

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) I. Corporate ID No 2. Name of Corporation The Kenyon Association Condominium, Inc. 69653 State 3. Street Address Principal Business Office 02879 RI Wakefield 7 Bayfield Road 6. SIC Code 4. Business Phone No. 5. State of Incorporation 8888 Rhode Island 401-792-3714 7. Brief Description of the Character of Business Conducted in Rhode Island Homeownerts Association Vice President Name President Name Stuart Robinson Tom Cicerelli Street Address Sircet Address 2 Forge Road North 21 Geranium Circle Clly 02920 06897 Cranston RΙ Wilton Secretary Name (Recording) Treasurer Name Carol Berk gllen Hebryspadt Street Address 171 Oak Hill Avenue 7 Bayfield Road State Z,Ip City State 02860 RI 02879 Pawtucket RΙ Wakefield 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name (Corresponding Secretary) Claire Stoecker Street Address Street Address 104 Olympus Way 7.Ip City State 33477 Jupiter Director Name Director Name Street Address Street Address ZIP City State City 7.ID State 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ISSUED SHARES **AUTHORIZED SHARES** Par Value Number of Shares Class/Series Number of Shares Class/Series Par Value lone 1000 Comm (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,

File Date FOR SECRETARY OF STATE USE ONLY

ncluding any accompanying schedules and state	ments, and that all statements
ontained herein are true and correct?	
(hire a Deck	Jan. 24, 65
ignature of Officer	Date
·	

Carol A. Berk Print or Type Name of Officer

Treasurer

Title of Officer

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 PA		<u> </u>	<u> </u>			
Corporate ID No	2. Name of Corpor		laa			
69653 Street Address Principal Busine		Association Condominic	IM, INC.	State	Zip	
7 Bayfield Ro			Wakefield	RI	02879	
Business Phone No.		5. State of Incorporation		1 1(2	6. SIC Code	
401-792-3714					8888	
. Brief Description of the Charact TO DEAL WITH THE						
. NAMES AND ADDRESS	SES OF THE OFFIC	ERS: ("X" BOX FOR AT	TACHMENT) FILL IN S	PACES BEFORE USIN	NG ATTACHMENTS	
President Name			Vice President Name	•	`	
Stuart Robins	on		Tom Cicerelli			
ireci Address			Street Address	<u> </u>		
2 Forge Road	Morth		21 Geramium	06 1 -		
<u>z roige koad</u>	State	Zip	: ZI Geramium-	State	Zip	
Wilton	СТ	06897	Cranston	RI	02920	
		1	Treasurer Name			
, (Kecol	(aing)		Carol Berk			
Ellen Henry		<u></u> .	Sircel Address			
7 Bayfield Ro	ad		171 Oak Hil:	l Avenue		
-	-	7/6		State	Zip	
wakefield,	State R I	^{Ζίρ} 02879	<i>Cuy</i> Pawtucket	RI	02860	
<u>C≢aire Stoeck</u> re≀ <i>Addre</i> s 104 Olympus W			Street Address			
Jupiter	State FL	33477	City	State	Zíp	
Director Name			Director Name	••••••		
Street Address			Street Address			
Tity	State	Zip	City	State	Zip	
0. SHARES AUTHORIZE	 ED <i>("X" BOX FOR</i>	ATTACHMENT)	11. SHARES ISSUED (("X" BOX FOR ATTAC	CHMENT) [
AUTHORIZED SHARES	_, _		ISSUED SHARES	Class/Series	Par Value	
Sumber of Shares	Class/Series	Par Value	Number of Shares	CHRVSCHES	7ar taile	
1,000 COMM NO PAR V	ALUE	<u>.</u> .	1			
This report must	be signed in ink by	y either the President, Vic	e President, Secretary, Assista	ant Secretary, Treasure	er, Receiver or Trustee	
, i			Under penalty of pe	rjury, I declare and affirm	n that I have examined this	

File Date Check No.	1/15/04
Ву:	FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and	affirm that I have ex	amined this report.
including any accompanying schedules	gand statements, and	that all statements
contained herein are true and correct	$^{\prime}$, $^{\prime}$./
ard a. B	erk Ja	a. 14 2004
Signature of Officer		Date'
Carol A. Berk		
Print or Type Name of Officer		
Treasurer		

