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.	2. Name of Corporation			
2557	Robert and Sandy Sherman Enterprises, Inc.			
3. Street Address Principal Business Office		City	State	Zip
116 COVE RD.		STONINGTON	CT	06378-
4. Business Phone No.	5. State of Incorporation			6. SIC Code
8605727583	RHODE ISLAND			5538

7. Brief Description of the Character of Business Conducted in Rhode Island
HOLD COMMERCIAL AND RESIDENTIAL REAL ESTATE FOR RENT

President Name			Vice President Name		
Robert C. Sherman					
Street Address			Street Address		
116 Cove Road					
City	State	Zip	City	State	Zip
Stonington	CT	06378			
Secretary Name			Treasurer Name		
Sandra S. Sherman			Sandra S. Sherman		
Street Address			Street Address		
116 Cove Road			116 Cove Road		
City	State	Zip	City	State	Zip
Stonington	CT	06378	Stonington	CT	06378

Director Name			Director Name		
Robert C. Sherman			Sandra S. Sherman		
Street Address			Street Address		
116 Cove Road			116 Cove Road		
City	State	Zip	City	State	Zip
Stonington	CT	06378	Stonington	CT	06378
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
4,000 NO PAR VALUE			200	Common	No Par Value

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

[redacted] 2557 [redacted]

2557 DBC 01/06/05 11:34:39 AM
File Date 2/8/05
Check No. 1606
By: VD
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.

[redacted] 2/21/05
Signature of Officer *Date*

John S. Pfarr
Print or Type Name of Officer

[redacted] Assistant Secretary
Title of Officer

Form 630 12/01

Addendum to Annual Report

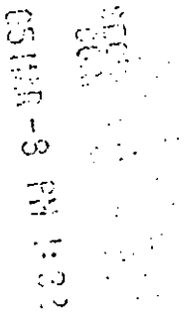
Additional Officers:

Assistant Secretary

John S. Pfarr
37 Sunset Terrace
Essex, CT 06426

Assistant Secretary

K. Erik Wallin
228 High Street
Wakefield, RI 02879



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.	2. Name of Corporation			
2557	Robert and Sandy Sherman Enterprises, Inc.			
3. Street Address Principal Business Office		City	State	Zip
116 COVE RD.		STONINGTON	CT	06378-
4. Business Phone No.	5. State of Incorporation			6. SIC Code
860-536-2020	RHODE ISLAND			5538

7. Brief Description of the Character of Business Conducted in Rhode Island
HOLD COMMERCIAL AND RESIDENTIAL REAL ESTATE FOR RENT

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

President Name			Vice President Name		
Robert C. Sherman					
Street Address			Street Address		
116 COVE RD.					
City	State	Zip	City	State	Zip
STONINGTON	CT	06378			
Secretary Name			Treasurer Name		
Sandra S. Sherman			Sandra S. Sherman		
Street Address			Street Address		
116 COVE RD.			116 COVE RD.		
City	State	Zip	City	State	Zip
STONINGTON	RI	06378	STONINGTON	CT	06378

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

Director Name			Director Name		
Robert C. Sherman			Sandra S. Sherman		
Street Address			Street Address		
116 COVE RD.			116 COVE RD.		
City	State	Zip	City	State	Zip
STONINGTON	CT	06378	STONINGTON	CT	06378
Director Name			Director Name		
Street Address			Street Address		
City	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	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
4,000 NO PAR VALUE			200	Common	No Par Value

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

[redacted] 2557

2557 DBC 02/18/04 09:22:21 PM
File Date 3/9/04
Check No. 1510
By: ICMC
FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

JSPfarr 2/20/04
Signature of Officer *Date*

John S. Pfarr
Print or Type Name of Officer

[redacted] Assistant Secretary
Title of Officer

Form 630 12/01

Addendum to Annual Report

Additional Officers:

