



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005**

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. <b>84754</b>		2. Name of Corporation <b>NATIONWIDE TITLE &amp; ESCROW COMPANY, INC.</b>			
3. Street Address Principal Business Office <b>400 Reservoir Avenue, Suite 2K</b>			City <b>Providence</b>	State <b>RI</b>	Zip <b>02907</b>
4. Business Phone No. <b>(401) 781-2500</b>		5. State of Incorporation <b>RHODE ISLAND</b>			6. SIC Code <b>6155</b>
7. Brief Description of the Character of Business Conducted in Rhode Island <b>TO ENGAGE IN THE BUSINESS OF REAL ESTATE TITLE SEARCHING, CLOSING SERVICES, CONVEYANCING.</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>GREGORY A. MARDEROSIAN</b>			Vice President Name		
Street Address <b>400 Reservoir Avenue</b>			Street Address		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02907</b>	City	State	Zip
Secretary Name <b>GREGORY A. MARDEROSIAN</b>			Treasurer Name <b>GREGORY A. MARDEROSIAN</b>		
Street Address <b>400 Reservoir Avenue</b>			Street Address <b>400 Reservoir Avenue</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02907</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02907</b>
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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
<b>1,000 COMM NO PAR VALUE</b>					

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



File Date	<b>2-17-05</b>
Check No.	<b>6288</b>
By:	<b>KB</b>
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  
**GREGORY A. MARDEROSIAN**  
Print or Type Name of Officer  
**PRESIDENT**  
Title of Officer  
**2/16/05**  
Date



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. 84754		2. Name of Corporation NATIONWIDE TITLE & ESCROW COMPANY, INC.			
3. Street Address Principal Business Office 400 RESERVOIR AVENUE, SUITE 2K			City PROVIDENCE	State RI	Zip 02907
4. Business Phone No. (401) 781-2500		5. State of Incorporation RHODE ISLAND			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island REAL ESTATE TITLE SEARCHES, CLOSINGS AND CONVEYANCING					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name GERGORY A. MARDEROSIAN			Vice President Name GREGORY A. MARDEROSIAN		
Street Address 400 RESERVOIR AVENUE			Street Address 400 RESERVOIR AVENUE		
City PROVIDENCE	State RI	Zip 02907	City PROVIDENCE	State RI	Zip 02907
Secretary Name GREGORY A. MARDEROSIAN			Treasurer Name		
Street Address 400 RESERVOIR AVENUE			Street Address		
City PROVIDENCE	State RI	Zip 02907	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000		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



8 4 7 5 4

File Date \_\_\_\_\_  
Check No. \_\_\_\_\_  
By: \_\_\_\_\_  
FOR SECRETARY OF STATE USE ONLY

**RECEIVED**  
JAN 09 2004  
1631

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 \_\_\_\_\_  
GREGORY A. MARDEROSIAN  
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.

84754

2. Name of Corporation

NATIONWIDE TITLE & ESCROW COMPANY, INC.

3. Street Address Principal Business Office

400 Reservoir Avenue

City

Providence

State

RI

Zip

02907

4. Business Phone No.

401 781 2500

5. State of Incorporation

RHODE ISLAND

6. SIC Code

6155

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

Gregory A. Marderosian

Vice President Name

Street Address

32 Columbus Avenue

Street Address

City

Barrington

State

RI

Zip

02806

City

State

Zip

Secretary Name

Gregory A. Marderosian

Treasurer Name

Gregory A. Marderosian

Street Address

32 Columbus Avenue

Street Address

32 Columbus Avenue

City

Barrington

State

RI

Zip

02806

City

Barrington

State

RI

Zip

02806

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

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

1,000 COMM NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

100

No Par

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



\* 8 4 7 5 4 \*

File Date: 3-10-03

Check No.: 31543

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.

Signature of Officer

Date

Gregory A. Marderosian

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.

84754

2. Name of Corporation

NATIONWIDE TITLE & ESCROW COMPANY, INC.

