

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	

I. Corporate ID No. 74954  2. Name of Corporation CCC Realty Corp. 3. Street Address Principal Business Office 25 BLACKSTONE VALLEY PLACE 4. Business Phone No. 4013341648  7. Brief Description of the Character of Business Conducted in Rhode Island	City LINCOLN	le	
3. Street Address Principal Business Office 25 BLACKSTONE VALLEY PLACE 4. Business Phone No. 4013341648 5. State of Incorporation of the Character of Business Conducted in Rhode Island	1 '	15	
25 BLACKSTONE VALLEY PLACE  4. Business Phone No. 4013341648  7. Brief Description of the Character of Business Conducted in Rhode Island	1 '	Ciara	
4. Business Phone No. 4013341648  7. Brief Description of the Character of Business Conducted in Rhode Island	LINCOLN	State	Zip
4013341648 RHODE ISL  7. Brief Description of the Character of Business Conducted in Rhode Island		RI	02865-
7. Brief Description of the Character of Business Conducted in Rhode Island			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island	AND		5520
TO PURCHASE, HOLD, OWN, MANAGE, AND LEASE REAL	PROPERTY.	·	
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FO	OR ATTACHMENT)   FILL IN	SPACES BEFORE USING	ATTACHMENTS
DAVID B. MacDONALD	•		
Street Address	Street Address		
32 STOWE ROAD	•		
City State Zip SANDWICH MA 20563	City	State	Zip
Socretary Name	Treasurer Name		
DAVID B. MacDONALD	DAVID B. MacDO	ONALD	
Street Address	Street Address		
32 STOWE ROAD	.32 STOWE ROAD		
City State Zip	City	State	Zıp
SANDWICH MA 02563	SANDWICH	MA	02563
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX F		N SPACES BEFORE USIN	
DAVID B. MacDONALD	· Director Hame		
Street Address	· Street Address		
32 STOWE ROAD	•		
City State Zip	•City	State	Zip
SANDWICH MA 02563  Director Name  Street Address	Director Name		· · · · · · · · · · · · · · · · · · ·
	*Street Address		
City State Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)	11 SHARES ISSUED (	("X" BOX FOR ATTACHM	ENTO [
AUTHORIZED SHARES	ISSUED SHARES	A BOX TOX MEMORITOR	<u> </u>
Number of Shares Class/Series Par Value	Number of Shares	Class/Series	Par Value
8,000 NO PAR VALUE	300		NO PAR
This report must be signed in ink by either the President, Vio	ce President, Secretary, As.	sistant Secretary, Tred	asurer, Receiver or Tru
			<b>1</b> 3
	Linder sensity of a	perjury, I declare and affin	
7 4 9 5 4			arrante ana cigir <b>menic</b>
7 4 9 5 4	this report, includi		
*74954 DBC 91/18/05 04:12:31 PM*	this report, includi	nents contained berein are	
*74954 DBC 01/18/05 04:12:31 PM*	this report, includi		
*74954 DBC 01/18/05 04:12:31 PM* File Date 2 - 25	this report, including and that all statem	nents contained berein are	1:28.05
*74954 DBC 01/18/05 04:12:31 PM*  File Date 2 - 1 - 05  Check No	this report, includi	nents contained berein are	
File Date 2 - 1 - 05	this report, including and that all statem Signature of Officer	ents contained berein are	1:28.05
File Date 2-1-05	this report, including and that all statem	ents contained berein are	1:28.05