Assistant Secretary

John S. Pfarr
37 Sunset Terrace
Essex, CT 06426

Assistant Secretary

K. Erik Wallin
228 High Street
Wakefield, RI 02879

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

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 2557

2. Name of Corporation Robert and Sandy Sherman Enterprises, Inc.

3. Street Address Principal Business Office 116 Cove Rd. *City* Stonington *State* CT *Zip* 06378

4. Business Phone No. 860-572-7583

5. State of Incorporation RHODE ISLAND

6. SIC Code 5538

7. Brief Description of the Character of Business Conducted in Rhode Island
Hold commercial and residential real estate for rent

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

President Name Robert C. Sherman
Street Address 116 Cove Rd.
City Stonington *State* CT *Zip* 06378

Secretary Name Sandra S. Sherman
Street Address 116 Cove Rd.
City Stonington *State* CT *Zip* 06378

Xxxxxxxxxxx ASSISTANT SECRETARY
John S. Pfarr
Street Address 319 Hope St., 1st Floor
City Providence *State* RI *Zip* 02906

Treasurer Name Sandra S. Sherman
Street Address 116 Cove Rd.
City Stonington *State* CT *Zip* 06378

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

Director Name Robert S. Sherman
Street Address 116 Cove Rd.
City Stonington *State* CT *Zip* 06378

Director Name Sandra S. Sherman
Street Address 116 Cove Rd.
City Stonington *State* CT *Zip* 06378

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*
4,000	NO PAR VALUE	

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

ISSUED SHARES

Number of Shares	*Class/Series*	*Par Value*
200	common	no par value

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

* 2 5 5 7 *

Date: 2/19/03

Check No.: 1535

By: DA

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.

John S. Pfarr
Signature of Officer *Date*

John S. Pfarr
Print or Type Name of Officer

Asst. Secretary
Title of Officer

Form 630 12/02

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

STOP
PLEASE READ INSTRUCTIONS

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.: 2557
2. Name of Corporation: Robert and Sandy Sherman Enterprises, Inc.
3. Street Address Principal Business Office: 116 Cove Rd. City: Stonington State: CT Zip: 06378
4. Business Phone No.: 860-572-7583
5. State of Incorporation: RHODE ISLAND
6. SIC Code: 5538
7. Brief Description of the Character of Business Conducted in Rhode Island: Hold commercial and residential real estate for rent

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

President Name: Robert C. Sherman
Street Address: 116 Cove Rd.
City: Stonington State: CT Zip: 06378

Vice President Name: ~~XXXXXXXXXXXX~~ ASSISTANT SECRETARY John S. Pfarr
Street Address: 319 Hope St., 1st Floor
City: Providence State: RI Zip: 02906

Secretary Name: Sandra S. Sherman
Street Address: 116 Cove Rd.
City: Stonington State: CT Zip: 06378

Treasurer Name: Sandra S. Sherman
Street Address: 116 Cove Rd.
City: Stonington State: CT Zip: 06378

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

Director Name: Robert S. Sherman
Street Address: 116 Cove Rd.
City: Stonington State: CT Zip: 06378

Director Name:
Street Address:
City: State: Zip:

Director Name: Sandra S. Sherman
Street Address: 116 Cove Rd.
City: Stonington State: CT Zip: 06378

Director Name:
Street Address:
City: State: Zip:

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
4,000	NO PAR VALUE	

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
200	common	no par value

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

* 2 5 5 7 *

File Date: 5-28-02

Check No.: 1500

By: Cr

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: J.S. Pfarr Date: 4/25/02

Print or Type Name of Officer: John S. Pfarr

Title of Officer: Asst. Secretary

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

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.: 2557
2. Name of Corporation: Robert and Sandy Sherman Enterprises, Inc.
3. Street Address Principal Business Office: 86 Denison Av. | City: Mystic | State: CT | Zip: 06355
4. Business Phone No.: 860-572-7583
5. State of Incorporation: RHODE ISLAND
6. SIC Code: 5538
7. Brief Description of the Character of Business Conducted in Rhode Island: Hold Commercial and Residential real estate for rent