3. Street Address Principal Business Office

400 RESERVOIR AVENUE

STE 2K

City

PROVIDENCE

State

RI

Zip

02907

4. Business Phone No.

(401) 781-2500

5. State of Incorporation

RHODE ISLAND

6. SIC Code

6155

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

GREGORY A. MARDEROSIAN

Vice President Name

VINCENT J. RINALDI, JR.

Street Address

32 COLUMBUS AVENUE

Street Address

5 WEST VIEW DRIVE

City

BARRINGTON

State

RI

Zip

02806

City

RICHMOND

State

RI

Zip

02892

Secretary Name

GREGORY A. MARDEROSIAN

Treasurer Name

GREGORY A. MARDEROSIAN

Street Address

32 COLUMBUS AVENUE

Street Address

32 COLUMBUS AVENUE

City

BARRINGTON

State

RI

Zip

02806

City

BARRINGTON

State

RI

Zip

02806

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

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

1,000 COMM NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

100 Common 10 Par

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



\* 8 4 7 5 4 \*

File Date: 3.12.02

Check No.: 25262

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

GREGORY A. MARDEROSIAN

Print or Type Name of Officer

PRESIDENT

Title of Officer

5

Form 630 12/01



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. **84754** 2. Name of Corporation **NATIONWIDE TITLE & ESCROW COMPANY, INC.**

3. Street Address Principal Business Office **400 Reservoir Avenue** City **Providence,** State **R.I.** Zip **02907**  
4. Business Phone No. **(401) 781-2500** 5. State of Incorporation **RHODE ISLAND** 6. **8155**

7. Brief Description of the Character of Business Conducted in Rhode 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 <b>Gregory A. Marderosian</b> Street Address <b>32 Columbus Avenue</b> City <b>Barrington,</b> State <b>RI</b> Zip <b>02806</b>	Vice President Name <b>Vincent J. Rinaldi, Jr.</b> Street Address <b>5 West View Drive</b> City <b>Richmond,</b> State <b>RI</b> Zip <b>02892</b>
Secretary Name <b>Gregory A. Marderosian</b> Street Address <b>32 Columbus Avenue</b> City <b>Barrington</b> State <b>RI</b> Zip <b>02806</b>	Treasurer Name <b>Gregory A. Marderosian</b> Street Address <b>32 Columbus Avenue</b> City <b>Barrington</b> State <b>RI</b> Zip <b>02806</b>

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

Director Name <b>NONE.</b> Street Address  City State Zip	Director Name  Street Address  City State Zip
Director Name  Street Address  City State Zip	Director Name  Street Address  City State Zip

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

AUTHORIZED SHARES

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

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
<b>100</b>		

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



\* 8 4 7 5 4 \*

**3-30-01**

File Date: \_\_\_\_\_

Check No.: **19631**

By: **22**

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 **Gregory A. Marderosian** Date **2/17/01**

Print or Type Name of Officer **Gregory A. Marderosian**

President

Title of Officer



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

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



# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **84754** 2. Name of Corporation **NATIONWIDE TITLE & ESCROW COMPANY, INC.**

3. Street Address Principal Business Office City State Zip  
**400 Reservoir Avenue Ste 2k Providence, R.I. 02907**

4. Business Phone No. 5. State of Incorporation 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, 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
Gregory A. Marderosian	Vincent J. Rinaldi, Jr.
Street Address	Street Address
32 Columbus Avenue	5 West View Drive
City State Zip	City State Zip
Barrington, RI 02806	Richmond, RI 02892
Secretary Name	Treasurer Name
Gregory A. Marderosian	Gregory A. Marderosian
Street Address	Street Address
32 Columbus Avenue	32 Columbus Avenue
City State Zip	City State Zip
Barrington, RI 02806	Barrington, RI 02806

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

Director Name	Director Name
NONE.	
Street Address	Street Address
City State Zip	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

