James R. Langevin, Secretary of St Corporations Divis 100 North Main Street, Providence, RI 02903-1: 401-222-30

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



I ming I chioa. Jana	ary 1-march 1	Filing Fee: \$30.00			1881
(FORM MUST BE TYPED IN	V BLACK)				
1. Corporate ID No.	2. Name of Corpor	•			_
66254		y Corporation			
3. Street Address Principal Bu			City	State	Zip
679 (Central,	Ave	PAWTUCKET	A/	0286
4. Basiness Filone Ho.	_	3. State of Incorporation	•	•	6. SIC Code
728-006		RHODE ISLAND			5538
7. Brief Description of the Cha					
• -	estre le				
	RESSES OF THE OFF	ICERS ("X" BOX FOR ATTACH		FORE USING ATTA	CHMENTS
President Name	A		Vice President Name		
MARIA C	4/AS1				
Street Address		_	Street Address		
City	LITY 5-	21-	Class	Face	710
"C DANKING	Siere Al	52714	City	State	Zip
Secretary Name	- 4 14		Treasurer Name		
Luis A	1.000		Luis Alve	•	
Street Address			Street Address	,	
DA CRA	w: C- 57		Street Address 72 CHARTY	(4	
City	ivi Gstate 57	Zip	City	State	· Zip
E. PROV	11	029/4	E PARK	11	129/
•	RESSES OF THE DIR	ECTORS ("X" BOX FOR ATTA	CHMENT) FILL IN SPACES B	EFORE USING ATT	ACHMENTS
Director Name			Director Name		
MARIA	CALV	45			
Street Address			Street Address		
72 CHA	ARITY ST. State SCR A(7			
City	State	Zip	City	State	Zip
E. MOVIDEN	ice N	02914			
Director Name	,		Director Name		
Street Address			Street Address		
	_				
City	State	Zip	City	State	Zip
10 CHARTE AUTHOR	NIZED /eve nov non .m	T. C	AL CITABRO ICCIIDO (m.		_1
10. SHARES AUTHOR	CIZED ("X" BUX FOR AT	FACHMENT)	11. SHARES ISSUED (*x*	BOX FOR ATTACHMEN	7)
AUTHORIZED SHARES Number of Shares	Class (Savias	Der Velve	ISSUED SHARES	f*1 - 11 15 1	Dan Malus
·	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
4,000 SHS COM	MON NO PAR		100	C/5	NO
			, 5 5	7/	,00

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

Title of Officer

-	* 6 6 2 5 4 *
File Date:	2110/00
Check No.:	1219
Ву:	<u> </u>
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, an that all statements contained herein are true and correct. Signature of Officer Date Print or Type Name of Office



James R. Langevin, Secretary of Sti Corporations Divisi 100 North Main Street, Providence, RI 02903-13 401-277-30

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999 Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BL	LACK)				
1. Corporate ID No.	2. Name of Corpora	Coalth C.	A		
3. Street Address Principal Busines	ss Office	Realty Cor.	POZĄ Z ON	State	Zip
677-679 C	ZENTRAL A	ドランドセ S. State of Incorporati	"PAWTUCKET"	U	02860 6. SIC Code
7. Brief Description of the Charact		RHODE	ISLAND		5531
Xesson		n knoue island			
8. NAMES AND ADDRE		ICERS (*x* box for att	TACHMENT)		
President Name	1		Vice President Name		
STEEL AddIESS	. ALVES		Street Address		
72 (441	ITY CT	•	Juter Municip		
THE PROVIDENCE	State	21p	City	State	Zip
Secretary Name		0011	Treasurer Name		
LUIS A	Alves				
Street Address	•		Street Address		
TZ CHAN City Providen	State	Zip	City	State	Źip
E PROVIDEN	CE AL	029/4	•		•
9. NAMES AND ADDRE			ATTACHMENT)		
MARIA (0 11.00		Director Name		
Street Address	*		Street Address		
72 CHAN	TY ST				
72 CHANI CHY E PROVIDENCE	State	21p 11-24/4	City	State	Zip
Director Name	C /C/	00.7.	Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZ	ED (*X* BOX FOR AT)	ACHMENT)	11. SHARES ISSUED (*x*	BOX FOR ATTACHMENT	?)
AUTHORIZED SHARES			ESSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
4,000 SHI (OMMON ST	ock No Po	AR 100	Comm	NPM
This report must be sta	and in ink by air	har the Dresident Vi	ce President, Secretary, Assista	ant Secretary Trans	urer Receiver of Tru
ing report must be 318	inca in ink by ell.	nei the riesident, VI	ce riesiweiit, sectewity, MSSISta	anic secretary, measi	arei, vecetaei or ira