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

President Name: Robert C. Sherman	Vice President Name: ~~XXXXXXXXXX~~ ASSISTANT SECRETARY: John S. Pfarr
Street Address: 86 Denison Av.	Street Address: 154 Waterman St., 3rd floor
City: Mystic State: CT Zip: 06355	City: Providence State: RI Zip: 02906
Secretary Name: Sandra S. Sherman	Treasurer Name: Sandra S. Sherman
Street Address: 86 Denison Av.	Street Address: 86 Denison Av.
City: Mystic State: CT Zip: 06355	City: Mystic State: CT Zip: 06355

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

Director Name: Robert C. Sherman	Director Name:
Street Address: 86 Denison Av.	Street Address:
City: Mystic State: CT Zip: 06355	City: State: Zip:
Director Name: Sandra S. Sherman	Director Name:
Street Address: 86 Denison Av.	Street Address:
City: Mystic State: CT Zip: 06355	City: State: Zip:

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
4,000	NO PAR VALUE	

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
200	common	no par value

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

[redacted] [redacted]

* 2 5 5 7 *

File Date: 4-16-01

Check No: 14260

By: Le

FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

J.S. Pfarr — 3/27/01
Signature of Officer — *Date*

John S. Pfarr
Print or Type Name of Officer

Asst. Secretary
Title of Officer

Form 630 12/00

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

STOP
PLEASE READ INSTRUCTIONS

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.: 2557
2. Name of Corporation: Robert and Sandy Sherman Enterprises, Inc.
3. Street Address Principal Business Office: 86 Denison Avenue — City: Mystic — State: CT — Zip:
4. Business Phone No.: (860)572-7583
5. State of Incorporation: RHODE ISLAND
6. SIC Code: 5538
7. Brief Description of the Character of Business Conducted in Rhode Island: Hold commercial and residential real estate for rent.

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

President Name: Robert C. Sherman	~~XXXXXXXXX~~ Assistant Secretary: John S. Pfarr
Street Address: 86 Denison Avenue	Street Address: 154 Waterman Street, 3rd floor
City / State / Zip: Mystic / CT / 06355	City / State / Zip: Providence / RI / 02906
Secretary Name: Sandra S. Sherman	Treasurer Name: Sandra S. Sherman
Street Address: 86 Denison Avenue	Street Address: 86 Denison Avenue
City / State / Zip: Mystic / CT / 06355	City / State / Zip: Mystic / CT / 06355

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

Director Name: Robert C. Sherman	Director Name: Sandra S. Sherman
Street Address: 86 Denison Avenue	Street Address: 86 Denison Avenue
City / State / Zip: Mystic / CT / 06355	City / State / Zip: Mystic / CT / 06355
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
4,000 SHS	NO PAR VALUE	

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
200	Common	No Par Value

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

[redacted]

* 2 5 5 7 *

PAID

00 MAR 30 AM 10:20
RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV.

File Date: MAR 30 2000

Check No.: SECY OF STATE 10133

By:

FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

John S. Pfarr — 2-14-00
Signature of Officer — *Date*

John S. Pfarr
Print or Type Name of Officer

Assistant Secretary
Title of Officer

Robert and Sandy Sherman Enterprises, Inc.

CORPORATE ID NO. 2557

Annual Report for the year 2000

The Name of the Additional Officer is:

Assistant Secretary: K. Erik Wallin
461 Chapel Street
P.O. Box 429
Block Island, RI 02807

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

STOP
PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No: 2557
2. Name of Corporation: Robert and Sandy Sherman Enterprises, Inc.

3. Street Address Principal Business Office: 86 Denison Avenue
City: Mystic
State: CT
Zip: 06355

4. Business Phone No.: (860) 572-7583
5. State of Incorporation: RHODE ISLAND
6. SIC Code: 5536

7. Brief Description of the Character of Business Conducted in Rhode Island
Hold commercial and residential real estate for rent.