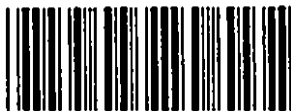
Number of Shares	Class/Series	Par Value
1,000 SHS COMM NO PAR VAL		

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
100	N/A	No par

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



\* 8 4 7 5 4 \*

File Date: 3/14/00

Check No.: 116670

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 2/8/00

Print or Type Name of Officer Gregory A. Marderosian

Title of Officer President



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>84754</b>		2. Name of Corporation <b>NATIONWIDE TITLE &amp; ESCROW COMPANY, INC.</b>			
3. Street Address Principal Business Office <b>400 Reservoir Avenue, Ste 2K</b>			City <b>Providence</b>	State <b>RI</b>	Zip <b>02907</b>
4. Business Phone No. <b>401-781-2500</b>		5. State of Incorporation <b>RHODE ISLAND</b>			6. SIC Code <b>6155</b>
7. Brief Description of the Character of Business Conducted in Rhode Island <b>Real estate title searches, closing services, real estate conveyances.</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> <b>FILL IN SPACES BEFORE USING ATTACHMENTS</b>					
President Name <b>Gregory A. Marderosian</b>			Vice President Name <b>Vincent J. Rinaldi, Jr.</b>		
Street Address <b>32 Columbus Avenue</b>			Street Address <b>5 West View Drive</b>		
City <b>Barrington</b>	State <b>RI</b>	Zip <b>02806</b>	City <b>Richmond</b>	State <b>RI</b>	Zip <b>02892</b>
Secretary Name <b>Gregory A. Marderosian</b>			Treasurer Name <b>Gregory A. Marderosian</b>		
Street Address <b>32 Columbus Avenue</b>			Street Address <b>32 Columbus Avenue</b>		
City <b>Barrington</b>	State <b>RI</b>	Zip <b>02806</b>	City <b>Barrington</b>	State <b>RI</b>	Zip <b>02806</b>
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> <b>FILL IN SPACES BEFORE USING ATTACHMENTS</b>					
Director Name <b>NONE</b>			Director Name		
Street Address			Street Address		
City	State	Zip	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
<b>1,000 SHS COMM NO PAR VAL</b>			<b>100</b>	<b>Common</b>	<b>None</b>

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



\* 8 - 4 - 7 - 5 - 4 - \*

File Date: Jan 20, 99  
Check No.: 09696  
By: JA

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: Gregory A. Marderosian Date: 1/19/99  
Print or Type Name of Officer: Gregory A. Marderosian  
Title of Officer: President

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  
Rchoboth, MA





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

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



# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **1998**

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. <b>84754</b>		2. Name of Corporation <b>NATIONWIDE TITLE &amp; ESCROW COMPANY, INC.</b>	
3. Street Address Principal Business Office <b>400 Reservoir Avenue, Suite 2K</b>		City <b>Providence</b>	State <b>RI</b> Zip <b>02907</b>
4. Business Phone No. <b>(401) 781-2500</b>	5. State of Incorporation <b>RHODE ISLAND</b>		6. SIC Code <b>6155</b>
7. Brief Description of the Character of Business Conducted in Rhode Island <b>Real Estate Title Searches, Closing Services, Real Estate Cerveyances</b>			
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>			
President Name <b>Gregory A. Marderosian</b>		Vice President Name <b>Vincent J. Rinaldi, Jr.</b>	
Street Address <b>32 Columbus Avenue</b>		Street Address <b>7 Cobblestone Terrace</b>	
City <b>Barrington</b> State <b>RI</b> Zip <b>02806</b>	City <b>Coventry</b> State <b>RI</b> Zip <b>02816</b>		
Secretary Name <b>Gregory A. Marderosian</b>		Treasurer Name <b>Gregory A. Marderosian</b>	
Street Address <b>32 Columbus Avenue</b>		Street Address <b>32 Columbus Avenue</b>	
City <b>Barrington</b> State <b>RI</b> Zip <b>02806</b>	City <b>Barrington</b> State <b>RI</b> Zip <b>02806</b>		
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>			
Director Name <b>NONE</b>		Director Name	
Street Address		Street Address	
City	State	Zip	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 checked="" type="checkbox"/>			
11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>			
AUTHORIZED SHARES		ISSUED SHARES	
Number of Shares	Class/Series	Par Value	Number of Shares Class/Series Par Value
<b>1,000 SHS COMM NO PAR VAL</b>			<b>100 Common None</b>

