woodcock Trail		City Charlestown	State RI		
4. Business Phone No. 401-364-6610		5. State of Incorporation Rhode Island	Zip 02813-2874		
6. SIC Code 8888					
7. Brief Description of the Character of Business Conducted in Rhode Island Homeowners Association					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Michael Trapp		Vice President Name Stuart Robinson			
Street Address 1149 Succotash Road		Street Address 2 Forge Road North			
City Wakefield	State RI	City Wilton	State CT		
Zip 02879		Zip 06897			
Secretary Name (Corresponding) Claire Stoecker		Treasurer Name Carol Berk			
Street Address 104 Olympus Way		Street Address 171 Oak Hill Avenue			
City Jupiter	State FL	City Pawtucket	State RI		
Zip 33477		Zip 02860-6146			
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name xxxx Recording Secretary Ellen Henry		Director Name			
Street Address 7 Bayfield Road		Street Address			
City Wakefield	State RI	City	State		
Zip 02879		Zip			
Director Name		Director Name			
Street Address		Street Address			
City	State	City	State		
Zip		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 SHS COMM NO PAR VAL			none		

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

File Date: 1-31-02

Check No.: 499

By: AMF

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.

Carol A. Berk January 30, 2002
Signature of Officer Date

Carol A. Berk
Print or Type Name of Officer

Treasurer
Title of Officer



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

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



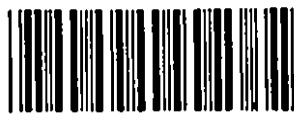
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 69653		2. Name of Corporation The Kenyon Association Condominium, Inc.			
3. Street Address Principal Business Office 46 Woodcock Trail		City Charlestown	State RI	Zip 02813	
4. Business Phone No. 401-364-6610		5. State of Incorporation RHODE ISLAND		6. SIC Code 8888	
7. Brief Description of the Character of Business Conducted in Rhode Island Homeowners Association					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Michael Trapp		Vice President Name Robert D. Smith			
Street Address 1149 Succotash Rd		Street Address 46 Woodcock Trail			
City Wakefield	State RI	Zip 02819	City Charlestown	State RI	Zip 02813-2874
Secretary Name Claire Stoeker		Treasurer Name Stuart Robinson			
Street Address 104 Olympus Way		Street Address 2 Forge Road North			
City Jupiter	State FL	Zip 3477	City Wilton	State CT	Zip 06897
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Recording Secretary		Director Name			
Street Address Ellen Henry		Street Address			
City 7 Bayfield Road		City			
State Wakefield	Zip RI 02819	State RI			
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 SHS COMM NO PAR VAL			none		

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



* 6 9 6 5 3 *

File Date: 1/23

Check No.: 476

By: ac

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.

Robert D. Smith JANUARY 20, 2001
Signature of Officer Date

Robert D. Smith
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



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

69653

The Kenyon Association Condominium, Inc.