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

President Name: Robert C. Sherman
Street Address: 86 Denison Avenue
City: Mystic State: CT Zip: 06355

~~Vice President~~ Assistant Secretary: John S. Pfarr
Street Address: 120 Wayland Avenue
City: Providence State: RI Zip: 02906

Secretary Name: Sandra S. Sherman
Street Address: 86 Denison Avenue
City: Mystic State: CT Zip: 06355

Treasurer Name: Sandra S. Sherman
Street Address: 86 Denison Avenue
City: Mystic State: CT Zip: 06355

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

Director Name: Robert C. Sherman
Street Address: 86 Denison Avenue
City: Mystic State: CT Zip: 06355

Director Name: Sandra S. Sherman
Street Address: 86 Denison Avenue
City: Mystic State: CT Zip: 06355

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
4,000 SHS	NO PAR VALUE	

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
200	Common	no par value

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

[redacted] * 2 5 5 7 * [redacted]

File Date: Feb 22 99
Check No.: 1245
By: JO

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

John S. Pfarr 2/5/99
Signature of Officer *Date*

John S. Pfarr
Print or Type Name of Officer

Assistant Secretary
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
401-277-3040

STOP
PLEASE READ INSTRUCTIONS

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.: 2557
2. Name of Corporation: Robert and Sandy Sherman Enterprises, Inc.
3. Street Address Principal Business Office: 86 Denison Avenue — City: Mystic — State: CT — Zip: 06355
4. Business Phone No.: (860) 572-7583
5. State of Incorporation: RHODE ISLAND
6. SIC Code: 5538
7. Brief Description of the Character of Business Conducted in Rhode Island: Hold commercial and residential real estate for rent.

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

President Name: Robert C. Sherman	~~XXXXXXXXXX~~ Assistant Secretary: John S. Pfarr
Street Address: 86 Denison Avenue	Street Address: 120 Wayland Avenue
City: Mystic State: CT Zip: 06355	City: Providence State: RI Zip: 02906
Secretary Name: Sandra S. Sherman	Treasurer Name: Sandra S. Sherman
Street Address: 86 Denison Avenue	Street Address: 86 Denison Avenue
City: Mystic State: CT Zip: 06355	City: Mystic State: CT Zip: 06355

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

Director Name: Robert C. Sherman	Director Name: Sandra S. Sherman
Street Address: 86 Denison Avenue	Street Address: 86 Denison Avenue
City: Mystic State: CT Zip: 06355	City: Mystic State: CT Zip: 06355
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
4,000 SHS	NO PAR VALUE	

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
200	Common	no par value

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

* 2 5 5 7 *

File Date: 4.15.98

Check No.: 1102

By: WP

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.

John S. Pfarr — 1/30/98
Signature of Officer — *Date*

John S. Pfarr
Print or Type Name of Officer

Assistant Secretary
Title of Officer

Form 31 12/96

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

STOP: PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

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.	2. Name of Corporation
2557	Robert and Sandy Sherman Enterprises, Inc.

3. Street Address Principal Business Office	City	State	Zip
86 Denison Avenue	Mystic	CT	06355

4. Business Phone No.	5. State of Incorporation	6. SIC Code
(860) 572-7583	RHODE ISLAND	5538

7. Brief Description of the Character of Business Conducted in Rhode Island
Holds commercial and residential real estate for rent.

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

President Name	Vice President Assistant Secretary
Robert C. Sherman	John S. Pfarr
Street Address	Street Address
86 Denison Avenue	120 Wayland Avenue
City / State / Zip	City / State / Zip
Mystic / CT / 06355	Providence / RI / 02906
Secretary Name	Treasurer Name
Sandra S. Sherman	Sandra S. Sherman
Street Address	Street Address
86 Denison Avene	86 Denison Avenue
City / State / Zip	City / State / Zip
Mystic / CT / 06355	Mystic / CT / 06355

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

Director Name	Director Name
Robert C. Sherman	Sandra S. Sherman
Street Address	Street Address
86 Denison Avenue	86 Denison Avenue
City / State / Zip	City / State / Zip
Mystic / CT / 06355	Mystic / CT / 06355
Director Name	Director Name
Street Address	Street Address
City / State / Zip	City / State / Zip

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

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
4,000 SHS NO PAR VALUE			200	Common	no par value

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

[redacted] [barcode] * 2 5 5 7 *

File Date: 2/19/97
Check No.: 1169
By: CT

FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

John S. Pfarr — 1/31/97
Signature of Officer — *Date*

John S. Pfarr
Print or Type Name of Officer

Assistant Secretary
Title of Officer

PROFIT CORPORATION ANNUAL REPORT

1996

Filing Period: January 1–March 1
Filing Fee: $50.00

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

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO	2. NAME OF CORPORATION
0002557	Robert and Sandy Sherman Enterprises, Inc.

