

FOR SECRETARY OF STATE USE ONLY

Corporations Division Providence, RI 02903-1335

100 North Main Street 401.222.3040

2005 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR Filing Period: January 1 - March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) L. Corporate ID No. 2. Name of Corporation 84754 NATIONWIDE TITLE & ESCROW COMPANY, INC. 3. Street Address Principal Business Office State Ζip 400 Reservoir Avenue, Suite 2K Providence RI 02907 4 Business Phone No. 5. State of Incorporation 6. SIC Code (401) <u>781-2500</u> 6155 RHODE ISLAND 7. Brief Description of the Character of Business Conducted in Rhode Island
TO ENGAGE IN THE BUSINESS OF REAL ESTATE TITLE SEARCHING, CLOSING SERVICES, CONVEYANCING. FILL IN SPACES BEFORE USING ATTACHMENTS 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) President Name Vice President Name GREGORY A. MARDEROSIAN Street Address 400 Reservoir Avenue City State ZID 02907 Providence RΙ Secretary Name Treasurer Name GREGORY A. MARDEROSIAN GREGORY A. MARDEROSIAN Street Address Street Address 400 Reservoir Avenue 400 Reservoir Avenue State State Providence ŔΙ 02907 Providence RI 02907 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Street Address Street Address City Zin State Director Name Director Name Street Address Street Address Zip City 2.ip State State 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Par Value Class/Series Par Value Number of Shares Class/Series 1,000 COMM NO PAR VALUE This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee 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 Signature of Officer GREGORY A. MARDEROSIAN Print or Type Name of Officer **PRESIDENT**

Title of Officer

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. 2. Name of Corporation 84754 NATIONWIDE TITLE & ESCROW COMPANY, INC. 3. Street Address Principal Business Office City State 400 RESERVOIR AVENUE, SUITE 2K PROVIDENCE RΙ 02907 4. Business Phone No. 5. State of Incorporation 6. SIC Code (401) 781-2500 RHODE ISLAND 7. Brief Description of the Character of Business Conducted in Rhade Island REAL ESTATE TITLE SEARCHES, CLOSINGS AND CONVEYANCING 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) | FILL. IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name GERGORY A. MARDEROSIAN - GREGORY A. MARDEROSIAN Street Address Street Address **400 RESERVOIR AVENUE** . 400 RESERVOIR AVENUE City State Zip State Zip PROVIDENCE RI 02907 PROVIDENCE RI 02907 Secretary Name Treasurer Name GREGORY A. MARDEROSIAN Street Address Street Address **400 RESERVOIR AVENUE** City Zip City State Zip PROVIDENCE RI 02907 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name Street Address Street Address City State Zip State City Zio Director Name Director Name Street Address Sirect Address State Zip .City State Zip 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Par Value Class/Scries Number of Shares Closs/Series Par Value 1.000 NO PAR 100 NO PAR This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date RECEIVED

Check No.

JAN 0 9 2004

By:

FOR SECRETARY OF STATE USE ONLY

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

Signature of Officer

Date

GREGÖRY A. MARDEROSIAN

Print or Type Name of Officer

PRESIDENT

Form 630 12/01

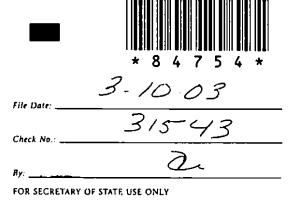


Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

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PROFIT CORI			EPORT FOR TH	E YEAR	O3 PLEASE F
FORM MUST BE TYTED OR PRIN 1. Corpolate ID No. 84754	2. Name of Corpora	tion DE TITLE & ESCROW CO	OMPANY, INC.		
3. Street Address Principal Busines			City	State	Zip
400 Reservoir Ave	enue		Providence	RI	02907
I. Business Phone No.		5. State of Incorporation	n		6. SIC Code
401 781 2500		RHODE ISLA	ND		6155
7. Brief Description of the Charact Real Estate tit		n Rhode Island			
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City	State	Zip	City	State .	Zip
Barrington	RI	02806			
secretary Name			Treasurer Name	•	• • •
Gregory A	A. Marderosia	n *	Grego	ory A. Marderos:	ian
itreet Address			Street Address		
32 Columbi	ıs Avenue		32 Colı	ımbus Avenue	
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Barrington	RI	02806	Barrington	RI	02806
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Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statement continue herein are true and correct. Signature of Officer Date