	Under penalty of perjury, I declare and affirm that I have examined
	this report, including any accompanying schedules and statements, a
	that all statements contained herein are true and correct.
File Date: 7-30-99	Luish alive 7/29/55
Check No.:	Signature of Officer Date
CHEEK HO.	LUIS A Alvas
BV: DA	Print or Type Name of Officer
FOR SECRETARY OF STATE USE ONLY	Secretary
TON SCUREINKY OF SIMIL USE ONLY	Title of Officer



James R. Langevin, Secretary of St.

Corporations Divisi
100 North Main Street, Providence, RI 02903-13
401-277-30

400

998

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PROFIT	CORP	ORAT	ΓΙΟΝ	ANNU	AL I	REPORT	FOR	THE	YEAR	1998
Elling Dagle.										

Filing Period: January	1-March 1 • Fi	ling Fee: \$50.00		1 LAK _1000	PLLANURI, INSTRUCTIO
(FORM MUST BE TYPED IN BLAC 1. Corporate ID No. 66254	2. Name of Corporation JMC Realty Co	rporation			
3. Street Address Principal Business O 477-679 6. Business Phone No. 401-728-006 7. Brief Description of the Character of t	Ye <i>wzeol Av</i> l Y	S. State of Incorporation RHODE ISLAND	PANTUCKET	State M	21p 02:60 6. SIC Code 5538
8. NAMES AND ADDRESS. President Name MARIA C		R\$ (*X* BOX FOR ATTACHN	IENT) Vice President Name		·
Street Address 72 CHARIT	ry 57		Street Address		
CHY PROPOSICE		1 2914	City	State	ZIp
Secretary Name	Hives		Treasurer Name		
Street Address 72 CHANL 7	•		Street Address		
E Providence		02914	City	State	Zip
9. NAMES AND ADDRESS Director Name MARIA C F	•	ORS (*X* BOX FOR ATTAC	HMENT) Director Name		·
Street Address 72 CHAN TY	57		Street Address		
72 CHANTY E Provoence	State M	D2914	City	State	Zip
Director Name		,	Director Name		
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10. SHARES AUTHORIZED AUTHORIZED SPARES	("X" BOX FOR ATTACH	AENT)	11. SHARES ISSUED ("X" B	OX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
4,000 SHS COMMON	NO PAR	NM	100	comm	NO PAR

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

	* 6 6 2	5 4 *
File Date: _	3.3.98	
Check No.: _	1189	
By:	TARY OF STATE USE ONLY	1 H

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

Discreption of Officer

Discreption of Officer

Discreption of Officer

Discreption of Officer



James R. Langevin, Secretary of Stat Corporations Division 100 North Main Street, Providence, RI 02903-133. 401-277-304