3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE	CITY	STATE	ZIP CODE
461 Chapel Street	Block Island	RI	02807

4. BUSINESS PHONE NO.	5. STATE OF INCORPORATION	6. SIC CODE
(401) 466-2594	RI	5538

7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND
Holds commercial and residential real estate for rent.

8. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME	VICE PRESIDENT NAME
(SEE ATTACHED SHEET)	
STREET ADDRESS	STREET ADDRESS
CITY / STATE / ZIP CODE	CITY / STATE / ZIP CODE
SECRETARY NAME	TREASURER NAME
STREET ADDRESS	STREET ADDRESS
CITY / STATE / ZIP CODE	CITY / STATE / ZIP CODE

9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME	DIRECTOR NAME
(SEE ATTACHED SHEET)	
STREET ADDRESS	STREET ADDRESS
CITY / STATE / ZIP CODE	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
4,000	Common	No Par Value	200	Common	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.

Signature of Officer

John S. Pfarr
Print or Type Name of Officer

Assistant Secretary — Title of Officer
2/29/96 — Date

File Date: 3/1/96 RHD
Check No: 3206
By:

For Secretary of State Use Only

ROBERT AND SANDY SHERMAN ENTERPRISES, INC.

Corporate ID 0002557

Annual Report for the Year 1996

The Names of the Officers Are:

President	Robert C. Sherman	86 Denison Ave., Mystic, CT 06355
Secretary/Treasurer	Sandra S. Sherman	86 Denison Ave., Mystic, CT 06355
Assistant Secretary	John S. Pfarr	120 Wayland Avenue, Providence, RI 02906

The Names of the Directors Are:

Robert C. Sherman	86 Denison Ave., Mystic, CT 06355
Sandra S. Sherman	86 Denison Ave., Mystic, CT 06355

State of Rhode Island and Providence Plantations
Office of The Secretary of State
100 North Main Street
Providence, Rhode Island 02903-1335
401-277-3040

ANNUAL REPORT
Please Type or Print
File Annually – Jan. 1 - March 1
Filing Fee $50.00
Make Checks Payable to: Secretary of State

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

Corporate ID: 0002557 Annual Report for the year: 1995

Name of Corporation: Blue Dory Inn, Ltd.

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

For foreign entity, address and telephone number of principal office:

Phone: ( )

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):
John S. Pfarr
461 Chapel Street
Block Island, RI 02807
Phone: (401) 466-2594

Business Entity is (check one):
[X] Business Corporation (See RIGL Chapter 7-1.1)
[ ] Professional Service Corporation (See RIGL Chapter 7-5.1)

Brief statement of the character of business conducted in Rhode Island:
Holds commercial and residential real estate for rent.

THE NAMES OF THE OFFICERS ARE:

	STREET ADDRESS	CITY/STATE	ZIP CODE
PRESIDENT	SEE ATTACHED LIST		
VICE PRESIDENT			
SECRETARY			
TREASURER			

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
Robert C. Sherman	86 Denison Avenue,	Mystic, CT	06355
Sandra S. Sherman	86 Denison Avenue	Mystic, CT	06355

NUMBER OF SHARES AUTHORIZED (Rider may be attached)		NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)	
Number of Shares	Class / Series	Number of Shares	Class / Series
4,000	No Par Value	200	No Par Value

Date December 4, , 19 95

By: John S. Pfarr
PRINT OR TYPE NAME OF OFFICER SIGNING
Assistant Secretary
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.