#### 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

FORM MUST BE TYPED I	IN BLACK)				
1. Corporate ID No.	2. Name of Corpor	ration	<del></del>		
74954	CCC Realty	Corp.			
3. Street Address Principal E	Business Office		City	State	Zip
25 BLACKSTONE V	ALLEY PLACE		LINCOLN	RI	02865-
↓ Business Phone No.		5. State of Incorporat	ion ~		6 SIC Code
4013341648		RHODE ISLAN	1D		5520
7 Brief Description of the C TO PURCHASE, HOLD	haracter of Business Con.  O, OWN, MANAGE,	ducted in Rhode Island AND LEASE REAL PR	OPERTY.		
President Name		ICERS ("X" BOX FOR	ATTACHMENT)   FILL IN SP	ACES BEFORE USING	ATTACHMENTS
David B. MacDon	ald				
Sireei Address 32 Stowe Road			Street Address		
Cıņ·	State	Zip	City	State	Zip
Sandwich	MA	02563			
Secretary Name		•	Treasurer Nome	. ,	•
David B. MacDona	ald		David B. MacDor	ald	
Street Address			Street Address		
32 Stowe Road			32 Stowe Road		
City Constant of the	State	Zip	City	State	Zıp
Sandwich	MA	02563	Sandwich_	MA	02563
9. NAMES AND ADDR Director Name	ESSES OF THE DIR	ECTORS ("X" BOX FOI	RATTACHMENT)   FILL IN Director Name	SPACES BEFORE USIN	G ATTACHMENTS
David B. MacDona	ald				
Street Address		· ·	Street Address		
32 Stowe Road					
City	State	Zip	City	Siale	Zιρ
Sandwich	AM	02563			
Director Name			Director Name		
Sireei Address			Sireei Address		
City	State	Zip	City	Siale	- Zıp
10. SHARES AUTHOR AUTHORIZED SHARES	IZED ("X" BOX FOR	ATTACHMENT)	II. SHARES ISSUED ("? ISSUED SHARES	(" BOX FOR ATTACHMI	תאפ 🗖
Number of Shares	Class Series	Nor Volue	Number of Shares	Classificenes	Par Talue
8,000 NO PAR VALL	ı <b>t</b>		300		no par

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



\*74954 DBC 02/05/04 11:52:44 AM\*

File Date: 3.04

Check No. 3.55

By: 10

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.

Print or Type Name of Officer

Print or Type Name of Officer

Form 630 1201

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

#### 2003 PROFIT. CORPORATION ANNUAL REPORT FOR THE YEAR Filing Period: January 1-March 1 • Filing Fee: \$50.00

2. Name of Corpora	tion			
CCC Realty	Corp.			
	•	City	State	Zip
alley Pla	ce	Lincoln	RI	02865
1	5. State of Incorporatio	п		6. SIC Code
	RHODE ISLAI	ND		5520
	n Rhode Island			•
		ACTIVICATE FILL IN CRACES	PREADE HÉING ATTA	CHACATTC
es or the orri	CERS ("X" BOX FOR ATT	Vice President Name	BEFORE USING AT IA	CHMEN15
ald				
		Street Address		
State	Zip	City	State	Zip
MA	02563			
_		Treasurer Name	•	,
ald		David B. Ma	cDonald	
		Street Address		
		32 Stowe Ro	ad	,
	Zip	City	State	Zip
	· -		MA	02563
ES OF THE DIRI	ECTORS ("X" BOX FOR A		ES BEFORE USING AT	TACHMENTS
. 1 1		Director Name		
ald				
		Street Address		
	<b></b>	a.	<b>.</b>	
		City	State	Zip
MA.	02563	Diamen Maria	• •	
		Director Name		<u>,                                     </u>
		Street Address		
		Street Maniess		V
State	2 io	Cliv	State	*
	r	G.1,	5.0.1	E Zip
("X" BOX FOR ATT	ACHMENT)	11 CHARES ICCHED	(*Y* BOY EOD ATTACULE)	
CA DONTON ATT	ACIMENT)		CA BOA FOR ATTACHME	·
Class/Series	Par Value	Number of Shares	Class/Series	Par Value
	CCC Realty  (fice alley Pla f Business Conducted if ssor of re es OF THE OFFI ald  State MA es OF THE DIRI ald  State MA es OF THE DIRI ald  State  MA  State  MA  State  MA  State  MA  CS OF THE DIRI Ald  State  MA  State  MA  State  MA  State  MA  State  MA  State  MA	CCC Realty Corp.  Iffice alley Place S. State of Incorporation RHODE ISLAN  If Business Conducted in Rhode Island SSOT OF real estate ES OF THE OFFICERS ("X" BOX FOR ATT)  ald  State Zip MA 02563  ES OF THE DIRECTORS ("X" BOX FOR A  ald  State Zip MA 02563  ES OF THE DIRECTORS ("X" BOX FOR A  ald  State Zip MA 02563	CCC Realty Corp.  (fice City  Calley Place Lincoln  RHODE ISLAND  (f Business Conducted in Rhode Island  SSOT of real estate  ES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES  Vice President Name  ald  Street Address  State Zip City  MA 02563  Treasurer Name  David B. Mac  Street Address  State Zip City  MA 02563 Sandwich  ES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACE  BOY THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACE  Address  State Zip City  MA 02563  Street Address  State Zip City  MA 02563  Since Zip City  MA 02563  Director Name  Street Address  State Zip City  MA 02563  Director Name  Street Address  State Zip City  MA 02563  Director Name  Street Address  State Zip City  MA 02563	CCC Realty Corp.  (file alley Place Lincoln RI    S. State of incorporation RHODE ISLAND  (f Bustiness Conducted in Rhode Island SSOR Of real estate ES OF THE OFFICERS (*x* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTAVICE President Name  ald Street Address  State Zip City State MA 02563  Teasurer Name David B. MacDonald Street Address  3 2 Stowe Road City State MA 02563 Sandwich MA ES OF THE DIRECTORS (*x* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENT) Director Name  ald Street Address  State Zip City State  MA 02563 Director Name  Street Address  State Zip City State  MA 02563 Director Name  Street Address  State Zip City State  MA 02563 Director Name  Street Address  State Zip City State  MA 02563 Director Name  Street Address  State Zip City State