Composed to No. 1. Name of Corporation 6. Steet Address Principal Busings Office 1. Name of Corporation Steet Address Director Name City State State Steet Address	PROFIT CO: Filing Period: Janua FORM MUST BE TYPED IN 1	ary 1-March 1 •	N ANNUAL Filing Fee: \$50.00	REPORT 19	97	STOP PILMERI INSTRUCTOR BUTORIE
Rushress Phone No. S. State of Incorporation RHODE ISLAND STORY STORY RHODE ISLAND STORY STORY RHODE ISLAND STORY STORY	. Corporate ID No.	2. Name of Corporati				· · · · · · · · · · · · · · · · · ·
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Treasurer Name AUS A AIVES THE Address THE Address THE ADDRESS OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name AUS AAIVES State TO 2914 E PROVIDENCE AL ("0291 Director Name AUS TREASURER ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name AUS THE ADDRESS OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name THE ADDRESS OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name THE ADDRESS OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name THE ADDRESS OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name Director Name THE ADDRESS OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name THE ADDRESS OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name THE ADDRESS OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name THE ADDRESS OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name THE ADDRESS OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name THE ADDRESS OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name THE ADDRESS OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name THE ADDRESS OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name THE ADDRESS OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name THE ADDRESS OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name THE ADDRESS OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name THE ADDRESS OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name THE ADDRESS OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name THE ADDRESS OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) DIRECTOR NAME THE ADDRESS OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) THE ADDRESS OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) THE ADDRESS OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) THE ADDRESS OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) THE ADDRESS OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) THE ADDRESS OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) THE ADDRESS OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) THE ADDRESS OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) THE ADDRESS OF THE DIRECTORS ("X" BOX FOR ATTACHMEN	ticet Address 72 (HAPLIT	yst				
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Director Name MARIA CALVES Street Address 72 CHARITY ST City State Zip EMUNIDENCE M ODGIS Director Name Director Name Street Address Street Address		•	02914		OSWCE State A.C	02914
Street Address	Director Name					
E MUVIDENCE M OD-914 Director Name Direct Address Street Address	treet Address			Street Address		• .
Treet Address Street Address	E PROVIDENCE	State R/	D2914	City	State	Zip
		•	•	Director Name		,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
City State Zip City State Zip	treet Address			Street Address		
	City	State	Zip	City	State	Zip

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

ISSUED SHARES

Number of Shares

100

	* 6 6 2 5 4 *	
File Date;	4 3 97	
Check No.:	1176	
By:FOR SECRETARY (OF STATE USE ONLY	

Class/Series

4,000 SHS COMMON NO PAR

Par Value

AUTHORIZED SHARES

Number of Shares

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

Class/Series

Commo

* Jours		1	Alves	9/8/97
ignature of Officer	1		Date	

LUIS A Alves
Print or Type Name of Officer
Secretary
Title of Officer

PROFII CORPORATION ANNUAL, REPORT

1996



State of Knobe Island and Providence Plantatio James R. Langevin, Secretary of State Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335 • (401) 277-30

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

		PLEASE TYPE OR	PRINT IN BLACK INK.		
CORPORATE ID NO	2 NAME OF CORPORATION	- 3 4			
66254 STREET ADDRESS PREVOPAL BUSINESS OF	· ·	alty Corporati	ON Tan	i STATE	Tzp cons
	Central A	re .	ROWTULET	11	02880
728-006-		5. STATE OF WCORPORATION RHODE I	SLAND		5534
PREF DESCRIPTION OF THE CHARACTER OF Real {		rso r			
	B. NAM	ES AND ADDR	ESSES, OF THE OF	FICERS	
MARIA C	Alves		Vice President Name		
12 CHANIT	y st		STREET ADORESS		
72 CHARIT	STATE 1	22914	ary	STATE	ZIP C00 €
LUIS A	Alves		LUIS A	4lves	
で フェ CHAへ	ITY St		72 CHAN	TU ST	
E. Providence	STATE R/	02914	E. PRIVISEN	STATE M	02914
RECTOR NAME	9. NAN		ESSES OF THE DIL	RECTORS	
MANIA C	Alve	/			
RETADDRESS (HAI		•	STREET ADDRESS		
E. Providence		21P CODE 0 2-914	ary	STATE	29° C00€
ECTOR NAME			DIRECTOR NAME		
reet adoress	· · · · · · · · · · · · · · · · · · ·		STREET ADDRESS		
Υ	STATE	21P C00CC	alv	STATE	ZIP COOTE
	1 0 . S H	ARES AUTHOR	IZED AND ISSUED		
HUMBER OF SHARES	AUTHORIZED SHARES CLASS / SERIES	PAR VALUE	HUMBER OF SHARES	ISSUED SHARES CLASS/SERIES	PAR VALUE
	COMMON NO PAR		100	Common	No lon
	This	report must be SIG	GNED IN INK by either the	e	
Pres			stant Secretary, Treasurer,		
			Under penalty of	perjury, I declare and a	ffirm that I have examina

