



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 IN BLACK)

1. Corporate ID No. 74954		2. Name of Corporation CCC Realty Corp.			
3. Street Address Principal Business Office 25 BLACKSTONE VALLEY PLACE			City LINCOLN	State RI	Zip 02865-
4. Business Phone No. 4013341648		5. State of Incorporation RHODE ISLAND			6. SIC Code 5520
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) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name DAVID B. MacDONALD			Vice President Name		
Street Address 32 STOWE ROAD			Street Address		
City SANDWICH	State MA	Zip 20563	City	State	Zip
Secretary Name DAVID B. MacDONALD			Treasurer Name DAVID B. MacDONALD		
Street Address 32 STOWE ROAD			Street Address 32 STOWE ROAD		
City SANDWICH	State MA	Zip 02563	City SANDWICH	State MA	Zip 02563
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name DAVID B. MacDONALD			Director Name		
Street Address 32 STOWE ROAD			Street Address		
City SANDWICH	State MA	Zip 02563	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
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



7 4 9 5 4

\*74954 DBC 01/18/05 04:12:31 PM\*

File Date 2-1-05

Check No. 2917

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

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

Signature of Officer

Date

David B. MacDONALD

Print or Type Name of Officer

President

Title of Officer

Form 630 12/01



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 IN BLACK)

1. Corporate ID No. 74954 2. Name of Corporation CCC Realty Corp.  
3. Street Address Principal Business Office 25 BLACKSTONE VALLEY PLACE City LINCOLN State RI Zip 02865  
4. Business Phone No. 4013341648 5. State of Incorporation RHODE ISLAND 6. SIC Code 5520  
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) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Vice President Name

David B. MacDonald

Street Address

Street Address

32 Stowe Road

City Sandwich State MA Zip 02563

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Secretary Name

Treasurer Name

David B. MacDonald

David B. MacDonald

Street Address

Street Address

32 Stowe Road

32 Stowe Road

City Sandwich State MA Zip 02563

City Sandwich State MA Zip 02563

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

City Sandwich State MA Zip 02563

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Director Name

Director Name

Street Address

Street Address

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

AUTHORIZED SHARES

Number of Shares \_\_\_\_\_ Class/Series \_\_\_\_\_ Par Value \_\_\_\_\_

8,000 NO PAR VALUE

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

ISSUED SHARES

Number of Shares \_\_\_\_\_ Class/Series \_\_\_\_\_ 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



7 4 9 5 4

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

File Date 2-23-04

Check No. 2752

By: 10P

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 2/6/04  
Signature of Officer Date  
President David MacDonald  
Print or Type Name of Officer  
President  
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 2003

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.

74954

2. Name of Corporation

CCC Realty Corp.

3. Street Address Principal Business Office

25 Blackstone Valley Place

City

Lincoln

State

RI

Zip

02865

4. Business Phone No.

401-334-1648

5. State of Incorporation

RHODE ISLAND

6. SIC Code

5520

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

Vice President Name

Street Address

32 Stowe Road

Street Address

City

Sandwich

State

MA

Zip

02563

City

State

Zip

Secretary Name

David B. MacDonald

Treasurer Name

David B. MacDonald

Street Address

32 Stowe Road

Street Address

32 Stowe Road

City

Sandwich

State

MA

Zip

02563

City

State

Zip

Sandwich

MA

02563

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

FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

David B. MacDonald

Director Name

Street Address

32 Stowe Road

Street Address

City

Sandwich

State

MA

Zip

02563

City

State

Zip

Director Name

Director Name

Street Address

Street Address

City

State

Zip

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

8,000 NO PAR VALUE

no par

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

ISSUED SHARES

Number of Shares

Class/Series

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



\* 7 4 9 5 4 \*

File Date: FEB 24 2003

Check No.: 313860

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.