Title of Officer

Form 630 Rev. 12/03

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. 2. Name of Corporation The Kenyon Association Condominium, Inc. 69653 3. Street Address Principal Business Office City State Zip 02813-2874 RI Charlestown 45 Wcodcock Trail 6. SIC Code 4. Business Phone No. S. State of Incorporation 8888 Rhode Island 401-364-6610 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 Tom Cicerelli Street Address Street Address 2 Forge Road North 21 Geranium Circle City Zip Wilton CT 06897 02920 Cranston RI Secretary Name (Corresponding) Treasurer Name Carol Berk Claire Stoecker Street Address Street Address 104 Olympus Way 171 Oak Hill Avenue State City FL 33477 02860-6146 Jupiter Pawtucket RΙ 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name XXXXXXX Recording Secretary Ellen Henry Street Address Street Address 7 Bayfield Road Zip City State City State Wakefield RI 02879 Director Name Director Name Street Address Street Address City State Zip City State Zip 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Class/Series Par Value Number of Shares Number of Shares Class/Series Par Value 1,000 SHS COMM NO PAR VALUE None

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
File Date: 12203	that all statements contained herein are true and correct. An. ZZ, ZOO3
Check No.:	Signature of Officer Hate
By: OA	Carol A. Berk Print or Type Name of Officer
FOR SECRETARY OF STATE USE ONLY	Treasurer
	Title of Officer Form 630 12102



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

	401-222-3040
R 2002	STOP. PLEASE READ! INSTRUCTIONS

3. Street Address Principal Business Office 46. WOODCOCK Trail 4. Business Phone No. 401-364-6610 7. Brief Description of the Character of Business Conducted Homeowners Association 8. NAMES AND ADDRESSES OF THE OFF	yon Association S. State of Incorporation Rhode Isla		State RI	Zip 02813-2874 .
69653 The Ken 3. Street Address Principal Business Office 46. Woodcock Trail 4. Business Phone No. 401-364-6610 7. Brief Description of the Character of Business Conducted Homeowners Association 8. NAMES AND ADDRESSES OF THE OFFIcesident Name	yon Association S. State of Incorporation Rhode Isla	Charlestown	ľ	j
3. Street Address Principal Business Office 46. WOODCOCK Trail 4. Business Phone No. 401-364-6610 7. Brief Description of the Character of Business Conducted Homeowners Association 8. NAMES AND ADDRESSES OF THE OFF	5. State of Incorporation Rhode Isla	Charlestown	ľ	j
46 Woodcock Trail 4. Business Phone No. 401-364-6610 7. Brief Description of the Character of Business Conducted Homeowners Association 8. NAMES AND ADDRESSES OF THE OF	Rhode Isla	Charlestown	ľ	j
4. Business Phone No. 401-364-6610 7. Brief Description of the Character of Business Conducted HOMEOWNERS ASSOCIATION 8. NAMES AND ADDRESSES OF THE OF	Rhode Isla	n	RI	. 02813-2874
401-364-6610 7. Brief Description of the Character of Business Conducted Homeowners Association 8. NAMES AND ADDRESSES OF THE OF President Name	Rhode Isla			6. SIC Code
7. Brief Description of the Character of Business Conducted HOMEOWNERS ASSOCIATION 8. NAMES AND ADDRESSES OF THE OF President Name				8888
Homeowners Association 8. NAMES AND ADDRESSES OF THE OF				. [_0000
8. NAMES AND ADDRESSES OF THE OF				
President Name	FICERS ("X" BOX FOR ATT	ACHMENT) FILL IN SPACES	BEFORE USING ATTA	CHMENTS
Michael Mana	· · · · · · · · · · · · · · · · · · ·	Vice President Name	<u> </u>	
Michael Trapp		Stuart Robinso	on	
Street Address		Street Address		
1149 Succotash Road		2 Forge Road 1	Vorth	
City	Zip	City	State	Zip 06.007
Wakefield RI	02879	Wilton	CT	06897
Secretary Name (Corresponding)		Treasurer Name		•
Claire Stoecker		Carol_Berk .		
104 Olympus Way		171_Oak_Hill /	Avenue	
Jupiter State FL	^{Zip} 33477	Cily Pawtucket	State RI	02860-6146
9. NAMES AND ADDRESSES OF THE DI	RECTORS ("X" BOX FOR A	TTACHMENT) FILL IN SPAC	ES BEFORE USING AT	FACHMENTS
Direction Secretary		Director Name		
Ellen Henry				
Street Address		Street Address		
7 Bayfield Road		- Cliy	State	
Wakefield RI	02879	:	· since	Zip
Director Name		Director Name		
Street Address		: Street Address		
City	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR AT	TACHMENT)	11. SHARES ISSUED	("X" BOX FOR ATTACHMEN	(T) :
AUTH-ORIZED 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	!	
·	<u> </u>			
	· · · · · · · · · · · · · · · · · · ·			