3. Street Address Principal Business Office

46 Woodcock Trail

City

Charlestown

State

RI

Zip

02813

4. Business Phone No.

401-364-6610

5. State of Incorporation

RHODE ISLAND

6. SIC Code

8888

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

Homeowners Assn

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

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Michael Trapp

Street Address

1149 Succotash Rd

City

Wakefield

State

RI

Zip

02879

Vice President Name

Robert D Smith

Street Address

46 Woodcock Trail

City

Charlestown

State

RI

Zip

02813-2874

Secretary Name

Claire Staecher

Street Address

104 Olympus way

City

Jupiter

State

FL

Zip

33477

Treasurer Name

Nora Corrigan

Street Address

1178 Succotash Road

City

Wakefield

State

RI

Zip

02879

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

FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name Rec. Secretary

ELLEN HENRY

Street Address

7 Bayfield Road

City

Wakefield

State

RI

Zip

02879

Director Name

Street Address

City

State

Zip

Director Name

Street Address

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

1,000 SHS COMM NO PAR VAL

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

0

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



* 6 9 6 5 3 *

PAID

File Date: JAN 19 2000

Check No.: SECY OF STATE

By: _____

FOR SECRETARY OF STATE USE ONLY

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

Robert D Smith January 9, 2000
Signature of Officer Date

ROBERT D SMITH
Print or Type Name of Officer

VICE 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. 69653		2. Name of Corporation THE KENYON ASSOCIATION, INC.			
3. Street Address Principal Business Office 46 WOODCOCK TRAIL			City CHARLESTOWN	State R.I.	Zip 02813
4. Business Phone No. 401-364-6610		5. State of Incorporation RHODE ISLAND			6. SIC Code 0000 (8888)
7. Brief Description of the Character of Business Conducted in Rhode Island Homeowners Ass'n					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name STUART B. ROBINSON			Vice President Name ROBERT SMITH		
Street Address 2 FORGE ROAD N			Street Address 46 WOODCOCK TRAIL		
City WILTON	State CONN	Zip 06897	City CHARLESTOWN	State R.I.	Zip 02813
Secretary Name (CORRESPONDING) CLAIRE E. STOECKER			Treasurer Name NORA E. CORRIGAN		
Street Address 104 OLYMPUS WAY			Street Address 1178 SUCCOTASH RD		
City JUPITER	State FLA.	Zip 33417	City WAKEFIELD	State R.I.	Zip 02879
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name RECORDING SECRETARY			Director Name none		
Street Address 15 MOUNTAINVIEW DRIVE			Street Address none		
City WOLCOTT	State CONN.	Zip 06716	City	State	Zip
Director Name 9. none			Director Name none		
Street Address none			Street Address none		
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 SHS COMM NO PAR VAL			0	—	—

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



File Date: Jan 27, 1999

Check No.: 420

By: JD.

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.

Robert D. Smith January 4, 1999
Signature of Officer Date

ROBERT D. SMITH
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
401-277-3040

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. **68653** 2. Name of Corporation **THE KENYON ASSOCIATION, INC.**

3. Street Address Principal Business Office **c/o Robert D. Smith, 46 Woodcock Trail** City **Charlestown** State **R.I.** Zip **02813**
4. Business Phone No. **(401) 304-6610** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **8888**

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

Homeowners Association

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

President Name Stuart Robinson	Vice President Name Robert Smith
Street Address 2 Forge Rd. North	Street Address 46 Woodcock Trail
City Wilton,	City Charlestown
State Ct.	State R.I.
Zip 06897	Zip 02813
Secretary Name Marjorie Granquist	Treasurer Name Nora Corrigan
Street Address 14 Taylor Street	Street Address 1178 Succotash Rd.
City Cranston	City Wakefield
State R.I.	State R.I.
Zip 02 920	Zip 02879

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

Director Name Corr. Sec. Claire E. Stoecker	Director Name
Street Address 104 Olympus Way	Street Address
City Jupiter	City
State Fla.	State
Zip 33477	Zip
Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
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1,000 SHS COMM NO PAR VAL

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
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0

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



* 6 9 6 5 3 *

File Date: **2/21/98**

Check No.: **390**

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.