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

File Date:

Check No:

Ву:

For Secretary of State Use Only



DETACH BOTTOM BEFORE RETURNING

FORM 31 12/95

Payable to: Secretary of State

State of Rhode Island and Providence Plantations Office of The Secretary of State

CORP: Jan. 1

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

Corporate ID: 0066254	Annual Report for the year: 1995
Name of Business Entity: JMC R	PEALTY CORPORATION
Name to Dusticas Citity.	
Business entity organized nuder the laws of the State of:	Business Entity is (check one):
Federal Taxpayer Identification Number: 05-0463737	□ Business Corporation (See RIGL Chapter 7-1.4) □ Professional Service Corporation (See RIGL Chapter
For foreign entity, address and telephone number of principal office:	Limited Liability Company (See RIGL 7-16)
	Name, title and mading address of contact person to whom
	communications may be directed Alves Socretae
	677-679 Contral Ave
	PANTUCKET, A1 02866
Phone: []	
Address and telephone of the principal office of business entity in Rhode	Brigi gatement of the character of business conducted in Rhode
Island (Provide street address - Not P.O. Box): 627-679 Courted Ave	sold Reward of Real Botato
CONTUCKET RI UZFGI	
MADIOUNI KO JEST	Date of Organization: 12-/7-9/
	Date of Qualification to do business in Rhode Island (if foreign
Phone: ()	-
MILE NAMES	OF THE OFFICERS ARE:
THE NAMES	CHANTY ST E. PRONOENCE P/02
MARIA C. Alves 12 C	THAT ANNIESS CITYPIAN
CHILL OPERATING OFFICER ON VICT. PRESIDENT (Chick Onc)	
The remarkable Receiption at Architage and Architage and	CHARTY ST E. PAINDWED ALOS
	TRILET ADDRESS
Luis A. Alves	и
THE NAMES	OF THE DIRECTORS ARE: OKASITY SY E. PRINCESSE 1/0
MARIA C. Alves 2	OKABITY SY E. PANGENCE ETO
NAME	JEGST VONCEZ
NAMI.	THEET ADDRESS CHASTAIL
	A STATE OF THE STA
NUMBER OF SHARES AUTHORIZED (If Applicable)	NUMBER OF SHARES ISSUED AND OUTSTANDING (IF App
NUMBER 4000	NUMBER 200
	CLASS COMMON
CLASS COM MON	envine.
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PAR VALUE OR	PAR VALUE OR WITHOUT PAR No Par Value
WITHOUT PAR No Par Valor	WITHOUT PAR No PAR VA-154
	· . O . 1 10-
Date 9-/3- FILED	By: Louis H Hwes
SFP 1 8 1995	Luis A. Alves

Secretar:

By Ce 1074

Tring Pec SSC (a) Payable to Secretary of State

PLEASE TYPE or PRINT

State of Rhode Island and Providence Plantations
Office of The Secretary of State