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, that all statements contained herein are true and correct. 1-31-02						
that aff statements contained hereignare true and correct. 1-31-02						
Check No.: Carol A. Berk		1- 21-02	•		that all statements contained herei	· ,
Carol A. Berk Print or Type Name of Officer FOR SECRETARY OF STATE USE ONLY Treasurer Title of Officer	•	499	!	С	Signature of Officer	
FOR SECRETARY OF STATE USE ONLY Title of Officer	Check No.:	Amr	 . '			
Farm 630 1		OF STATE USE ONLY				
			i		A CONTRACTOR OF THE PARTY OF TH	Farm 630 12/01

Corporations Division 100 North Main Street, Providence, R1 02903-1335 401-222-3040

mit JANUARY AD, ADOI

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

STOP.
PILASE READ
INSTRUCTIONS

5. State of incorporation RHODE ISLA acted in Rhode Island AFION OFFICERS ("X" BOX FOR ATT.	Cley Charles town ND ACHMENT) FILL IN SPACES Vice President Name Robert D Street Address Ho Lood Cod	Smith	2ip 028/3 6 8888
5. State of Incorporation (RHODE ISLA acted in Rhode Island	Cley Charles town ND ACHMENT) FILL IN SPACES Vice President Name Robert D Street Address Ho Lood Cod	BEFORE USING ATTAC	6 8888
S. State of Incorporation RHODE ISLA acted in Rhode Island A HON OFFICERS ("X" BOX FOR ATT.	Charles town ND ACHMENT) FILL IN SPACES Vice President Name Robert D Street Address Ho Wood Cod	BEFORE USING ATTAC	6 8888
S. State of Incorporation RHODE ISLA acted in Rhode Island A HON OFFICERS ("X" BOX FOR ATT.	ACHMENT) FILL IN SPACES Vice President Name Robert D Street Address Hb Wood Cod	BEFORE USING ATTAC	6. 8888
RHODE ISLA acted in Rhode Island ation OFFICERS (*X* BOX FOR ATT.	ACHMENT) FILL IN SPACES Vice President Name Robert D Street Address Hb Wood Cod	Smith	
acted in Rhode Island Ation OFFICERS (*X* BOX FOR ATT.	ACHMENT) FILL IN SPACES Vice President Name Robert D Street Address Ho Wood Cod	Smith	:HMENTS
ation Officers (*x* BOX FOR ATT)	Vice President Name Robert_D_ Street Address Llood Cool City	Smith	HMENTS
OFFICERS (*X* BOX FOR ATT.	Vice President Name Robert_D_ Street Address Llood Cool City	Smith	HMENTS
	Vice President Name Robert_D_ Street Address Llood Cool City	Smith	CHMENTS
d 21p 02819	Robert Des		
219 02819	Street Address		
210 02819	Ho_loodcoo	W Trail	
02819		1 P 1 P 2 1 1	•
02879	: ' 1 / /	State	Zip
 	Charlestow	n EI	02813-287
	Treasurer Name		
	Stuart_Ro	binson	
	Street Address		
	2 Forge A	and North	
	City	. 31016	Zlp
	 		06897
	TTACHMENT) (FILL IN SPAC	ES BEFORE USING ATT	ACHMENTS
4	: Director Name		
		· · · · · · · · · · · · · · · · · · ·	
1	Street Address	•	
d	100		Zip
- 2 p	i cuy	,3,5,1	
7	: Director Name	,il	£
	!		
	Street Address		
Zip	City	State	ZIP
R ATTACHMENT)	11. SHARES ISSUED	("X" BOX FOR ATTACHMEN	T) [
	ESSUEE) SHARFS		
Par Value	Number of Shares	Class/Series	Par Value
L		İ	
	none	· 	
	<u>l,</u>		
	DIRECTORS (*X* BOX FOR A Zip Zip Zip Zip Par Value	DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACE Director Name Street Address Zip City Director Name Street Address Zip City City	DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATT Director Name Street Address City State Director Name Street Address Zip City State City State Par Value Number of Shares Class/Series