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



File Date: \_ FEB 2 4 2003 Check No.: 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.

David B. MacDonald

Print or Type Name of Officer

President
Title of Officer

**\*\*** 

Form 630 12/02

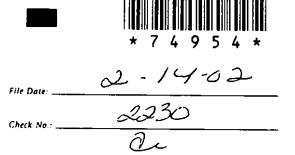
Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

STOP

Filing Period: Janua	ry 1-March 1 🔹	Filing Fee: \$50.00			PLEASE RE INSTRUCTIO
(FORM MUST BE TYPED IN B	LACK)				
I. Corporate ID No.	2. Name of Corpora	tion			
74954	CCC Realty	Corp.			
3. Street Address Principal Busine 25 Blackstone		се	<sub>сну</sub> Lincoln	State RI	zip 02865
4. Husiness Phone No. 401-334-1648		5. State of Incorporation RHODE ISLA			6. SIC Code <b>5520</b>
7. Brief Description of the Charac					
Operator and  8. NAMES AND ADDRE President Name	ESSES OF THE OFFI	eal estate CERS (*x* BOX FOR ATT	ACHMENT) FILL IN SPACE Vice President Name	S BEFORE USING ATTA	CHMENTS
David B. MacD	onald				
Street Address 32 Stowe Road	l		Street Address		
City Sandwich	State MA	zip 02563	City	State	Zip
Secretary Name David B. MacD	onald	•	Treasurer Name David B. Ma	cDonald	
Street Address 32 Stowe Road	1		Street Address 32 Stowe Ro	ad	
City	State	Zip	Clly	State	Zip
Sandwich	MA	02563	Sandwich	MA	02563
9. NAMES AND ADDRE Director Name David B. MacD		CTORS (*x* box for a	TTACHMENT) FILL IN SPA	CES BEFORE USING ATT	
ireer Address 32 Stowe Road	l		Street Address		
Sandwich	State MA	zip . 02563	Glty	State	Zip
Director Name	• • •	• • • • • •	Director Name	• •	
treet Address			Street Address		
City	State	Zip	Clty	State	Zip
10. SHARES AUTHORIZ	ED (*X* BOX FOR ATT)	ACHMENT)	11. SHARES ISSUED	(°X° BOX FOR ATTACHMEN	T)
lumber of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000 NO PAR VALUE			300		no par