FILED
DEC 14 1995
By

ANNUAL REPORT

Re: Blue Dory Inn, Ltd.
Corporate ID # 0002557

List of Officers

Robert S. Sherman
President
86 Denison Avenue
Mystic, CT 06355

Sandra S. Sherman
Treasurer and Secretary
86 Denison Avenue
Mystic, CT 06355

John S. Pfarr
Assistant Secretary
120 Wayland Avenue
Providence, RI 02906

State of Rhode Island and Providence Plantations
Office of The Secretary of State
100 North Main Street
Providence, Rhode Island 02903-1335
401-277-3040

ANNUAL REPORT

Please Type or Print
File Annually – Jan. 1 - March 1
Filing Fee $50.00
Make Checks Payable to: Secretary of State

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

Corporate ID: 0002557 Annual Report for the year: 1994

Name of Corporation: Blue Dory Inn, Ltd.

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

For foreign entity, address and telephone number of principal office:

Phone: ( )

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

John S. Pfarr
461 Chapel Street
Block Island, RI 02807
Phone: (401) 466-2594

Business Entity is (check one):

[X] Business Corporation (See RIGL Chapter 7-1.1)
[ ] Professional Service Corporation (See RIGL Chapter 7-5.1)

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

Holds commercial and residential real estate for rent.

THE NAMES OF THE OFFICERS ARE:

	NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
PRESIDENT	SEE ATTACHED LIST			
VICE PRESIDENT				
SECRETARY				
TREASURER				

THE NAMES OF THE DIRECTORS ARE:

	NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
	Robert C. Sherman	86 Denison Avenue,	Mystic, CT	06355
	Sandra S. Sherman	86 Denison Avenue	Mystic, CT	06355

NUMBER OF SHARES AUTHORIZED (Rider may be attached)		NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)	
Number of Shares	Class / Series	Number of Shares	Class / Series
4,000	No par value	200	No par value

Date December 4, , 19 95

By: John S. Pfarr
PRINT OR TYPE NAME OF OFFICER SIGNING

Assistant Secretary
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.

FILED
DEC 14 1995
By DD #55
152909

ANNUAL REPORT

Re: Blue Dory Inn, Ltd.
Corporate ID # 0002557

List of Officers

Robert S. Sherman
President
86 Denison Avenue
Mystic, CT 06355

Sandra S. Sherman
Treasurer and Secretary
86 Denison Avenue
Mystic, CT 06355

John S. Pfarr
Assistant Secretary
120 Wayland Avenue
Providence, RI 02906

State of Rhode Island and Providence Plantations
Office of The Secretary of State
100 North Main Street
Providence, Rhode Island 02903-1335
401-277-3040

ANNUAL REPORT

Please Type or Print
File Annually – Jan. 1 - March 1
Filing Fee $50.00
Make Checks Payable to: Secretary of State

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

Corporate ID: 0002557 Annual Report for the year: 1993

Name of Corporation: Blue Dory Inn, Ltd.

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

For foreign entity, address and telephone number of principal office:

Phone: ( )

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

John S. Pfarr
461 Chapel Street
Block Island, RI 02807
Phone: (401 466-2594

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[ ] Professional Service Corporation (See RIGL Chapter 7-5.1)

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THE NAMES OF THE OFFICERS ARE:

	STREET ADDRESS	CITY/STATE	ZIP CODE
PRESIDENT	SEE ATTACHED LIST		
VICE PRESIDENT			
SECRETARY			
TREASURER			

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
Robert C. Sherman	86 Denison Avenue,	Mystic, CT	06355
Sandra S. Sherman	86 Denison Avenue	Mystic, CT	06355

NUMBER OF SHARES AUTHORIZED (Rider may be attached)		NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)	
Number of Shares	Class / Series	Number of Shares	Class / Series
4,000	No par value	200	No par value

Date December 4, , 19 95

By: John S. Pfarr
PRINT OR TYPE NAME OF OFFICER SIGNING
Assistant Secretary
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.

FILED
DEC 14 1995
By DD #55
152909

ANNUAL REPORT

Re: Blue Dory Inn, Ltd.
Corporate ID # 0002557

List of Officers

Robert S. Sherman
President
86 Denison Avenue
Mystic, CT 06355

Sandra S. Sherman
Treasurer and Secretary
86 Denison Avenue
Mystic, CT 06355

John S. Pfarr
Assistant Secretary
120 Wayland Avenue
Providence, RI 02906

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

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Filing Fee $50.00
Make Checks Payable to: Secretary of State

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Corporate ID: 0002557 Annual Report for the year: 1992

Name of Corporation: Blue Dory Inn, Ltd.