David B. MacDonald 2/4/03  
Signature of Officer Date

David B. MacDonald  
Print or Type Name of Officer

President  
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. **74954** 2. Name of Corporation **CCC Realty Corp.**  
3. Street Address Principal Business Office **25 Blackstone Valley Place** City **Lincoln** State **RI** Zip **02865**  
4. Business Phone No. **401-334-1648** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **5520**

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 <b>David B. MacDonald</b>	Vice President Name
Street Address <b>32 Stowe Road</b>	Street Address
City <b>Sandwich</b> State <b>MA</b> Zip <b>02563</b>	City State Zip
Secretary Name <b>David B. MacDonald</b>	Treasurer Name <b>David B. MacDonald</b>
Street Address <b>32 Stowe Road</b>	Street Address <b>32 Stowe Road</b>
City <b>Sandwich</b> State <b>MA</b> Zip <b>02563</b>	City <b>Sandwich</b> State <b>MA</b> Zip <b>02563</b>

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

Director Name <b>David B. MacDonald</b>	Director Name
Street Address <b>32 Stowe Road</b>	Street Address
City <b>Sandwich</b> State <b>MA</b> Zip <b>02563</b>	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
<b>8,000 NO PAR VALUE</b>		

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
<b>300</b>		<b>no par</b>

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



\* 7 4 9 5 4 \*

File Date: 2-14-02  
Check No.: 2230  
By: [Signature]

FOR SECRETARY OF STATE USE ONLY

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

Signature of Officer [Signature] Date 2/13/02  
Print or Type Name of Officer David B. MacDonald  
Title of Officer President



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. 74954 2. Name of Corporation CCC Realty Corp.

3. Street Address Principal Business Office 25 Blackstone Valley Place City Lincoln State RI Zip 02865  
4. Business Phone No. 401-334-1648 5. State of Incorporation RHODE ISLAND 6. SIC Code 5520

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 <u>David B. MacDonald</u>	Vice President Name
Street Address <u>32 Stowe Road</u>	Street Address
City <u>Sandwich</u> State <u>MA</u> Zip <u>02563</u>	City State Zip
Secretary Name <u>David B. MacDonald</u>	Treasurer Name <u>David B. MacDonald</u>
Street Address <u>32 Stowe Road</u>	Street Address <u>32 Stowe Road</u>
City <u>Sandwich</u> State <u>MA</u> Zip <u>02563</u>	City <u>Sandwich</u> State <u>MA</u> Zip <u>02563</u>

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

Director Name <u>David B. MacDonald</u>	Director Name
Street Address <u>32 Stowe Road</u>	Street Address
City <u>Sandwich</u> State <u>MA</u> Zip <u>02563</u>	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

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

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
8,000 SHS NO PAR VALUE

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

ISSUED SHARES  
Number of Shares Class/Series 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



\* 7 4 9 5 4 \*

File Date: 2/1  
1961

Check No.: 2

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.

L B R  
Signature of Officer Date

Print or Type Name of Officer

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. **74954** 2. Name of Corporation **CCC Realty Corp.**

3. Street Address Principal Business Office **479 Swansea Mall Drive** City **Swansea** State **MA** Zip **02777**  
4. Business Phone No. **1-877-912-5000** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **5520**

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 <b>David B. MacDonald</b>	Vice President Name _____
Street Address <b>32 Stowe Road</b>	Street Address _____
City <b>Sandwich</b> State <b>MA</b> Zip <b>02563</b>	City _____ State _____ Zip _____
Secretary Name <b>David B. MacDonald</b>	Treasurer Name <b>David B. MacDonald</b>
Street Address <b>32 Stowe Road</b>	Street Address <b>32 Stowe Road</b>
City <b>Sandwich</b> State <b>MA</b> Zip <b>02563</b>	City <b>Sandwich</b> State <b>MA</b> Zip <b>02563</b>

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

Director Name <b>David B. MacDonald</b>	Director Name _____
Street Address <b>32 Stowe Road</b>	Street Address _____
City <b>Sandwich</b> State <b>MA</b> Zip <b>02563</b>	City _____ State _____ Zip _____
Director Name _____	Director Name _____
Street Address _____	Street Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____

## 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES		
Number of Shares	Class/Series	Par Value
<b>8,000 SHS NO PAR VALUE</b>		

## 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
<b>300</b>		<b>No Par</b>

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



\* 7 4 9 5 4 \*

File Date: **2/8/00**  
Check No.: **1533**  
By: **2**

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** 1/30/2000  
Signature of Officer Date  
**David B. MacDonald**  
Print or Type Name of Officer  
**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 **1999**

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

(FORM MUST BE TYPED IN BLACK)