File Ann, thy 1 LC Sept. 1 - Nev. 1 CORP Jun March 1

100 North Main Street Providence Rhode (shind 92903-13.35-401-277-3040

Torporate ID 0066254	Annual Report for the year 1994
Rame of Business Entity	REALTY CORPORATION
usacess entity organized under the lases of the Stale of August edents? Laxy tyer for inflictions. Names:	1 Professional Service Corporation (See RIGI, Chapter 7-8 1)
	North total and and inglatifiess of contact species to super- communications in the superior of Alvest Secretary
gare (
calless, incredephone of the policy sal induce of business entry and fance? evide street acid esc. Not 2.0. Best. 627-679-Cauthor Ave.	Bing spherical of the character of business conducted in Rhode Island SHEFRENTAL & Roll 15/2/4
MONICKET RI 0286	Date of Organization 12-/2-91 Date of Qualification to do business in Rhode Is and (if foreign entity)
THE NA	AMES OF THE OFFICERS ARE:
MARIA CT A VES 7	2 CHARITY ST E. PRONDENCE R/02914 STREET ADDRESS CITYSTAILS VIPCONI
Luis A. Alves Luis A. Alves Luis A. Alves	CHARTY ST E. PRINTONES AL 02914
MARIA C. Alves	MES OF THE DIRECTORS ARE: 28 DAMESTY SY & Pawase 1/039/9
·	STRUCT ADDRESS CITYSTAIL Z P. O
GMBER OF SHARES AUTHORIZED (1: Applicable)	NUMBER OF SHARES ISSUED AND OUTSTANDING (II Applicable).
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LASS COMOION	CLASS COMMON
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ac 2-28- 1994_	By Lauri A Afres WHIS A. Afres WHIST ON THE NAME OF THE CAN CHING
	Secretary

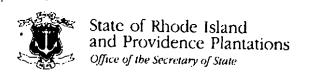
PLEASE NOTE: If the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form LLC 3 must be filled

MAR 7 896 BYLK 1012

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID	15/5/25/4	Annual Report for the year 1993				
FIRST: The name o	f the corporation is	JMC Realty Corporat:	ion			
Second: It is incor	porated under the laws of	Rhode Island				
take licenses in re propertyofeveryk be organized.	spect of, improve, deve and any other acts	to buy, own, sell, exchange, elop, repair, manage, maintas or activities for which coincipal office	ain, and operate real			
FIFTH: Business add	dress in Rhode Island 677-6	579 Central Avenue, Pawtucke	et, RI 02861			
SIXTH: Names and	addresses of its directors and	Officers: Address (including number,	(Attach rider if necessary)			
John M. Constantino	Director	16 Hewes Street, Cumberla	and, RI 02864			
	Director					
	Director					
Maria C. Alves	President	72 Charity Street, East F	Providence, RI 02914			
Maria C. Alves	Vice Preside	nt 72 Charity Street, East F	Providence, RI 02914			
Maria C. Alves	Secretary	72 Charity Street, East E	Providence, RI 02914			
Maria C. Alves	Treasurer	72 Charity Street, East I	Providence, RI 02914			
SEVENTH: Number	of Shares authorized:		Par Value or statement that			
No of Shares	Class	Series	shares are without par value			
4,000	Common		No Par Value			
Еібнтн: Number o	of Shares issued:	PAID	Par Value or statement that			
No. of Shares	Class	Series MAK 0 % 1993	shares are without par value			
100	Common	SECRETARY OF STAT	No Par Value			
Dated	В	JMC Relaty Corporation Name of Corporation) By Havia Alve-				
(Report must be	signed by an officer) T	litle President				



A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street

Providence, RI 02904-2615 401.222 3040

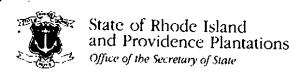
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
• In accordance with R.I.G.I. 7-1.2-1501(e), encb corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(cGd)) is subject to a headty few of \$55.00

1 Corporate ID No 66254	JMC Realt	2. Nanc of Corporation JMC Realty Corporation					
3 Street Address Principal Business Office 679 Central Ave			Gig: Pawtucket	State RI	Z ₁ p 02860		
4 Business Phone No 401-728-0064		5 State of Incorpora Rhode Island	tion				
6 Brief Description of the Real Estate Rental	Character of Business Conduc	ted in Rhode Island		<u>-</u>			
7. NAMES AND ADD	RESSES OF THE OFFI	CERS: ("X" BOX FOR A	TTACHMENT) FILL IN	SPACES REFORE DEING	ATTACHMENTE		
President Name Maria C ALves			Vice President Name	orners her one count	ATTACHMENTS		
Street Address 18 Pilgrim Ave			Street Address				
City Rumford	State RI	Ζφ 02916	City	State	Ζψ		
Secretary Name Luis Alves		Treasurer Name Luis Alves	•				
Street Address 18 Pilgrim Ave		Street Address 18 Pilgrim Ave	Street Address				
City Rumford	State RI	<i>хф</i> 02916	Cip:	State RI	7.1p 02916		
Maria C ALves	RESSES OF THE DIREC	CTORS: ("X" BOX FOR	ATTACHMENT) To FILL. II Director Name: Luis Alves	N SPACES BEFORE USIN	G ATTACHMENTS		
irod Address 18 Pilgrim Ave			Street Address 18 Pilgrim Ave				
City.	State	Zıp	City	State	Zip		
Rumford Prector Name	<u>JRI</u>	02916	Rumford Director Name	RI	02916		
itnet Addres			Street Address				
Cu _l y	State	Zψ	City	State	Zip		
. SHARES AUTHORI UTHORIZED SHARES	IZED ("X" BOX FOR A	TTACHMENT) []		 <i>("X" BOX FOR ATTAC!</i> CTION <u>MUST</u> BE COMPLETED	HMENT)		
lumber of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value		
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			rized representative. If the c	ı	ı		