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

For foreign entity, address and telephone number of principal office:

Phone: ( )

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

John S. Pfarr
461 Chapel Street
Block Island, RI 02807

Phone: (401) 466-2594

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[X] Business Corporation (See RIGL Chapter 7-1.1)

[ ] Professional Service Corporation (See RIGL Chapter 7-5.1)

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

Holds commercial and residential real estate for rent.

THE NAMES OF THE OFFICERS ARE:

	NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
PRESIDENT	SEE ATTACHED LIST			
VICE PRESIDENT				
SECRETARY				
TREASURER				

THE NAMES OF THE DIRECTORS ARE:

	NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
	Robert C. Sherman	86 Denison Avenue,	Mystic, CT	06355
	Sandra S. Sherman	86 Denison Avenue	Mystic, CT	06355

NUMBER OF SHARES AUTHORIZED (Rider may be attached)		NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)	
Number of Shares	Class / Series	Number of Shares	Class / Series
4,000	No par value	200	No par value

Date December 4, 19 95 By: John S. Pfarr

PRINT OR TYPE NAME OF OFFICER SIGNING

Assistant Secretary

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.

FILED
DEC 14 1995
By

ANNUAL REPORT

Re: Blue Dory Inn, Ltd.
Corporate ID # 0002557

List of Officers

Robert S. Sherman
President
86 Denison Avenue
Mystic, CT 06355

Sandra S. Sherman
Treasurer and Secretary
86 Denison Avenue
Mystic, CT 06355

John S. Pfarr
Assistant Secretary
120 Wayland Avenue
Providence, RI 02906

Filing Fee $50.00

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 0002557 Annual Report for the year 1991

FIRST: The name of the corporation is Blue Dory Inn, Ltd.

SECOND: It is incorporated under the laws of

THIRD: Character of business, briefly stated, is motel

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island none

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
R S Sherman	Director	26 Riverbend Dr Mystic CT 06355
S. Sherman	Director	" " "
	Director	
	President	
	Vice President	
	Secretary	
	Treasurer	

PAID
JAN 10 1991
SEC'Y OF STATE

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
—	— J —		

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
— 0 —			

Dated 1/16/91 19

Blue Dory Inn Ltd
(Name of Corporation)

By

Title Pres

(Report must be signed by an officer)

Filing Fee $15.00

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 0002557 Annual Report for the year 1990

FIRST: The name of the corporation is Blue Dory Inn, Ltd.

SECOND: It is incorporated under the laws of R. I.

THIRD: Character of business, briefly stated, is Realty

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island NONE

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
Robert Sitkman	President	36 Cousido Ln Stonington, Ct 06378
Sandy Sitkman	Vice President	" " "
	Secretary	
	Treasurer	

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	A		NONE

PAID
APR 4 1990
SEC'Y. OF STATE

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value

Dated 4/2/90 19

Blue Dory Inn, Ltd
(Name of Corporation)

By R C [illegible]

(Report must be signed by an officer)

Title Pres

Form 31 1/85

Filing Fee $15.00

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 0002557 Annual Report for the year 1989

FIRST: The name of the corporation is Blue Dory Inn, Ltd

SECOND: It is incorporated under the laws of RI

THIRD: Character of business, briefly stated, is Hotel

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island Dodge St Block Island

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Robert Sherman	Director	Spring St Box 488 Block Island, RI 02807
Sandy Sherman	Director	Spring St. Box 488, Block Island, RI 02807
	Director	
	President	
	Vice President	
	Secretary	
	Treasurer	

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
200	A		-0-

PAID
MAR 13 1989
SEC'Y OF STATE

EIGHTH: Number of Shares issued:

No of Shares	Class	Par Value or statement that shares are without par value
200	A	-0-

Dated 2/14/89 19

Blue Dory Inn, Ltd
(Name of Corporation)

By

Title Pres

(Report must be signed by an officer)