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



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

Privator Type Name of Officer

Title of Officer

Form 630 1201

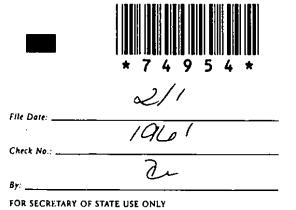
Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR Filing Period: January 1-March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 74954 2. Name of Corporation CCC Realty Corp. 3. Street Address Principal Business Office City State 25 Blackstone Valley Place RI 02865 Lincoln 4. Business Phone No. S. State of Incorporation RHODE ISLAND 401-334-1648 7. Brief Description of the Character of Business Conducted in Rhode Island Operator and Lessor of Real Estate 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name David B. MacDonald Street Address Street Address 32 Stowe Road City Zip State 02563 Sandwich MA Secretary Name David B. MacDonald David B. MacDonald Street Address Street Address 32 Stowe Road 32 Stowe Road City State City State Zip Sandwich 02563 02563 Sandwich MA 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name David B. MacDonald Street Address Street Address 32 Stowe Road State City Sandwich 02563 MA Director Name Director Name Street Address Street Address City Zip 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZZED SHARES ISSUED SHARES Number of Shares Class/Sertes Par Value Number of Shares Class/Series Par Value

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

300

Title of Officer



8,000 SHS NO 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. Signature of Officer Print or Type Name of Officer

No Par

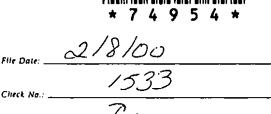
James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000 Filing Period: January 1-March 1 • Filing Fee: \$50.00



Corporate ID No. 74954  Street Address Principal Business Of 479 Swansea Mall	2. Name of Corporation CCC Realty (	Corp.			
	Tice		-		
479 Swansoa Mall			City	State	Zip
Business Phone No.	Drive	5. State of Incorporation	Swansea	MA	02777 6. SIC Code <b>5520</b>
1-877-912-5000 Brief Description of the Character of	f Business Conducted in Rh	RHODE ISLAND ode Island			3320
Operator and Less NAMES AND ADDRESSE esident Name	SOR OF Real ES	itate RS (*x* BOX FOR ATTACHA	4ENT) FILL IN SPACES Vice President Name	BEFORE USING ATTAC	HMENTS
David B. MacDonal	lđ		Street Address		
32 Stowe Road	State	Z(p	City	- State	Zip
Sandwich cretary Name	MA	02563	Treasurer Name		
David B. MacDonal	ld		David B. MacDe	onald	
32 Stowe Road  Ty Sandwich	State MA	zip 02563	. 32 Stowe Road City Sandwich	State MA	zıp 02563
. NAMES AND ADDRESSI	ES OF THE DIRECT	•		ES BEFORE USING ATTA	
David B. MacDonal	lđ		Street Address		
32 Stowe Road Fr Sandwich	State MA	zip 02563	· City	Slate	Zip
rector Name	•	·	Director Name	••••• • • • • • • • • • • • • • • • • •	•••••
reet Address			Street Address		
ity	State	Zip	City	State	Zip
D. SHARES AUTHORIZED JTHORIZED SHARES	(*X* BOX FOR ATTACH	IMENT)	11. SHARES ISSUED STARES	(*X* BOX FOR ATTACHMEN	τ)
umber of Shares	Class/Serles	Par Value	Number of Shares	Class/Series	Par Value
8,000 SHS NO PAR	VALUE		300		No Par

Under penalty of perjury, I declare and affirm that I have examined



FOR SECRETARY OF STATE USE ONLY

this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

/_//	//_//		1/30/200
Inature of Officer		Date	/ /
Havid B	1 hicknow	. <u>/</u>	
Print of Type Name of Off	icer		