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



File Date: **1-8-98**  
Check No.: **3221**  
By: **UP**

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 **Gregory A. Marderosian** Date **1/5/98**  
Print or Type Name of Officer **President**  
Title of Officer **Perd**



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.

84754

2. Name of Corporation

NATIONWIDE TITLE & ESCROW COMPANY, INC.

3. Street Address Principal Business Office

400 Reservoir Avenue, Suite 2K

City

Providence

State

RI

Zip

02907

4. Business Phone No.

401-781-2500

5. State of Incorporation

RHODE ISLAND

6. SIC Code

6155

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

Real estate title searches, closing services, real estate conveyances

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

President Name

Gregory A. Marderosian

Vice President Name

Vincent J. Rinaldi, Jr.

Street Address

32 Columbus Avenue

Street Address

7 Cobblestone Terrace

City

Barrington

State

RI

Zip

02806

City

Coventry

State

RI

Zip

02816

Secretary Name

Gregory A. Marderosian

Treasurer Name

Gregory A. Marderosian

Street Address

32 Columbus Avenue

Street Address

32 Columbus Avenue

City

Barrington

State

RI

Zip

02806

City

Barrington.

State

RI

Zip

02806

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

~~XXXXXXXX~~ Assistant Vice President

Kelly D. DeBlois

Director Name

No Directors

Street Address

11 Jameson Drive

Street Address

City

Rehoboth

State

MA

Zip

02769

City

State

Zip

Director Name

Director Name

Street Address

Street Address

City

City

State

State

Zip

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

1,000 SHS COMM NO PAR VAL

ISSUED SHARES

Number of Shares

Class/Series

Par Value

100

Common

None

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



File Date: 2-28-97

Check No.: 3907

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

Gregory A. Marderosian

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. 84754		2. NAME OF CORPORATION NATIONWIDE TITLE & ESCROW COMPANY, INC.	
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 400 Reservoir Avenue, Suite 2K		CITY Providence	STATE RI
		ZIP CODE 02907	
4. BUSINESS PHONE NO. 401-781-2500		5. STATE OF INCORPORATION RHODE ISLAND	
		6. SIC CODE 6155	

7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND

real estate title searches, closing services, real estate conveyances

### 8. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME Gregory A. Marderosian			VICE PRESIDENT NAME Vincent J. Rinaldi, Jr.		
STREET ADDRESS 32 Columbus Avenue			STREET ADDRESS 7 Cobblestone Terrace		
CITY Barrington	STATE RI	ZIP CODE 02806	CITY Coventry	STATE RI	ZIP CODE 02816
SECRETARY NAME Gregory A. Marderosian			TREASURER NAME Gregory A. Marderosian		
STREET ADDRESS 32 Columbus Avenue			STREET ADDRESS 32 Columbus Avenue		
CITY Barrington	STATE RI	ZIP CODE 02806	CITY Barrington	STATE RI	ZIP CODE 02806

### 9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME Kelly D. DeBlois			DIRECTOR NAME no directors		
STREET ADDRESS 11 Jameson Drive			STREET ADDRESS		
CITY Rehobeth	STATE MA	ZIP CODE 02769	CITY	STATE	ZIP CODE
DIRECTOR NAME			DIRECTOR NAME		
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE

### 10. SHARES AUTHORIZED AND ISSUED

AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
1,000 SHS COMM NO PAR VAL			100	common	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.

File Date:

Check No:

By:

Signature of Officer

Gregory A. Marderosian  
Print or Type Name of Officer

President  
Title of Officer

Date

For Secretary of State Use Only