FOR SECRETARY OF STATE USE ONLY

FOR SECRETARY OF STATE USE ONLY

Frint or Type Name of Officer

Lice Free 1 dent

Title of Officer

Form 630 1200

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

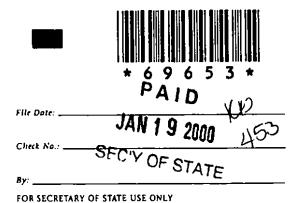
401-222-3040

(FORM MUST BE TYPED IN BI	LACK)				
1. Corporate ID No.	2. Name of Corpora	tion			
69653	The Kenya	n Association Con	dominium, Inc.		
3. Street Address Principal Busine	•		City	State	21p 02813
46 WOODCOCK	Trail		Charlestown	RI	-
4. Business Phone No.		5. State of Incorporation	• • •		6. SIC Code
401-364-6610		RHODE ISLAND			8888
7. Brief Description of the Charac	ter of Business Conducted i	**************************************			
Homeowners	assn				
	ESSES OF THE OFF	ICERS ("X" BOX FOR ATTACH	MENT) FILL IN SPACES BE	FORE USING ATTAC	THMENTS
President Name			Vice President Name	•	
Michael T	-		ROBERT D Sm	ith	
Michael Ti	"app				
1149 Succe	tach Rd		46 Woodex		
City	State	02879	City	State RT	Zip 2012 202
Waterield	RI	02879	Charlestown	RI	02813.287
Secretary Name		. •	Treasurer Name		
Claire Stoech	lor		Nora Corriga	n	
Street Address	· CI _.		Street Address		
104 Olympi	15:11) all		1178 Succotas	sh Road	
		Zip	City	State	Zip
JUPGTER	FL	33477	WaterField	RI	02879
9. NAMES AND ADDRI			CHMENT) FILL IN SPACES	BEFORE USING ATT	ACHMENTS
Director Name Rec. Sec.		ECTORS (A DOM COM	Director Name		
ELLEN HEN					
Street Address	77		Street Address		
7 Roubald	Road				
7 Bayfield	Crata	710	City	State	Zip
Wakefield	State RI	D2879	2,	-	•
	· • • • • • • • • • • • • • • • • • • •	24011	Director Name		
Director Name					
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORI	ZED (*X* BOX FOR AT	TACHMENT)	11. SHARES ISSUED (*x	* BOX FOR ATTACHMEN	(T)
AUTHORIZED SHARES			ESSUED SHARES		

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

Number of Shares

0



1,000 SHS COMM NO PAR VAL

Class/Series

Number of Shares

Par Value

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.

Class/Series

fillat bit statements contained never are in	
Robert & Forest	January 8,2000
Signature of Officer	Date
ROBERT D SMITH	
Print on Time Name of Officer	

Par Value



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

(FORM MUST BE TYPED IN BLAC	K)					
1. Corporate ID No. 69653	2. Name of Corporation THE KENYOL	N ASSOCIATION, IN	1C.			
3. Street Address Principal Business Office			City	State	Zip	
	ICK TRAIL		CHARLESTOWN	R.I.	02813	
4. Business Phone No. 4. Ol - 364 - 6610 S. State of Incorporation RHODE ISLAN			ND		6. SIC Code 0000 (8888)	
7. Brief Description of the Character	of Business Conducted in F	Rhode Island				
Homeoune						
	ES OF THE OFFIC	ERS ("X" BOX FOR ATTAC	HMENT) U FILL IN SPACES BE	FORE USING ATTAC	CHMENTS	
STVALE B. R	0810500	;	Vice President Name	sm i nt	·	
Street Address 2 FORSE ROAD	N		Street Address 46 WOOD	TOCK TRAIL		
City WILTON	State	Zip 06897	CHARLESTOUN	Kit.	^{21p} 02813	
Secretary Name (CORRESPONDING) CLAIRE E. STUECKER			Treasuter Name NOTA E. C	Treasurer Name NOFA E. CORRIGAN		
Street Address LOH OLYMPUS WAY		Street Address 1178 SUCCOTTISH ILD				
CITY JUPITER	State FLA	^{Zip} 33417	CITY WITKEFIELD	State R.T.	^{Zip} OZ.879	
9. NAMES AND ADDRESS	ES OF THE DIREC	TORS ("X" BOX FOR AT	TACHMENT - FILL IN SPACES	BEFORE USING ATT	ACHMENTS	
DIMPINENDE RECORDING	SECRETALY	•	Director Name			
	Μ .60ΝΙ			vme		
Street Address 15 MOUN	THINVIEW DR	ave :	Street Address	<u> </u>	•	
CI WOLLOTT	CONN.	D6716	City	State	Zip	
Director Name			Director Name			
9.	rune			nne		
Street Address			Street Address	<u> </u>	·	
City	State	Zip	City	State	Zip	
10. SHARES AUTHORIZE	O ("X" BOX FOR ATTAC	CHMENT)	11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)			
Number of Shares		Par Value	Number of Shares	Class/Series	Par Value	
	Class/Series .	Tur value	Number of Smarts			
1,000 SHS COMM NO PAR VAL		<u> </u>				
This report must be sign	ed in ink by eithe	er the President, Vice	President, Secretary, Assist	tant Secretary, Treas	surer, Receiver or Trustee	
	•		•			
1 (85))1	LENNE LEHE ENEL ENLEE I	22				