<u>-Marderosian</u> Gregory A Print or Type Name of Officer

President

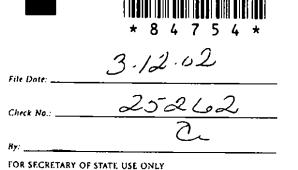
Title of Officer **€**

Form 630 12/02

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

	ary I-March	, ,		et. 3 50.00				INSTR
FORM MUST BE TYPED IN . Corporate ID No.	· -···•··	f Carporatio	n					
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400 RESERVOIR Business Phone No.	AVENUE	ST	E 2K 5. Sta	nte of incorporation	PROVIDENCE		RI	02907 6. SIC Caile
(401) 781-250 Brief Description of the Char		inducted in I		RHODE ISLAND				6155
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GREGORY	A. MARDEI	ROSIAN			VI Street Address	NCENT J.	RINALDI	JR.
32 COLUMBUS AV	ENUE				5 WEST VIEW	DRIVE		
ity	State		Ziρ		City	State		Zip
BARRINGTON cretary Name		RI		02806	RICHMOND Treasurer Name		RI	02892
GREGORY reet Address	A. MARDER	OSIAN			GREG	ORY A. MA	RDEROSIA	AN .
32 COLUMBUS AV	ENUE				- 32 COLUMBUS	AVENUE		
lty	State		2.10		City	State		Zip
BARRINGTON		RI		02806	BARRINGTON		RI	02806
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Under penalty of perjury, I declare and affirm that I have examined this report, including any personnying schedules and statements, and that all statements coptained herein are true and correct.

Signature of Officer

GREGORY A. MARDEROSIAN Print or Type Name of Officer

PRESIDENT

Title of Officer **<∵>** 5

Form 630 12/01

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

2001 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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

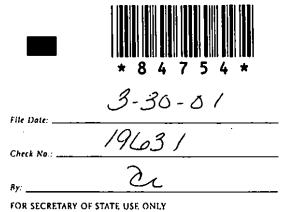
(FORM MUST BE TYPED IN BLACK)

1.	Corporate	184754
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2NATIONVIBE TITLE & ESCROW COMPANY, INC.

3. Street Address Principal Business Off	ice		City		State	Zip
400 Reservoir Av	renue	Ste. 2k	Provi	dence,	R.I.	02907 6. 61 5:5 °
(401) 781-2500 7. Brief Description of the Character of	Business Conducted in I					
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8. NAMES AND ADDRESSE. President Name				IN SPACES BEFO	RE USING ATTACHM	ENTS
Gregory A. Marde	erosian		Street Address	Vincent J.	Rinaldi, Jr.	
32 Columbus Aver				5 West View		
Barrington,	State RI	^{zip} 02806	City	Richmond,	State RI	^{Zip} 02892
Secretary Name			Treasurer Nam	e		•
Gregory A. Marde	erosian		Street Address	Gregory A.	Marderosian	
32 Columbus Aver				32 Columbus		
City	State	Zip	City	•	State	ZIp
Barrington 9. NAMES AND ADDRESSE	RI S OF THE DIREC	02806 TORS ("X" ROX FOR ATTAC	·uusut) F	Barrington	RI FORE USING ATTACH	02806
Director Name	J OT THE BIND		Director Name			
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Street Address			Street Address			
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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 begin are true and correct. Signature of Officer Gregory A. Marderosian
Print or Type Name of Officer President Title of Officer

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

02907 6. SIC Code 6155

02892

02806

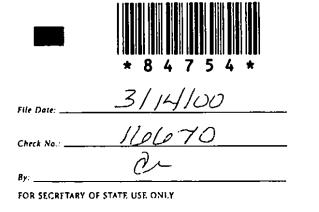
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PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000 Filing Period: January 1-March 1 • Filing Fee: \$50.00