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I ILLED
File Date _ 111 2 0 2007
Check No By 332074
By:
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare including any accompanying sche contained herein are true and corrections.	e and affirm that I have examined this report, edules and statements, and that all statements ect.
Signature	Date
Luis Alves	
Print or Type Name	
Secretary / Treasurer	
Title	



A. Ralph Mollis, Secretary of State Corporations Division 148 W. Rwer Street Providence, RI 02904-2615 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 · March 1 · Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK in accordance with R.I.G.I. 7-1.2-1501(a), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by

1 Corporate II) No 66254	JMC Realt	2. Name of Corporation JMC Realty Corporation					
3 Street Address Principal 679 Central Ave	Business Office		Cin- Pawtucket	State RI	<i>Zip</i> 02860		
4 Business Phone No 401-728-0064		5. State of Incorpora	ation	<u> </u>	1 02000		
Real Estate Rental	Character of Business Conduct						
7. NAMES AND ADD	RESSES OF THE OFFIC	ERS: ("X" BOX FOR	ATTACHMENT) FILL IN	SPACES BEFORE USING	ATTACHMENTS		
Maria C ALves			Vice President Name				
Street Address 18 Pilgrim Ave		· <u></u>	Street Address				
Cup	State	Zip	City	State	l ana		
Rumford	RI	02916		ман	ZIp		
Luis Alves		Treasurer Name Luis Alves	······································				
Street Address 18 Pilgrim Ave			Street Address 18 Pilgrim Ave	•			
City Rumford	State RI	2φ 02916	Cin- Rumford	State RI	<i>Σφ</i> 02916		
8. NAMES AND ADDI Director Name	RESSES OF THE DIREC	TORS: ("X" BOX FOR	-	N SPACES BEFORE USIN			
Maria C ALves			Director Name				
Street Address			Luis Alves				
18 Pilgrim Ave			18 Pilgrim Ave				
City	State	Zip	Cin	State	Zip		
Rumford	<u>J</u> RI	02916	Rumford	RI	02916		
Director Name			Director Name	•••••••••			
Street Address			Street Address		<u> </u>		
âty	State	Ztp	City	State	Zip		
UT HORIZED SHARES	ZED ("X" BOX FOR A	 ТТАСНИЕNT) []	10. SHARES ISSUED	("X" BOX FOR ATTACE CTION MUST BE COMPLETED	IMENT) 🛚		
lumber of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value		
100	Common	no	4000	Common	no		
							
			j	ľ	i		

File DateFILED
Check NoJUL_ 2 0 2007
вуВу <u>032074_</u>
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and sincluding any accompanying schedules contained herein are true and correct.	affirm that I have examined this report, and statements, and that all statements
Signature	Dave
uis Alves	
Print or Type Name	
Secretary / Treasurer	
Tule	E (20)

Edward S. Inman, 111, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

2003 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR



riting reriou: january 1-march 1	•	ruing ree: \$50.00	
(FORM MUST BE TYTED OR PRINTED IN BLACK)			