1. Corporate ID No. <b>74954</b>		2. Name of Corporation <b>CCC Realty Corp.</b>			
3. Street Address Principal Business Office <b>22 CEDAR SWAMP ROAD</b>			City <b>SMITHFIELD</b>	State <b>RI</b>	Zip <b>02917</b>
4. Business Phone No. <b>401-658-3335</b>		5. State of Incorporation <b>RHODE ISLAND</b>			6. SIC Code <b>5520</b>
7. Brief Description of the Character of Business Conducted in Rhode Island <b>TO PURCHASE, HOLD, OWN, MANAGE AND LEASE REAL PROPERTY.</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>DAVID B. MACDONALD</b>			Vice President Name		
Street Address <b>32 STOWE ROAD</b>			Street Address		
City <b>SANDWICH</b>	State <b>MASS</b>	Zip <b>02563</b>	City	State	Zip
Secretary Name <b>ARTHUR MACDONALD</b>			Treasurer Name <b>DAVID B. MACDONALD</b>		
Street Address <b>635 WEDGE DRIVE</b>			Street Address <b>32 STOWE ROAD</b>		
City <b>NAPLES</b>	State <b>FL</b>	Zip <b>34103</b>	City <b>SANDWICH</b>	State <b>MASS</b>	Zip <b>02563</b>
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <b>DAVID B. MACDONALD</b>			Director Name <b>ARTHUR MACDONALD</b>		
Street Address <b>32 STOWE ROAD</b>			Street Address <b>635 WEDGE DRIVE</b>		
City <b>SANDWICH</b>	State <b>MASS</b>	Zip <b>02563</b>	City <b>NAPLES</b>	State <b>FL</b>	Zip <b>34103</b>
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
<b>8,000 SHS NO PAR VALUE</b>			<b>100</b>	<b>COMMON</b>	<b>NO PAR</b>

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



File Date: Mar 1, 99

Check No.: 1361

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

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

[Signature] 2/1/99  
Signature of Officer Date  
David MacDonald  
Print or Type Name of Officer  
President  
Title of Officer

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998

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

(FORM MUST BE TYPED IN BLACK)



1. Corporate ID No. **74954** 2. Name of Corporation **CCC Realty Corp.**

3. Street Address Principal Business Office  
**22 Cedar Swamp Road** City **Smithfield** State **RI** Zip **02917**

4. Business Phone No. **401-658-3335** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **5520**

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) ☒

President Name Vice President Name

**David B. MacDonald**

Street Address Street Address

**32 Stowe Road**

City State Zip City State Zip

**Sandwich Mass 02563**

Secretary Name

Treasurer Name

**Arthur MacDonald**

**David B. MacDonald**

Street Address Street Address

**635 Wedge Drive**

**32 Stowe Road**

City State Zip City State Zip

**Naples FL 34103 Sandwich MA 02563**

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

Director Name Director Name

**David B. MacDonald**

**Arthur MacDonald**

Street Address Street Address

**32 Stowe Road**

**635 Wedge Drive**

City State Zip City State Zip

**Sandwich Mass 02563 naples MA 34103**

Director Name Director Name

Street Address Street Address

City State Zip City State Zip

## 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares Class/Series Par Value

**8,000 SHS NO PAR VALUE**

## 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares Class/Series 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



\* 7 4 9 5 4 \*

File Date: **2-11-98**

Check No.: **0138**

By: **16P**

FOR SECRETARY OF STATE USE ONLY

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

Signature of Officer

Date

**David B. MacDonald**

Print or Type Name of Officer

**President**

Title of Officer



QUESTION 8

ASSISTANT SECRETARY

DAVID B. MACDONALD  
32 STOWE ROAD  
SANDWICH MA 02563



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.

74954

2. Name of Corporation

CCC Realty Corp.