FOR SECRETARY OF STATE USE ONLY

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

199	STOP.
	SPIESEREAD :

(FORM MUST BE TYPED IN BL	4CK)		•		
1. Corporate ID No. 74954	2. Name of Corporal	lon Corp.	<del></del>	<del> </del>	
·	<u>.                                    </u>		Cini	State	1 716
3. Street Address Principal Busines	••	•	City	1	Zip :
22_CEDAR_SWAMP	_ROAD			RI	029176. sic Code
401-658-3335		S. State of Incorporat	ÄND		5520
7. Brief Description of the Charact	er of Business Conducted i	n Rhode Island			
TO_PURCHASE,_H	OLD, OWN, M	ANAGE AND LE	EASE REAL PROPERT	Υ.	
8. NAMES AND ADDRE	SSES OF THE OFFI	CERS (*X* BOX FOR AT	TACHMENT) FILL IN SPACES  Vice President Name	BEFORE USING ATTAC	HMENTS
DAVID_B MACD Street Address	ONALD	<del></del>	Street Address	<del></del>	
_32_STOWE ROAD					•
City	State	Zip	City	State	Zip
SANDWICH	MASS	02563			
Secretary Name	}MADD		Treasurer Name		······································
_ARTHUR_MACDONA	T.D		DAVID B. MAC	CDONALD	
Street Address		· · -· -· · · · · · · · · · · · · · · ·	Street Address		*
_635_WEDGE DRIVE	,		32_STOWE_ROA	AD.	;
City	State	Zip	City	State	Zip
NAPLES	FL	34103	SANDWICH	MASS	02563
9. NAMES AND ADDRE	SSES OF THE DIRI	ECTORS ("X" BOX FOR	ATTACHMENT) FILL IN SPAC		
Director Name	•	· — — —	Director Name	· · · · · · · · · · · · · · · · · · ·	
_DAVID_BMACD	ONALD		ARTHUR MACDO	ONALD	
Street Address		Street Address			
_32_STOWE_ROAD_		•	635_WEDGE_DE	RIVE	<b>&amp;</b>
City	State .	Zip	City	State	Zip
SANDWICH	MASS	02563	NAPLES	FL	34103
Director Name			Director Name	• • . • . • . • . • • • • • • • • •	••••••••
					į
Street Address			Street Address		
City	State	Zip	City	State	Zip
				1	
10. SHARES AUTHORIZ	ED ("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED	("X" BOX FOR ATTACHMEN	T) 8
AUTHORIZED SHARES			ESSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000 SHS NO PAR	VALUE				•
			100	COMMON	NO PAR
This report must be sign	ned in ink by citi	her the President V	ice President, Secretary, Ass	cistant Secretary Treas	urer Receiver or Truste
This report must be 318	nea in ink by cit.	ner the rresident, v	ice i resident, secretary, 713.	mistant Secretary, meas	dier, necesses of music
1 (02)	I III I III BIBIB IBIBI BIIII B	ii			
Para III					Remail
i iii					e de la companya del companya de la companya del companya de la co
· · · · · · · · · · · · · · · · · · ·	-/-49 -34	) <del>- *</del>			m thát í háve éxamined "
. •		and the same of			hedules and statements, and
K1 /	1 miliag	<u>:</u> -	that all statements	contained herein are true	e and correct.
File Date:	JAN 1120	<del></del> ;		1661	2/1-/99
	1261	• •	Signature of Officer		Date
Check No.:	100.	<del></del>	المدار	Mary Dorale	./
			<u>\                                    </u>	1 NE CONTO 1	<i>•</i>

Type Name of Officer

Title of Officer



James R. Langevin, Secretary of State <del>-4</del>, • Corporations Division 100 North Main Street; Providence, RI 02903-1335 401-277-3040