FOR SECRETARY OF STATE USE ONLY

File Date:

Check No.:

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.

Title of Officer



James R. Langevin, Secretary of State
Corporations Division
100 North Main Street; Providence, RI 02903-1335
401-277-3040

1008

STOP PLEASE READ INSTRUCTIONS

PROFIT CORPORATION Filing Period: January 1-March 1 •	ANNUAL REPORT FOR THE YEAR Filing Fee: \$50.00	1998
(FORM MUST BE TYPED IN BLACK)	,	

1. Corporate ID No. 69653	THE KENY	N association, in	ic.	•	
3. Street Address Principal Business	Office ,		Clty	State	Zip
c/o Robert D. 4. Business Phone No.	Smith, 46	Woodcock Trai	l Charlestown	R. I	02813 6. SIC Code
7. Brief Description of the Character Homeowners As		n Rhode Island	-		.8888.
8. NAMES AND ADDRES	SES OF THE OFFI	CERS ("X" BOX FOR ATTAC	CHMENT)		
President Name			Vice President Name	•	
Squart Robins	รอถ		Robert Smith		
Street Address			Street Address	• •	
2 Forge Rd. 1			46 Woodcock Tr	aıl	
Clly	State	Zip	City	State	Zip
Wilton, Secretary Name	Ct.	06397	Charlestown Treasurer Name	R.I.	02813
Marjorie Grai Street Address	iquist		Nora Corrigan	-	
14 Taylor Sta	reet		1178 Succotash	R-1	
Crosstan	State R.I.	zip 02 920	Wakefield	State R. I.	02379
Cranston 9. NAMES AND ADDRES Directon:Nume	SES OF THE DIRE		FACHMENT) Director Name		
Street Address	Claire E. S	Stoecker	Street Address		
chy 104 Olympus !	N3Y State	_ Zip	City	State	Zip
Jupiter Director Name	Fla.	33477	Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZE AUTHORIZE	D (*X* BOX FOR ATTA	ACHMENT)	11. SHARES ISSUED ("X" I	BOX FOR ATTACHMENT) .
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

	* 6 9 6 5 3 *
File Date:	A1198 ()
Check No.:	390
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.

Mora.	Elika	e beech	6	(40)	1/	21/9	8
Signature of Offi	icer		(Date	\neg		

	7	
Nora Corrigan	_	
Print or Type Name of Officer	<u> </u>	

Treasurer
The of Officer



FOR SECRETARY OF STATE USE ONLY

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. 2. Name of Corporation 69653 THE KENYON ASSOCIATION, INC 3. Street Address Principal Business Office BAYFIELD DRIVE 02879 SO. KINGSTOWN] 4. Business Phone No. 6. SIC Code 401-792-3714 **RHODE ISLAND** 8888 7. Brief Description of the Character of Business Conducted in Rhode Island HOMEOLONER'S ASS'N FORMED TO HAVE RIGHT OF IS REFUSAL TOMATCHOFFER MADE TO PURCHASE LAND UPON TOUR DWELLINGS SIT TO COMPLY LOUTH 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) TO WHICH STUMET ROBINSON WILLIAM E . HENRY Street Address City MILTON 06897 SD.KINGSTON Secretary Name RELORDING! Treasurer Name COLLESPONDING! NOTCH ELIZABETH COPPLEAN MARJORIE. GLANQUIST. CLAIRE STOECKER reet Address 14TAYI Zip 02879 02920 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name Director Name PAUL_DUVAL Street Address ROCKLAWN AVENUE Director Name ANDREW OHOTHICKY... 10. SHARES AUTHORIZED AND ISSUED ('X' BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Series 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 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. Conjun 12/26/96