Nora Elizabeth Corrigan 1/21/98
Signature of Officer Date

Nora Corrigan
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
401-277-3040

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. 69653		2. Name of Corporation THE KENYON ASSOCIATION, INC.			
3. Street Address Principal Business Office 7 BAYFIELD DRIVE		City SO. KINGSTOWN	State R.I.	Zip 02879	
4. Business Phone No. 401-792-3714		5. State of Incorporation RHODE ISLAND		6. SIC Code 8888	
7. Brief Description of the Character of Business Conducted in Rhode Island HOMEDOWNER'S ASS'N FORMED TO HAVE RIGHT OF 1ST REFUSAL TO MATCH OFFER MADE TO PURCHASE LAND UPON					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> IT WHICH OUR DWELLINGS SIT TO COMPLY WITH R.I. STATUTE - 34-18.2-3					
President Name STUART ROBINSON		Vice President Name WILLIAM E. HENRY			
Street Address 2 FORGE ROAD NORTH		Street Address 7 BAYFIELD DRIVE			
City WILTON	State CT	Zip 06897	City SO. KINGSTOWN	State R.I.	Zip 02879
Secretary Name RECORDING! MARJORIE GRANQUIST		Treasurer Name NOA ELIZABETH CORRIGAN			
Street Address 14 TAYLOR ST.		Street Address 1178 SUCCOTASH RD			
City CRANSTON	State R.I.	Zip 02920	City WAKEFIELD	State R.I.	Zip 02879
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name PAUL DUVAL		Director Name STEVEN HARRALL			
Street Address 34 ROCKLAWN AVENUE		Street Address 37 ASPEN COURT			
City ATTLEBORO	State MA.	Zip 02783	City NO. KINGSTOWN	State R.I.	Zip 02852
Director Name ANDREW OHSWICKY		Director Name ROBERT TRAGER			
Street Address 90 PLYMOUTH DRIVE APT		Street Address 351 SUCCOTASH RD			
City NOBLODD	State MA.	Zip 02062	City WAKEFIELD	State R.I.	Zip 02879
10. SHARES AUTHORIZED AND 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 SHS COMM NO PAR VAL			NONE		

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



* 6 9 6 5 3 *

File Date: 11/1/97

Check No.: 178

By: (CS)

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.

Nora Elizabeth Corrigan 12/26/96
Signature of Officer Date

NORA ELIZABETH CORRIGAN
Print or Type Name of Officer

TREASURER
Title of Officer

PROFIT CORPORATION
ANNUAL REPORT

1996



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

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

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. 69653		2. NAME OF CORPORATION THE KENYON ASSOCIATION, INC.		
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 7 BAYFIELD DRIVE		CITY SO. KINGSTOWN	STATE R.I.	ZIP CODE 02879
4. BUSINESS PHONE NO. 401-792-3714		5. STATE OF INCORPORATION RHODE ISLAND		6. SIC CODE 8888
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND HOMEOWNER ASSOCIATION FORMED TO HAVE RIGHT OF 1ST REFUSAL TO MATCH OFFER MADE TO PURCHASE THE LAND UPON WHICH OUR DWELLING SITS (THE KENYON ESTATE) TO COMPLY WITH R.I. STATUTE 34-18.2-3				
8. NAMES AND ADDRESSES OF THE OFFICERS				
PRESIDENT NAME STUART ROBINSON		VICE PRESIDENT NAME WILLIAM E HENRY		
STREET ADDRESS 8 FORGE RD. NORTH		STREET ADDRESS 7 BAYFIELD DRIVE		
CITY WILTON	STATE CT	ZIP CODE 06897	CITY SO. KINGSTOWN	STATE R.I.
SECRETARY NAME (RECORDING) MARJORIE GRANQUEST		TREASURER NAME NORA ELIZABETH CORRIGAN		
STREET ADDRESS 14 TAYLOR ST.		STREET ADDRESS 1178 SULLOTSH RD.		
CITY CRANSTON	STATE R.I.	ZIP CODE 02920	CITY WAKEFIELD	STATE R.I.
9. NAMES AND ADDRESSES OF THE DIRECTORS				
DIRECTOR NAME PAUL DUVAL		DIRECTOR NAME STEVEN HARRALL		
STREET ADDRESS 34 ROCKLAWN AVE.		STREET ADDRESS 1147 SULLOTSH RD.		
CITY ATTLEBORO	STATE MA.	ZIP CODE 02783	CITY WAKEFIELD	STATE R.I.
DIRECTOR NAME ANDREW OHTONICKY		DIRECTOR NAME ROBERT TRAGER		
STREET ADDRESS 16 CHURCH ST.		STREET ADDRESS 351 SULLOTSH RD		
CITY WAKEFIELD	STATE MA.	ZIP CODE 01880	CITY WAKEFIELD	STATE R.I.
10. SHARES AUTHORIZED AND ISSUED				
AUTHORIZED SHARES			ISSUED SHARES	
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES
1,000 SHS COMM 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.