3. Street Address Principal Business Office

22 CEDAR SWAMP ROAD

City

SMITHFIELD

State

RI

Zip

02917

4. Business Phone No.

(401) 334-4000

5. State of Incorporation

RHODE ISLAND

6. SIC Code

5520

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)

President Name

DAVID B. MACDONALD

Vice President Name

Street Address

32 STOWE ROAD

Street Address

City

SANDWICH

State

MA

Zip

02563

City

State

Zip

Secretary Name

MARY ANN SHALLCROSS

Treasurer Name

GLENN TOURTELLOT

Street Address

10 WOODLAND STREET

Street Address

2524 VICTORY HIGHWAY

City

LINCOLN

State

RI

Zip

02865

City

COVENTRY

State

RI

Zip

02816

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

Director Name

DAVID B. MACDONALD

Director Name

Street Address

32 STOWE ROAD

Street Address

City

SANDWICH

State

MA

Zip

02563

City

State

Zip

Director Name

MARY ANN SHALLCROSS

Director Name

Street Address

10 WOODLAND STREET

Street Address

City

LINCOLN

State

RI

Zip

02865

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

8,000 SHS NO PAR VALUE

ISSUED SHARES

Number of Shares

Class/Series

Par Value

100

COMMON

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



\* 7 4 9 5 4 \*

File Date:

2/27/97

Check No.:

20413

By:

ccr sec

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

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  
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. <b>74954</b>		2. NAME OF CORPORATION <b>CCC Realty Corp.</b>	
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE <b>25 BLACKSTONE VALLEY PLACE</b>		CITY <b>LINCOLN</b>	STATE <b>RI</b>
		ZIP CODE <b>02865</b>	
4. BUSINESS PHONE NO. <b>(401) 334-0155</b>	5. STATE OF INCORPORATION <b>RHODE ISLAND</b>		6. SIC CODE <b>5520</b>
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND <b>Real Estate Agents &amp; Brokers</b>			
8. NAMES AND ADDRESSES OF THE OFFICERS			
PRESIDENT NAME <b>DAVID B. MACDONALD</b>		VICE PRESIDENT NAME <b>KAREN ANNOTTI</b>	
STREET ADDRESS <b>32 STOWE ROAD</b>		STREET ADDRESS <b>73 CHAPLIN STREET</b>	
CITY <b>SANDWICH</b>	STATE <b>MA</b>	CITY <b>PAWTUCKET</b>	STATE <b>RI</b>
ZIP CODE <b>02563</b>		ZIP CODE <b>02861</b>	
SECRETARY NAME <b>MARY ANN SHALLCROSS</b>		TREASURER NAME <b>GLENN TOURTELLOTT</b>	
STREET ADDRESS <b>10 WOODLAND STREET</b>		STREET ADDRESS <b>2524 VICTORY HIGHWAY</b>	
CITY <b>LINCOLN</b>	STATE <b>RI</b>	CITY <b>COVENTRY</b>	STATE <b>RI</b>
ZIP CODE <b>02865</b>		ZIP CODE <b>02816</b>	
9. NAMES AND ADDRESSES OF THE DIRECTORS			
DIRECTOR NAME <b>DAVID B. MACDONALD</b>		DIRECTOR NAME <b>KAREN ANNOTTI</b>	
STREET ADDRESS <b>32 STOWE ROAD</b>		STREET ADDRESS <b>73 CHAPLIN STREET</b>	
CITY <b>SANDWICH</b>	STATE <b>MA</b>	CITY <b>PAWTUCKET</b>	STATE <b>RI</b>
ZIP CODE <b>02563</b>		ZIP CODE <b>02861</b>	
DIRECTOR NAME <del>GLENN TOURTELLOTT</del>		DIRECTOR NAME <b>MARY ANN SHALLCROSS</b>	
STREET ADDRESS <del>2524 VICTORY HIGHWAY</del>		STREET ADDRESS <b>10 WOODLAND STREET</b>	
CITY <del>COVENTRY</del>	STATE <del>RI</del>	CITY <b>LINCOLN</b>	STATE <b>RI</b>
ZIP CODE <del>02816</del>		ZIP CODE <b>02865</b>	
10. SHARES AUTHORIZED AND ISSUED			
AUTHORIZED SHARES			ISSUED SHARES
NUMBER OF SHARES	CLASS / SERIES	NUMBER OF SHARES	CLASS / SERIES
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

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:

**4/15/96**

Check No:

**1009**

By:

**DB**

Signature of Officer

**DAVID B. MACDONALD**

Print or Type Name of Officer

**PRESIDENT**

Title of Officer

Date

For Secretary of State Use Only

## 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.**

0074954

1995

Corporate ID: \_\_\_\_\_ Annual Report for the year: \_\_\_\_\_

Name of Corporation: CCC Realty Corp.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):