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(FORM .	MUST BE TYPED IN BLACK)					
1. Corpo	rate ID No.	2. Name of Corporation					
	84754	NATIONWIDE T	ITLE & ESCROW C	•	INC.	_	
3. Street	Address Principal Business Off	Tice	•	City		State	ZIp
4. Busin	400 Reservoir		Ste 2k 5. State of Incorporation	Prov	vidence,	R.I.	02 6. SIC (
	(401) 781-250	10	RHODE ISLAND				61
7. Brief I	Description of the Character of	Business Conducted in Rho	de Island				
8. NA	MES AND ADDRESSE	ate Title Se S OF THE OFFICER	earches, Clos. S (*x* BOX FOR ATTACHM	ings at (ENT) FIL Vice Presiden	L IN SPACES BEFO	ncing. Dre using attach	MENTS
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City	32 Columbus	Avenue	Zip	City	5 West Vi	State	Zip
	Barrington,	RI	02806		Richmond,	RI	02
Secretary	v Name	•	-	Treasurer Nai	me		
Street Ad	Gregory A. I	Marderosian		Street Addres		. Marderosia	an
City	32 Columbus	Avenue State	Zip	City	32 Columb	us Avenue State	Zip
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ار 1	DOO SHS COMM NO	PAR VAL		/0	Ο .	NA	N

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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

4. Business Providence RI 0250/ 4. Business Read estate tutle searches, closking services, read estate conveyances. 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT)" X FILL IN SPACES BEFORE USING ATTACHMENTS Freisland Nome Vice President Name Vice President J. Rinaldi, Jr. Sinet Address 32 Columbus Avenue Sinet Address Sinet Address Society Name Gregory A. Marderosian Freisland Name RI 02892 Steets Address Sinet Address Sinet Address Sinet Address Sinet Address Sinet Address NONE Sinet Address Sinet Addr	1. Corporate ID No. 84754		DE TITLE & ESCRO	W COMPANY, INC.			<u></u>
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Vice President Name	7. Brief Description of the Chara Real estate title sear	octer of Business Conducted rches, closing ser	in Rhode Island Vices, real estate co	nveyances.			
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32 Columbus Avenue City Barrington RI 02806 Richmond Ri 02892 Secretary Name Gregory A. Marderosian Suret Address AUTHORIZO Name Street Address Street		rosian		 	inaldi, Jr.		
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Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements consumed herein are true and correct. File Date: Signature of Officer

Check No.: FOR SECRETARY OF STATE USE ONLY

Title of Officer

NATIONWIDE TITLE & ESCROW COMPANY, INC.

Additional Officers

Assistant Vice President Thomas E. McDermott 576 Scituate Avenue Cranston, RI 02921 Assistant Vice President Kelly D. DeBlois 11 Jameson Drive Rehoboth, MA



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

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

(FORM MUST BE TYPED IN BLACK) 1. Carparate ID No. 1 2. Name of Corporation 84754 **NATIONWIDE TITLE & ESCROW COMPANY, INC** 3. Street Address Principal Business Office 400 Reservoir Avenue, Suite 2K Providence 02907 4. Business Phone No. 6. SIC Code (401) 781-2500 **RHODE ISLAND** 6155 7. Brief Description of the Character of Business Conducted in Rhode Island Real Estate Title Searches, Closing Services, Real Estate Cerveyances 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) X President Name Gregory A. Marderosian Vincent J. Rinaldi, Jr. Street Address Street Address 32 Columbus Avenue 7 Cobblestone Terrace T State Barrington 02806 Coventry 02816 Secretary Name Treasurer Name Gregory A. Marderosian Gregory A. Marderosian Street Address Street Address 32 Còlumbus Avenue 32 Columbus Avenue State City State Barrington 02806 Barrington RI 02806 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name Director Name NONE? Street Address Street Address ZIp City State Director Name Director Name Street Address Street Addres Zip City State Zip 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Series Number of Shares Par Value Class/Series 100 Common None 1,000 SHS COMM NO PAR VAL

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By:	ARY OF STATE USE ONLY		Print or Type Name of Officer President Title of Officer



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PROFIT CORPORATION ANNUAL REPORT 1997

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

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1. Corporate ID No.

2. Name of Corporation

84754

NATIONWIDE TITLE & ESCROW COMPANY, INC.