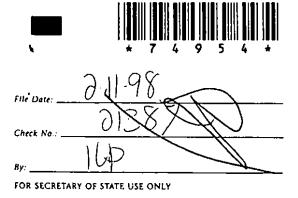


## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998 Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLAC	κ)				
1. Corporate ID No. <b>74954</b>	2. Name of Corporation CCC Realty (		••		
3. Street Address Principal Business O	ffice		City	State	Zip
22 Cedar Swamp 4. Business Phone No.	Road	5. State of Incorporati	Smithfield	RI	02917 6. SIC Cade
401-658-3335 7. Brief Description of the Character o	f Business Conducted in	RHODE ISLA Rhode Island	AND		5520
To purchase, ho	old, own, r	nanage and 1	ease real property	<b>7</b> •	
8. NAMES AND ADDRESS! President Name	ES OF THE OFFIC	CERS ("X" BOX FOR ATT	FACHMENT) X  Vice President Name		·
David B. MacDor Street Address	nald		Street Address		
32 Stowe Road					
City	State	Zip	City	State	Zip
Sandwich Secretary Name	Mass	02563	Treasurer Name		
Arthur MacDonald Street Addiess	1		David B. MacDo	onald	
635 Wedge Drive	State	Zip	32 Stowe Road	State	Zīp
Naples	${ t FL}$	34103	Sandwich	MA	02563
9. NAMES AND ADDRESS! Director Name	ES OF THE DIRE	CTORS (*X* BOX FOR )	NTTACHMENT) Director Name		
David B. MacDor	nald		Arthur MacDona Street Address	ald	
32 Stowe Road	State	Zip	635 Wedge Driv	7e State	Zip
Sandwich Director Name	Mass	02563	naples Director Name	, MA ,	. 34103
Street Address			Street Address		
City	State	Zip	Спу	State	Zip
10. SHARES AUTHORIZED AUTHORIZED SHARES	("X" BOX FOR ATTA	CHMENT)	11. SHARES ISSUED (*X*	BOX FOR ATTACHMEN	T)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value

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

100



8,000 SHS NO 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 purrect.

common

Signature of Officer

David B. MacDonald

Print or Type Name of Officer

President

Title of Officer



no par

Date

**QUESTION 8** 

ASSISTANT SECRETARY

DAVID B. MACDONALD 32 STOWE ROAD SANDWICH MA 02563

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

# PROFIX CORPORATION ANNUAL REPORT 1997

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

(FORM MUST BE TYPED IN BLACK)

I. Corporate ID No.

2. Name of Corporation

74954

AUTHORIZED SHARES

8,000 SHS NO PAR VALUE

Number of Shares

CCC Realty Corp.

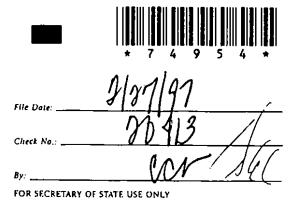
3. Street Address Principal Business Office City State Zip 22 CEDAR SWAMP ROAD SMITHFIELD 02917 RΙ 4. Business Phone No. S. State of Incorporation 6. SIC Code **RHODE ISLAND** 5520 (401) 334-4000 7. Brief Description of the Character of Business Conducted in Rhode Island TO PURCHASE , HOLD, OWN, MANAGE AND LEASE REAL PROPERTY 8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) Vice President Name DAVID B. MACDONALD Street Address Street Address 32 STOWE ROAD City City State Zip <sup>Zip</sup> 02563 SANDWICH MA Secretary Name Treasurer Name MARY ANN SHALLCROSS GLENN TOURTELLOT Street Address Street Address WOODLAND STREET 10 2524 VICTORY HIGHWAY City City Zip LINCOLN 02865 RICOVENTRY RΙ 02816 9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) Director Name Director Name DAVID B. MACDONALD Street Address Street Address 32 STOWE ROAD City Zip State SANDWICH MA 02563 Director Name Director Name MARY ANN SHALLCROSS Street Address Street Address 10 WOODLAND STREET City City State Zip LINCOLN RI 02865

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

ISSUED SHARES

100

Number of Shares



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

Class/Series

Par Value

Under penalty of perjury, 1 declare and affirm that 1 have examined this report, including any accompanying schedules and statements, and that all statements contained herein are, true and correct.

// 1 1/ 2/25/

Class/Series

COMMON

Par Value

DAVID B. MACDONALD

Print or Type Name of Officer
PRESIDENT

\_\_\_\_

Title of Officer

### **PROFIT CORPORATION ANNUAL REPORT**

1996



State of Rhode Island and Providence Plantations James R. Langevin, Secretary of State