NOPA 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

Filing Period: January 1-March 1

Filing Fee: \$50.00

100 North Main Street Providence, Rhode Island 02903-1335 • (401) 277-3040

NOUCTED W PHODE SLA NO FORMED D UPON U	TD IHAVE RIGHT DHICH OUR DWE	So. KINGSTOWN	ERS ED	TO COMPLY WITH
MOUCTED IN PHODE SUA IN FORMED D UPON U B. NAM	S.STATE OF INCORPORATION RHODE ISL NO TO THAVE RUGHT PHOLE DUR DIME	SO. KINGSTOWN AND OF IST REFUSAL TO LLINOR SIT (THE KE SSES OF THE OFFIC WICE PRESTRICTION WILLIAM EHENR	MATCH OFFI	DZ879 8888 ER MADE TO COMPLY WITH
MOUCTED W RHODE SLA DA FORMED DA VPON U B. NAM	RHODE ISL TO IHAVE RIGHT SHICH OUR DIME	SO. KINGSTOWN AND OF IST REFUSAL TO LLINOR SIT (THE KE SSES OF THE OFFIC WICE PRESIDENT NAME WILLIAM EHENR	MATCH OFFI	DZ879 8888 ER MADE TO COMPLY WITH
MOUCTED W RHODE SLA DA FORMED DA VPON U B. NAM	RHODE ISL TO IHAVE RIGHT SHICH OUR DIME	AND OF IST REFUSAL TO LLINDS SIT (THE KE SSES OF THE OFFIC HICE PRESIDENT NAME WILLIAM EHENR	MATCH OFFI	8888 ER MADE TO COMPLY WITH
MOUCTED IN PHODE BLA IN FORMED D UPON U B. NAM	RHODE ISL TO IHAVE RIGHT SHICH OUR DIME	OF IST REFUSAL TO LLINDS SIT (THE KE SSES OF THE OFFIC HICE PRESIDENT NAME WILLIAM EHENR	ERS ED	8888 ER MADE OTO COMPLY WITH
D PORMED B. NAM	10 TD ITAVE RIGHT DITICH OUR DINE	OF IST REFUSAL TO LLINDS SIT (THE KE SSES OF THE OFFIC HICE PRESIDENT NAME WILLIAM EHENR	ERS ED	ER MADE TO COMPLY WITH
D PORMED B. NAM	TD IHAVE RIGHT DHICH OUR DWE	SSES OF THE OFFIC HICE PRESIDENT NAME WILLIAM EHENR	ERS ED	TO COMPLY WITH
		л		
		223800A T338T2 h		
		7 BAYFIELD DRI	ve.	
_	75 P COD€	CITY	STATE	ZIP CODE
-1	06897	So. KINGSTOWN	RII.	02879
CLARE SECULIARIES SALES	TOECKER.	I NORA ELIZABETH (STREET ADDRESS 1178 SUCCEPTASIT		
T .	02920	WAKEFIELD	STATE R.T.	DZ879
√ 6.	ZP COOE	STREET ADDRESS 1147 SUCCOTTAGES		ZIP COOF
۸ ۸- ،	02783	WAKEFIELD	R.I.	02879
vicky		STREET ADORESS		
	T in being			120 COOE
A .	01880	WAKEFIELD	R, T.	02879
	ARES AUTHORI	ZED AND ISSUED		
	PAR VALUE	NUMBER OF SHARES	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	PAR VALUE
	TOTAL TOTAL			Train trains
NO PAR VAL		*		
		:		
		.		
	B. NAM TO SHARES AUTHORI TO SHARES MAYALIE NO PAR VAL	T. DPOOR D2920 B. NAMES AND ADDRESSES OF THE DIRECTOR NAME DPCOOR O2920 TEVEN HARR STREET ADDRESS 1147 SUCCOTAS OF WAKEFIELD DRECTOR NAME STREET ADDRESS 1147 SUCCOTAS OF O2783 DRECTOR NAME POERCT TRAGE STREET ADDRESS 1147 SUCCOTAS OF O17 WAKEFIELD DRECTOR NAME POERCT TRAGE STREET ADDRESS 1147 SUCCOTAS OF O1880 ONKEFIELD ONK	STREET ADDRESS AA. DOTOSS DIRECTOR NAME STREET ADDRESS AA. DOTOSS DIRECTOR NAME POBERT TRAGER STREET ADDRESS STREET ADDRESS STREET ADDRESS ASSISTER TRADERSS STREET ADDRESS ASSISTER TRADERSS STREET ADDRESS STREET ADDRESS ASSISTER TRADERSS STREET ADDRESS STREET ADDRESS ASSISTER TRADERS ADDRESS ASSISTER TRADERS ASSISTER TRADERS AND ADDRESS	