3. Street Address Principal Business Office 400 Reservoir Avenue, Suite 2K Providence 4. Business Phone No. 5. State of Incorporation

02907 6. SIC Code 6155

ZIp

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

Real estate title searches, closing services, real estate conveyances

RHODE ISLAND

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

President Name Gregory A. Marderosian

32 Columbus Avenue City

Barrington

Street Address

Secretary Name

401-781-2500

RI

Zip

Vincent J. Rinaldi, Jr. Street Address

> 7 Cobblestone Terrace City

Street Address

Street Address

Street Address

Vice President Name

Coventry Treasurer Name

32 Columbus Avenue

RI.

State

RI

Ζiρ 02816

Gregory A. Marderosian Gregory A. Marderosian

02806

Street Address

32 Columbus Avenue

City State

Barrington

RI

02806

City Barrington.

No Directors

State RI

02806

 $Z_i p$

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) xxxxxxxxx Assistant Vice President Director Name

Kelly D. DeBlois

Street Address

11 Jameson Drive

City Rehobeth

MA

Zip 02769 City

State

Zip

Director Name Director Name

Street Address

City

State

ZIP

City

State

Zip

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

AUTHORIZED SHARES Number of Shares

Class/Series

Par Value

ISSUED SHARES

Number of Shares

Class/Series

Par Value

1,000 SHS COMM NO PAR VAL

100

Common

None

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 sontained herein are true and correct.

Signature of Officer

Gregory A. Marderosian
Print of Type Name of Officer

Fresident 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
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CORPORATE ID NO	2. NAME OF CORPORATION				
	2. RAME OF CURPURATION				
84754		ONWIDE TITLE & ES	SCROW COMPANY, INC.	•	
STREET ADDRESS PRINCIPAL BUSINESS			alv_	STÂTE	ZIP CODE
	r Avenue, Suit		Providence	· RI	02907
RUSINESS PHONE NO.	-	5. STATE OF INCORPORATION			6 SIC CODE
401-781-2500		RHODE IS	SLAND		6155
RREF DESCRIPTION OF THE CHARACTER			·		I
real estate		· · · · · · · · · · · · · · · · · · ·	ces, real estate c	-	
	8. NA	MES AND ADOR	ESSES OF THE OF	FICERS	
SIDENT NAME	lowdouned		VICE PRESIDENT HAME		
Gregory A. M	argerosian		' Vincent J. Rin	aldi, Ur.	
TELT ADDRESS			STREET ADDRESS	m	
32 Columbus			• 7 Cobblestone		
Parent and a	STATE	ZIP COOE	Constant	STATE	20F COOE 0.201.6
Barrington	RI	02806	Coventry	RI	02816
RETARY NAME			TREASURER NAME		
Gregory A. M	arderosian		Gregory A. Mar	derosian	
DE T ADDRESS	.		STREET ADDRESS		
<u> </u>					
32 Columbus			' 32 Columbus Av	enue	
y	STATE	20° €000€	an	enue Stafe	Zir Coof
		29° C00€ 02806	Barrington	STAFE	<u>72⊮</u> 600€ 02806
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y	STATE RI	02806	Barrington	STAFE	1
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Barrington Barrington Barrington Barrington Barrington Barrington	RI 8. N / Vice Presider Blois	02806	Barrington ESSES OF THE DI	STATE RI RECTORS	1
Barrington Kelly D. Des Killy D. Des Killy D. Des	RI 8. N / Vice Presider Blois	02806	Barrington ESSES OF THE DI	STATE RI RECTORS	1
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Barrington Kelly D. Det Kell	STATE RI 9. N A 9. N A 10. STATE NA STATE 10. S AUTHORIZED SHARES CLASS/SERTES	DP CODE ZP CODE AM ES AND ADDR DP CODE DP CODE PARVALLE	Barrington ESSES OF THE DI DRECTOR NAME NO dire STREET ADDRESS OTY DIRECTOR NAME STREET ADDRESS AUMBER OF SHARES	STATE STATE STATE STATE CASS/SERTES	2P 0006
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File Date:

Check No:

By:

For Secretary of State Use Only

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

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

· Signature of Officer

Gregory A. Marderosian

Print or Type Name of Officer

President

Title of Officer

Date