11	Circu	, , , L	,,,	DL	•	 LU	On.
,	Carr			D A	j,		

2. Name of Corporation

66254

President Name

JMC Realty Corporation

3. Street Address Principal Business Office

677-L79 CENTRAL

4. Business Phone No.

S. State of Incorporation

RHODE ISLAND

5538

6. SIC Code

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

Real Estate

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

MARIA

401-728-0064

Vice President Name

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

FILL IN SPACES BEFORE USING ATTACHMENTS Director Name

MARIA

Street Address

City

State

Zip

Director Name

Street Address

Ciry

Director Name

State

Zip

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Sertes

Par Value

ESSLIED SHARES

Number of Shares

Street Address

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

4,000 COMM NO PAR VALUE

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



FILED

EU . W 77 1 DEC 26 2003

FOR SECRETARY OF STATE USE ONLY

COFINED

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.

Signatury of Officer

Print or Type Name of Officer

Title of Officer

Ferri 630 12/02



FOR SECRETARY OF STATE USE ONLY

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

'ROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 202 iling Period: January 1-March 1 • Filing Fee: \$50.00



ORM MUST BE TYPED IN BL.	ACKI				
. Corporate ID No.	2. Name of Corporat	Derity Con	PM 4-Tica)		
Street Address Principal Assistan	10000	CACLY C- C	100		
Street Address Principal Business 677-67 Business Phone No. 401-728-6	9 Centre	al Avenue	PAWTUCK	ET State RI	02866
Business Phone No.	001 6	S. State of Incorporation	E /IIANN		6. SIC Code 5536
Paral Description of the Character	706 Y	757700	C / J 2-2779 ()		337r
Brief Description of the Characte	er of Business Conducted in ESTATE	Lesson			
. NAMES AND ADDRES	SSES OF THE OFFI	CERS ("X" BOX FOR ATTAC	HMENT) DITLL IN SPACE	S BEFORE USING ATTAC	HMENTS HISTORY
resident Name NARIA reet Address	. 1		Vice President Name		· · · · · · · · · · · · · · · · · · ·
reet Address	174 (7		Street Address		-
City Providence	State A	02914	City	State	Zip
NACIETATY Name MANIA A		<u> '</u>	Treasurer Name		
itreet Address	•		Street Address		
10 (110)	issate		C/A	ie	las.
72 CHA	A (02914	City	State	Zip
9. NAMES AND ADDRES	SSES OF THE DIRE	CTORS ("X" BOX FOR ATT	ACHMENT) DIFILL IN SPA	CES BEFORE USING ATTA	CHMENTS (A)
Director Name	مد.		Director Name		
otreet Address	···	_	Street Address		
'ire	State	Zip	City	State	Zip
nrector Name	<u> l</u>		Director Name		
treet Address			Street Address		
					
itv	State	Zip	City	State	Zip
O. SHARES AUTHORIZE	ED ("X" BOX FOR ATTA	CHMENT) []	11 SHARES ISSUED	("X" BOX FOR ATTACHMENT	9 17 Server & Server
JUTHORIZED SHARES			LISSUED SHARES	V A DON TON ATTACHMENT	7
umber of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
4000	0/0		100	0/0	No
7 300		No	700	73	70 -
his report must be sign	ned in ink by eith	er the President, Vice	President, Secretary, As	sistant Secretary, Treası	irer, Receiver or Trustee
		JAN 28 2002			
		Byano	1/ this report includ	perjury, I declare and affirm ing any accompanying sch	adular and statements, and
		7 7944866			and correct.
File Date:	<u> </u>		Maria	alves	1/26/02
Check No.:			Officer Williams of Officer Williams MACIA Officer Print or Type Name of	Alver	Date
		EIXED (**)	BOBU Print or Type Name of	Officer	
FOR SECRETARY OF STATE USE	ONLY		Presion	~7	