File Date: 1/3/96
Check No: 147
By: CCFUP
For Secretary of State Use Only

Nora Elizabeth Corrigan
Signature of Officer
NORA ELIZABETH CORRIGAN
Print or Type Name of Officer
TREASURER
1/1/96
Title of Officer Date

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

617#138 AMM 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.

0069653

1995

Corporate ID: _____ Annual Report for the year: _____

Name of Corporation: THE KENYON ASSOCIATION, INC.

Business entity organized under the laws of the State of: R.I.

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

Business Entity is (check one):

☒ 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:

Phone: ()

Address and telephone of the principal office of business entity in Rhode

Island (Provide street address - Not P.O. Box): SEE BOTTOM OF SHEET

ALTERNATE: 1178 SUCCOTASH RD.

WAKEFIELD R.I. 02819

HOMEOWNERS ASSOCIATION

FORMED FOR THE PURPOSE OF

BUYING LAND UPON WHICH

THE HOUSES ARE SITUATED.

Phone: (401) 789-8480

THE NAMES OF THE OFFICERS ARE:

	STREET ADDRESS	CITY/STATE	ZIP CODE
PRESIDENT <u>STUART B. ROBINSON</u>	<u>2 FORGE ROAD N</u>	<u>WILTON CT.</u>	<u>06897</u>
VICE PRESIDENT <u>WILLIAM E. HENRY</u>	<u>7 BAYFIELD DR.</u>	<u>SOUTH KINGSTOWN RI</u>	<u>02879</u>
SECRETARY <u>CORR. & CLAIRE E. STOECKER</u>	<u>110 HOPLING AVE</u>	<u>JOHNSTON RI</u>	<u>02919</u>
<u>REC. MARJORIE GRANQUIST</u>	<u>14 TAYLOR ST.</u>	<u>CRANSTON RI</u>	<u>02920</u>
TREASURER <u>NORA E. CORRIGAN</u>	<u>1178 SUCCOTASH RD</u>	<u>WAKEFIELD R.I.</u>	<u>02879</u>

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>PAUL DUVAL</u>	<u>34 ROCKLAWN AV.</u>	<u>ATTLEBORO MA.</u>	<u>02183</u>
<u>ANDY OHTNICKY</u>	<u>16 CHURCH ST.</u>	<u>WAKEFIELD MA.</u>	<u>01880</u>
<u>STEVEN HARRALL</u>	<u>37 ASPEN CT.</u>	<u>NO. KINGSTOWN R.I.</u>	<u>02852</u>
<u>ROBERT TRAGER</u>	<u>351 SUCCOTASH RD</u>	<u>WAKEFIELD R.I.</u>	<u>02879</u>

NUMBER OF SHARES AUTHORIZED (Rider may be attached) 1000 OF NO
PAYABLE COMMON STOCK

NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)

Number of Shares Class / Series

Number of Shares Class / Series

Date 12/23, 19 94

By: Nora Elizabeth Corrigan

PRINT OR TYPE NAME OF OFFICER SIGNING

NORA ELIZABETH CORRIGAN

Form 31 1/95

TITLE OF OFFICER SIGNING

Treasurer KA.

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.

WILLIAM E. HENRY
7 BAYFIELD DRIVE
SOUTH KINGSTOWN RI 02879

JAN 12 1995
SECY OF STATE

Filing Fee \$50.00
Payable to:
Secretary of State

PLEASE TYPE or PRINT *CH#122 mnc*
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: 0069553 Annual Report for the year: 1994

THE KENYON ASSOCIATION, INC.

Name of Business Entity: _____

Business entity organized under the laws of the State of: R.I.

Federal Taxpayer Identification Number: ~~000000000~~

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):

7 Bayfield Drive
South Kingstown, R.I. 02879

Phone: (401) 792-3714

Business Entity is (check one):

- ☒ 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:

William E. Henry Vice Pres.
7 Bayfield Drive
South Kingstown, R.I. 02879

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

Association of lessors organized
To purchase land.