File Date: Check No: Ву:

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.

Nira Elizaberh
Signature of Officer

NORA ELEASETH CORRIGAN
Print or Type Name of Officer

TREASURER Title of Officer

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

Ch# 138 mm 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 Corporate ID:	Annual Report for the year:			
THE KENYON ASS		-	tile yeur.	
Name of Corporation:				
Business entity organized under the laws of the State of:			y is (check one):	
For foreign entity, address and telephone number of principal office); 		Corporation (See RIGL Chapter 7-1.1) nal Service Corporation (See RIGL Cha	
		{] Frolession	nai Service Corporation (See RIGL Ch	apter 7-5.1)
		Brief statement	t of the character of business conducted	l in Rhode Island:
Phone: ()				
Address and telephone of the principal office of business entity in R			meowners_asjociat	
Island (Provide street address - Not P.O. Box): SEE BOTOM	of sheet		TRMED FOR THE PURPOS	
ALTENATE 1178 SUCCOTASH RD			UYING LAND UPON W	
WAKEFIED R.T_02819			HE HOUSEL ALE SIT	עמיבט
Phone: (401) 189- 8480				
THE NA	AMES OF TH	IE OFFICERS A	RE:	
PRESIDENT	STREET ADD		CITY/STATE	ZIP CODE
STU ANT B. ROBINSON 2	FOEGE 1		WILTON CT.	06897
	STREET ADD		SOUTH KING-STOWN	21PCODE 1 RI 02879
	HONE TO		JOHNSTON RE	02919
TREASURER REC. MARNORIE GRANQUIST 14	STREET ADD	RESS	CHANSTON RT	02.9.2.0 ZIP CODE
NORA E. CORRIGAN IT	18 SULLO	MSH 11D	WAKEFIELD RIT	02879
THE NA	MES OF TH	E DIRECTORS A		
PAUL DUVAL 34 POLICE	STREET ADD		CITY/STATE	ZIP CODE
NAME 34 ROCKL			ATTERDRO MA.	02183
ANDY OHOTNICKY 16 CHURE	STREET ADD		CITY/STATE	217 CODE
NAME - CONTROL -	E 1771 L 17 L 100		WAKEFIELD MA,	7IP CODE
RUBERT TRACEL 31 ASPEN	CT.		NO. KINGSTOWN R.T.	02852
NUMBER OF SHARES AUTHORIZED (Rider may be attached)	N WICH	NUMBER OF SHA	RES ISSUED AND OUTSTANDING (Rid	er may be attached)
Number of Shares Class / Series		Number of Shares	Class / Series	
\mathcal{U}		_		
		0		
Date 12/23 , 19 94_	Ru N	- 50/20l	et comés	
, 19	Dy			
Form 21 1/05		PE NAME OF OFFICER SIG	- WORK CINERISTIA C	ORRIGAN
Form 31 1/95			murer KA.	
DESIGNATED REGIS				
PLEASE NOTE: If the registered office and/or registered agent i	ndicated below	is incorrect, Form 9	must be filed.	s 1 i i