Title of Officer

Corporations Divis.
100 North Main Street, Providence, RI 02903-13 401-222-36

2001 DDOCIT CODDODATION ANNIOLIS

Filing Period: January	OKAIION A 1-March 1 • Fi	NNUAL KEP ling Fee: \$50.00	ORT FOR THE	YEAR ZOOT	PH V
(FORM MUST BE TYPED IN BLA	CK)				
1. Corporate ID No 66254	2. Name of Corporation JMC Realty	Corporation			. z.
3. Street Address Principal Business しつフーしつら 4. Business Phone No. 40[-フュを- C	Central	S. State of Incorporation RHODE ISLAND	Pawtucket	State RJ	Zip U286U 6. SIC Code 5538
7. Brief Description of the Character Real ls	of Business Conducted in Rhi	101			
8. NAMES AND ADDRESS President Name Paria (2)	ses of the office lwes	RS ("x" box for attach:	MENT) FILL IN SPACES BEF Vice President Name	ORE USING ATTACHM	ENTS
Street Address	& Street	<i>t</i> .	Street Address		
East Rovid	Lina RI	U 28/4	City	State	Zip
Mana ali	res		Treasurer Nume		
72 Char	Ty Street	<i>L</i>	Street Address		
East hovid	will R1	02914	City	State	Zip
9. NAMES AND ADDRESS Director Nume NONY	SES OF THE DIRECT	ORS ("X" BOX FOR ATTAC	CHMENT) FILL IN SPACES BI Director Name	EFORE USING ATTACH	MENTS
Street Address		•	Street Address		
City	State	Zip .	Čity	State	Zip
Director Name		• • • • • • • • • • • • • • • • • • • •	Director Nume		
itreet Address			Street Address		
Sity	State	Zip	City	State	Zip
IO. SHARES AUTHORIZED	O ("X" BOX FOR ATTACHE	MENT) _	11. SHARES ISSUED ("X" B	OX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Scries	Par Value
4,000 COMM NO PA	R VALUE		100	0/1	NO PAN

his report must be signed in ink by either the President, Vice Presi	ident, Secretary, Assistant Secretary, Treasurer, Receiver or Truste
	Under penalty of perjury, I declare and affirm that I have examined
* 6 6 JAN52 8 2002	this report, including any accompanying schedules and statements, and
By 70.7km of all 83 har	that all statements contained herein are true and correct.
File Date	Hava Cilves 1 ana UNJ19/01
Check No. 2 1910 10 10 10 10 10 10 10 10 10 10 10 10 1	Signaryfre of Officer 1 Bate 1 MARIA AIVES
BESEINED	Print or Type Name of Officer
FOR SECRETARY OF STATE USE ONLY	PRESIDENT

Corporate ID 0066254			Annual Report for the year 1992				
First: The r	FIRST: The name of the corporation is		JMC Realty Corporation				
Second: It is	s incorporated under the	laws of Sta	ite of Rhode I	sland and Prov	idence Plantations		
THIRD: Char take licen real prope may be org	racter of business, briefly ses in respect of, rty of every kind, and zed	stated, is to improve, de and any oth	buy, own, selvelop, repair er acts or ac	l, exchange, le , manage, main tivities for w	ease, let, grant, or tain, and operate hich corporations		
	foreign corporation, addr	ess of its prin	cipal office				
Fifth: Busin	ness address in Rhode Isla	and 677-67	9 Central Ave	nue, Pawtucket	, Rhode		
I	sland 02861						
SIXTH: Names and addresses of its director		rectors and of					
John M. Const	antino [Director	16 Hewes Str	eet, Cumberlan	d, RI 02864		
	Γ	Director					
	Ε	Director	•••••••				
Maria C. Alve	s p	President	72 Charity St	treet, East Pro	vidence, RI 02914		
Maria C. Alve	s	vice President	S	3me			
Maria C. Alve	sS	Secretary	Sá	3me			
Maria C. Alve	s	Treasurer	Sa	ame			
	umber of Shares authoriz	zed:			Par Value or statement that shares are without		
No. of Shares	Class		Series	ng t	par value		
4,000	Сошцо	n		PALA	No par value		
Еібнти: Nu	mber of Shares issued:			030443 3 - 0374	Par Value or statement that		
No. of Shares	Class		Series		shares are without par value		
100	Совшо	n			No par value		
Dated December	19 92		me of Corporation)	Corporation	······································		
(Report i	must be signed by an officer)	Tit	lcPresider	it			