☒ 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 business entity in Rhode Island (Provide street address - Not P.O. Box):

25 BLACKSTONE VALLEY PLACELINCOLN, RI 02865SUITE 101Phone: (401) 334-4000

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

TO PURCHASE, HOLD, OWN, MANAGE AND LEASE  
REAL PROPERTY.**THE NAMES OF THE OFFICERS ARE:**

PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
DAVID B. MACDONALD	71 BROADLEY ROAD	SANDWICH, MA	02563
VICE PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
KAREN ANNOTTI	73 CHAPLIN STREET	PAWTUCKET, RI	02861
SECRETARY	STREET ADDRESS	CITY/STATE	ZIP CODE
MARY ANN SHALLCROSS	10 WOODLAND STREET	LINCOLN, RI	02865
TREASURER	STREET ADDRESS	CITY/STATE	ZIP CODE
GLENN TOURTELLOTT	2524 VICTORY HIGHWAY	COVENTRY, RI	02816

**THE NAMES OF THE DIRECTORS ARE:**

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
DAVID B. MACDONALD	71 BROADLEY ROAD	SANDWICH, MA	02563
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
KAREN ANNOTTI	73 CHAPLIN STREET	PAWTUCKET, RI	02861
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
MARY ANN SHALLCROSS	10 WOODLAND STREET	LINCOLN, RI	02865

NUMBER OF SHARES AUTHORIZED (Rider may be attached)

Number of Shares Class / Series

8000 COMMON

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

Number of Shares Class / Series

100 COMMON

Date JUNE, 6, 19 95By: DAVID B. MACDONALD

PRINT OR TYPE NAME OF OFFICER SIGNING

PRESIDENT

TITLE OF OFFICER SIGNING

Form 31 1/95

**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.

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

**FILED**  
JUN 7 1995  
BY [Signature] # 1023

Filing Fee \$50.00  
Payable to:  
Secretary of State

PLEASE TYPE or PRINT  
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: 0074954 Annual Report for the year: 1994  
Name of Business Entity: CCC Realty Corp.

Business entity organized under the laws of the State of: RI

Federal Taxpayer Identification Number: 05-0474881

For foreign entity, address and telephone number of principal office

Phone: ( 401 ) 334-4000

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  
Lincoln RI 02865

Phone: ( 401 ) 334-4000

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:

Kenneth J. Perrone, Esq.  
25 Blackstone Valley Drive  
Lincoln RI 02865

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

To purchase, hold, own, manage and lease  
real property

Date of Organization: 12/14/93

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

THE NAMES OF THE OFFICERS ARE:

OFFICE	NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<input checked="" type="checkbox"/> CHIEF EXECUTIVE OFFICER OR <input checked="" type="checkbox"/> PRESIDENT (check one)	David B. MacDonald	71 Broadley Road	Sandwich MA	02563
<input type="checkbox"/> CHIEF OPERATING OFFICER OR <input type="checkbox"/> VICE PRESIDENT (check one)	Karen Annotti	73 Chaplin Street	Pawtucket RI	02861
<input type="checkbox"/> CUSTODIAN OF RECORDS OR <input type="checkbox"/> SECRETARY (check one)	MaryAnn Shallcross	10 Woodland Street	Lincoln RI	02865
<input type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input type="checkbox"/> TREASURER (check one)	Glenn Tourtellot	2524 Victory Highway	Coventry RI	02816

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
David B. MacDonald	71 Broadley Road	Sandwich MA	02563
Karen Annotti	73 Chaplin Street	Pawtucket RI	02861
MaryAnn Shallcross	10 Woodland Street	Lincoln RI	02865

NUMBER OF SHARES AUTHORIZED (If Applicable)	NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)
NUMBER 8000	NUMBER 100
CLASS Common	CLASS Common
SERIES	SERIES
PAR VALUE OR WITHOUT PAR no par	PAR VALUE OR WITHOUT PAR no par

Date August 29, 1994

By: David B. MacDonald

PRINT OR TYPE NAME OF OFFICER SIGNING

President  
TITLE OF OFFICER SIGNING

Form 31 1/94

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form LLC 3 must be filed

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