WILLIAM E. HENRY 7 BAYFIELD DRIVE 50UTH KINGSTOWN RI 02879 JAN 1 2 1905/11/10 SECTY OF STATE

iling Fec \$50.00 'ayable to: ecretary of State

PLEASE TYPE or PRINT

Ch#122 mine

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

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

0069653	Annual Report for the year:
orporate ID:	THE KENYON ASSOCIATION, INC.
ame of Business Entity:	THE RENTON ADDOD
	Business Entity is (check one):
usiness entity organized under the laws of the State of: R. I.	Business Corporation (See RIGL Chapter 7-1.1)
ederal Taxpayer Identification Number:	Professional Service Corporation (See RIGL Chapter 7-5.1)
or foreign entity, address and telephone number of principal office:	[] Limited Liability Company (See RIGL 7-16)
	Name, title and mailing address of contact person to whom communications may be directed:
	-1
	JBayfield Drive South KingsTown, R.I. 02879
	South KingsTown R.I. 02879
Phone: () Phone: Dhode	
Address and telephone of the principal office of husiness entity in Rhode Island (Provide street address - Not P.O. Box):	Brief statement of the character of business conducted in Rhode Island:
7 Baufield Drive	Association of lessees organized
7 Bayfield Drive South Kingstown, R.I. 02879	Association of lessees organized To purchose land.
Obdin Hings III / 1	Date of Organization:
Phone: (401) 792-3714	Date of Qualification to do business in Rhode Island (if foreign entity):
Phone: (901) 112 311	
THE NAMES OF	THE OFFICERS ARE: ZIP CODE
STUART Robinson 2 Forge Koo	A NOTA WITTON, CONTAIN THE COD
CHIEF OPERATING OFFICER OR WICE PRESIDENT (CHICK CHIEF) Bau Field	Drive South Kingstown R. I. 02879 CHYDSTATE 12700
Usiliam E. Henry 7 Bayfield CUSTODIAN OF RECORDS OR SECRETARY (Check One) STREET	ADDRESS ATTIC MICE 02703
Anne Kotch 128 Sout	TADDRESS CITYISTATE / 02879
Nora Corrigan 1178 Se	accolash good be administry
THE NAMES OF	THE DIRECTORS ARE: ZIP COITY/STATE ZIP COI
Paul Dural 34 Rocklawn 1	
NAME STREET	TORRESS CHYSTAM 17. I 02919
Claire STeecker 110 Hopkins	HVe CITYSTATE ZIPCO
Claire Steecker 110 Hopkins NAME Robert Trager 351 Succette	sh Rd. Wokefield R.E. 02879
NUMBER OF SHARES AUTHORIZED (If Applicable)	NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)
	NUMBER N/A-
NUMBER 1000 . ATA	10/
CLASS Comm	CLASS
SERIES	SERIES
	PAR VALUE OR
PAR VALUE OR NO PAR VALUE	WITHOUT PAR
WITHOUT PAR	
1 1 0 W	Willeam &. Henry
Folo 14 94 no	William C. Town

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

100

Corporate ID	0069653		Annual Report for	the year 1993		
FIRST: The name of the corporation is		THE LOCAL CONTRACT CO				
SECOND:	It is incorporated und	er the laws of	Rwdi Islan	d		
THIRD: C	Character of business, b	oriefly stated, is	To purchase	Land		
Fourth:	If foreign corporation	, address of its	principal office	······································		
Fіғтн: В	usiness address in Rho	de Island	P.O. Box 390,	Wake field, R.I. 02880		
_	ames and addresses of	its directors an		(Attach rider if necessary)		
<u> </u>	· = ·	Director	31 Rocklaux	St. Attleboom 1.02703		
ANDREW Elizablih	CHUTNICKY	Director	16 Church Lan	- Wakefild Mr. 01880 Jernalen, Walcefield et 02519		
NOBELT W	TRACEL	Director	351 Succeta	L Rd. Watefreid PCT 02879		
STUART B.	2081100 N	President	a Frye Load	North Witon Ct. 06879		
Claire &. S	. Hendry Stolekur — ! Cobet well — : Becoca	SPONDING	110 Hopkins Av	ence Johnston RT 02879 ence Johnston RT. Lucodbury CT. 06798		
NORA ELIZAR	BETH COLLIGAN	Treasurer	1178 Succetan	Road Jeruselen Rivis		
SEVENTH:	Number of Shares au	thorized:	Series	Par Value or statement that shares are without par value		
			1 - 1 12	No parvalue		
Еіднтн:	Number of Shares issu	ed:	FERRE	Par Value or statement that		
No. of Shares	O	ass	GEC Y U. Series	shares are without par value		
Dated	2] 1	9 93	Name of Corporation)	nh Ic		
			By Nora Elizab	oth Cornyan		
(Repo	ort must be signed by an off	ficer)	Title Treasurer			