Corporations Division

CITY

Filing Period: January 1-March 1 Filing Fee: \$50.00				D North Main Street Island 02903-1335 • (401) 277-304
1. CORPORATE ID NO. 2. NAME OF CORPORAL		OR PRINT IN BLACK INK.		
74954 CCC	Realty Corp.			
3 STREET ADORESS PRANCIPAL BUSINESS OFFICE		air	STATE	ZIP CODE
25 BLACKSTONE VALLEY PLACE		LINCOLN	RI	, 02865
4. BUSINESS PHONE NO	5. STATE OF INCORPORATION		i	6 SIC 000E
(401) 334-0155 RHOD		ISLAND		5520
7 BRIEF DESCRIPTION OF THE CHANACTER OF BUSINESS CONDUCTED IN R  Real Estata Agent.  8		BECCEC DE THE O	E L L E D C	
PRESIDENT NAME DAVID B. MACDONALD		VICE PRESIDENT HAME KAREN ANNOTT		• . • •
STREET ADDRESS 32 STOWE ROAD	···	STREET ADDRESS	TREET	<del></del>
CITY	THE COURT		7 2212	

17	STATE	ZP C001E	ary	STATE	ZIP COOLE		
SANDWICH	MA	02563	PAWIUCKET	RI	02861		
CRETARY NAME	- 'Charle		TREASURER NAME			•	
MARY ANN SHA	LLCROSS		GLENN TOURTEL	LOT			
IRLET ADDRESS		<del></del>	STREET ADDRESS				
10 WOODLAND	STREET		2524 VICTORY	HIGHWAY			
TY	STATE	ZP COOE	aiv	STATE	ZP COOE		
LINCOLN	RI	02865	COVENTRY	RI	02816		
	9 . N A	MES AND ADDR	ESSES OF THE DI	RECTORS	٠		
RECTOR HAME	:· -		DIRECTOR NAME				
DAVID B. MAC	DONALD		KAREN ANNOTTI	KAREN ANNOTTI			
TREET ADORESS			STREET ADDRESS				
32 STOWE ROA	D		73 CHAPLIN ST	REET			
ΤΥ	STATE	20° 000E	arv	STATE	ZIP CODE		
SANDWICH	MA	02563	PAWIUCKET	RI	02861		
RECTOR NAME	R.R.O.D.		DIRECTOR HAME				
STATION XIVE SE	DXXXIX		MARY ANN SHALLCROSS				
TREET ADORESS		··	STREET ADDRESS	STREET ADDRESS			
2524XXXXXXXXXXXX	CONTRACTOR		10 WOODLAND STREET				
Υ	STATE	2P COOE	άτη	STATE	ZIP C000E		
KKWKKXXX	XX	<b>XXXXXXX</b>	LINCOLN	RI	02865		
		<del></del>		THE RESERVE AND PERSONS ASSESSMENT OF THE PE		_	

**AUTHORIZED SHARES ISSUED SHARES** MUNABER OF SHARES CLASS / SERVES PAR VALUE HUMBER OF SHARES CLASS / SERVES PAR YALLIE 8,000 SHS NO PAR VALUE 100 COMMON NO PAR

This report must be SIGNED IN INK by either the

President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

1/15/96 File Date:

Signature of Officer DAVID B. MACDONALD

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.

Check No:

Print or Type Name of Officer

By: For Secretary of State Use Only

PRESIDENT 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

**ANNUAL REPORT** 

Please Type or Print File Annually – Jan. 1 - March 1 Filing Fee \$50.00

Make Checks Payable to: Secretary of State

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

Corporate ID:		Annual Report for the year:		
CCC Real	ty Corp.		,	
Name of Corporation:  Business entity organized under the laws of the State of: RHODE_ISLAND  For foreign entity, address and telephone number of principal office:		Business Entity is (check one):  [X] Business Corporation (See RIGL Chapter 7-1.1)  [ ] Professional Service Corporation (See RIGL Chapter 7-5.1)		
Phone: () Address and telephone of the principal office of busine Island (Provide street address - Not P.O. Box): _25_BLACKSTONE_VALLEY_PLACELINCOLN,_RI_02865SUITE_1.01_ Phone: (_401_)_334_4000_	ss entity in Rhode	TO_PURCHASE	the character of business conducte  E_HOLD_OWN_MANAGE_A  RTY	ND_LEASE
	THE NAMES OF	THE OFFICERS AR	r.	
DAVID B. MACDONALD	71 BROADLEY	ROAD	CHY/STATE SANDWICH, MA	7.IP CODE 02563
VICE PRESIDENT  KAREN ANNOTTI SECRETARY	73 CHAPLIN S	STREET	PAWIUCKET, RI	ZIP CODE 02861
MARY ANN SHALLCROSS TREASURER	10 WOODLAND	STREET	LINCOLN, RI	7/P CODE 02865 7/P CODE
GLENN TOURTELLOT	2524 VICTORY	HIGHWAY	COVENTRY, RI	02816
DAVID B. MACDONALD	THE NAMES OF T STREET A 71 BROADLEY STREET A	ROAD	CITY/STATE  SANDWICH, MA  CITY/STATE	7/P CODE 02563 ZIP CODE
KAREN ANNOTTI	73 CHAPLIN S		PAWIUCKET, RI	02861 71P CODE
MARY ANN SHALLCROSS	10 WOODLAND	STREET	LINCOLN, RI	02865
NUMBER OF SHARES AUTHORIZED (Rider may be a	tached)	NUMBER OF SHARE	S ISSUED AND OUTSTANDING (Rid	der may be attached)
Number of Shares Class / Series  8000 COMMON		Number of Shares	Class / Series COMMON	
Date	By:	ID B. MACDONALD	1	
Form 31 1/95		PRESIDENT OFFICER SIGNING		
	ED REGISTERED AC			
PLEASE NOTE: If the registered office and/or regis	tered agent indicated belo	w is incorrect, Form 9 m	ust be filed.	

KENNETH J. PERRONE
SUITE 209
25 BLACKSTONE VALLEY PLACE
LINCOLN RI 02865

FILED
JUN 7 1995 1 #
BY SPACE TO BY

Filing Fee \$59.00 PayerSe to: Secretary of State

#### PLEASE TYPE or PRINT

File Annually LLC, Sept. 1 - Nov. 1 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

0074954	Appual Report for the year:		
Corporate ID:	COC Realty Corp.		
Name of Business Entity:			
Business entity organized under the laws of the State of:  RI  Federal Taxpayer Identification Number.  O5_0474881  For foreign entity, address and telephone number of principal office	Business Entity is (check one):    X   Business Corporation (See RIGL Chapter 7-1.1)		
	25 Blackstone Valley Drive		
Phone: (_401) 334-4000	Lincoln RI 02865		
Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):  25 Blackstone_Valley_Place_Suite_101	Brief statement of the character of business conducted in Rhode Island:  To purchase, hold, own, manage and lease:		
Lincoln RI 02865	real property		
	Date of Organization: 12/14/93		
Phone ( 401) <u>334-4000</u>	Date of Qualification to do business in Rhode Island (if foreign entity):		
THE NAMES OF	THE OFFICERS ARE:		
David B. MacDonald 71 Broadley Road Sa	LDGRESS CITYSTATE Z:P CODE		
Karen Annotti 73 Chaplin Street Pawtuc			
Treet A	CHARTER STATE NIGORE		
MaryAnn Shallcross 10 Woodland Street	LITICOLIT RI U2865 CITYSTATE ZEPCODE		
Glenn Tourtellot 2524 Victory Highway			
NAME STREET A	THE DIRECTORS ARE: CITYSTATE ZIP CODE		
David B. MacDonald 71 Broadley Road Sa			
Karen Annotti 73 Chaplin Street Pawtuc	eket RI 02861		
NAME STREET A	ADDRESS CUTY/STATE ZIP CODE		
MaryAnn Shallcross 10 Woodland Street	<u> </u>		
NUMBER OF SHARES AUTHORIZED (If Applicable)	NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)		
NUMBER 8000	NUMBER 100		
CLASS Common	CLASS Common		
SERIES	SERIES i		
PAR VALUE OR no par WITHOUT PAR	PAR VALUE OR no par without par		
Date	David B. MacDonald		
0 9 1994	RESPECIAME OF OFFICER SKISING  Progrident		
AUG 23 BEKE TITLE OF	President OFFICER STONING		
1 2m 31 1/4 By 513/p			
DESIGNATED REGISTERED OR RESI	DENT AGENT FOR SERVICE OF PROCESS:		