Date of Organization: 9/17/92

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

THE NAMES OF THE OFFICERS ARE:

	NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<input type="checkbox"/> CHIEF EXECUTIVE OFFICER OR <input checked="" type="checkbox"/> PRESIDENT (Check One)	<u>Stuart Robinson</u>	<u>2 Forge Road North</u>	<u>Wilton, Conn.</u>	<u>06897</u>
<input type="checkbox"/> CHIEF OPERATING OFFICER OR <input checked="" type="checkbox"/> VICE PRESIDENT (Check One)	<u>William E. Henry</u>	<u>7 Bayfield Drive</u>	<u>South Kingstown, R.I.</u>	<u>02879</u>
<input type="checkbox"/> CUSTODIAN OF RECORDS OR <input checked="" type="checkbox"/> SECRETARY (Check One)	<u>Anne Kotch</u>	<u>128 South Ave.</u>	<u>Attleboro, Ma</u>	<u>02703</u>
<input type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input checked="" type="checkbox"/> TREASURER (Check One)	<u>Nora Corrigan</u>	<u>1178 Succotash Road</u>	<u>Jerusalem, R.I.</u>	<u>02879</u>

THE NAMES OF THE DIRECTORS ARE:

	NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
	<u>Paul Duval</u>	<u>34 Rocklawn Ave.</u>	<u>Attleboro, Ma.</u>	<u>02703</u>
	<u>Claire Stoecker</u>	<u>110 Hopkins Ave.</u>	<u>Johnston, R.I.</u>	<u>02919</u>
	<u>Robert Trager</u>	<u>351 Succotash Rd.</u>	<u>Worcester, R.I.</u>	<u>02879</u>

NUMBER OF SHARES AUTHORIZED (If Applicable)

NUMBER 1000 ~~1000~~

CLASS Comm

SERIES

PAR VALUE OR WITHOUT PAR NO PAR VALUE

NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)

NUMBER N/A

CLASS

SERIES

PAR VALUE OR WITHOUT PAR

Total... 14

...94

...

William E. Henry

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

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Corporate ID 0063653 Annual Report for the year 1993

FIRST: The name of the corporation is THE KENYON ASSOCIATION, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is To purchase Land

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

FIFTH: Business address in Rhode Island P.O. Box 390, Wakefield, R.I. 02880

SIXTH: Names and addresses of its directors and officers:

(Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
<u>PAUL DUVAL</u> DAVID S. MORTIMER	Director	<u>31 Rocklawn St. Attleboro MA 02703</u>
<u>ANDREW CHUTNICKY</u> <u>ELIZABETH POTER</u>	Director	<u>16 Church Lane Wakefield MA 01880</u> <u>15 Beach Row Jerusalem, Wakefield RI 02879</u>
<u>ROBERT W. TRAGER</u>	Director	<u>351 Succotash Rd. Wakefield RI 02879</u>
<u>STUART B. ROBINSON</u>	President	<u>2 Forge Road North, Wilton CT 06879</u>
<u>WILLIAM E. HENRY</u>	Vice President	<u>7 Bayview Drive So. Kingstown RI 02879</u>
<u>CLARE E. STOECKER</u> — : CORRESPONDING <u>DENNIS M. NEWELL</u> — : RECORDING	Secretary	<u>110 Hopkins Avenue Johnston RI</u> <u>P.O. Box 548, Woodbury CT 06798</u>
<u>NOAA ELIZABETH CORRIAN</u>	Treasurer	<u>1178 Succotash Road Jerusalem RI 02879</u>

SEVENTH: Number of Shares authorized:

No. of Shares 1000 Class Common Series

Par Value
or statement that
shares are without
par value

No par value

EIGHTH: Number of Shares issued:

No. of Shares 0 Class

Par Value
or statement that
shares are without
par value

Dated 2/1 19 93

The Kenyon Assn, Inc
(Name of Corporation)

By Noaa Elizabeth Corrian

Title Treasurer

(Report must be signed by an officer)