Form 31 1/85

Filing Fee $15.00

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

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 2557 Annual Report for the year 1988

FIRST: The name of the corporation is Blue Navy Inn, Ltd.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Hotel

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Robert Sherman	Director	Box 488 Bristol Island, RI 02809
Sandy Sherman	Director	" " "
	Director	
	President	
	Vice President	
	Secretary	
	Treasurer	

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	A		—

PAID
JAN 21 1988
SEC'Y OF STATE

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	A		

Dated 1/15 1988

Blue Navy Inn Ltd
(Name of Corporation)

By

Title Pres

(Report must be signed by an officer)

Form 31 1/85

Filing Fee $15.00

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

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 2557 Annual Report for the year 1987

FIRST: The name of the corporation is Blue Dory Inn, Ltd.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is NOTES

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island Dodge St, Block Island, RI 02807

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
ROBERT SHERMAN	President	SPRING ST, BLOCK ISLAND RI
	Vice President	
SANDY SHERMAN	Secretary/TREAS	" " " "
	Treasurer	

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	A		NPV

PAID

JAN 14 1987

SECY OF STATE

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	A		NPV

MAR 20 ENT'D

Dated 1/14/87 19 Blue Dory Inn, Ltd
(Name of Corporation)

JAN 22 ENT'D

By

(Report must be signed by an officer)

Title Pres

Form 31 1/85

Filing Fee $15.00

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

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 2557 Annual Report for the year 1986

FIRST: The name of the corporation is BLUE DORY INN, LTD.

SECOND: It is incorporated under the laws of R.I.

THIRD: Character of business, briefly stated, is HOTEL

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island Box 488 Block Island RI 02807

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
ROBERT SHERMAN	~~Director~~ PRESIDENT	~~Bus.~~ Box 488 Block Island, RI
SANDY SHERMAN	~~Director~~ SECY/TREAS	" " "
	Director	
	President	
	Vice President	
	Secretary	
	Treasurer	

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	A		NONE

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	A		NONE

09/19/86 PAID
ANRE CHEK 0337A001 1.00

Dated 9/16/6 19 Blue Dory Inn, Ltd
(Name of Corporation)

SEP 22 ENT'D

By

(Report must be signed by an officer) Title Pres

Filing Fee $15.00

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

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 2557 Annual Report for the year 1985

FIRST: The name of the corporation is Blue Dory Inn, Ltd.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is INN

FOURTH: If foreign corporation, address of its principal office ~~/~~

FIFTH: Business address in Rhode Island Box 488, Block Island, R.I. 02807

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
Robert C. Sherman	President	Box 488 Block Island RI 02807
Sandy S. Sherman	Vice President	"
"	Secretary	"
"	Treasurer	

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	A	—	—

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	A	—	—

Dated Jan. 20 1985

Blue Dory Inn, Ltd.
(Name of Corporation)

By Sandy S. Sherman

Title V.P., Sec./Treas.

RECEIVED MAR 1985

(Report must be signed by an officer)

Form 31 1/85

Filing fee: $15.00

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

1557

State of Rhode Island and Providence Plantations

OFFICE OF THE SECRETARY OF STATE

Annual Report for the year 1985

FIRST: The name of the corporation is BLUE DORY INN, LTD

SECOND: It is incorporated under the laws of RHODE ISLAND

THIRD: Character of business, briefly stated, is HOTEL

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island (blank reports will be mailed to this address) Box 488 BLOCK ISLAND RI 02807

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

Name	Office	Address
	Director	
	Director	
	Director	
ROBERT SHERMAN	President	Box 488 BLOCK ISLAND
SANDY SHERMAN	Vice President	" " "
	Secretary	
	Treasurer	

(If additional space is needed, attach rider)

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	A		

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	A		

Dated: 12/8/4 19 JAN 6 1985 VF

05-0403787

Blue Dory Inn, Ltd
(Name of Corporation)

By [signature]

Title Pres

(Report must be signed by an officer)

If the corporation has changed its registered office and/or its registered agent, Form #9 must be filed. Please contact Corporation Division for information. 277-3040

FORM 31 11-82

Filing fee: $15.00

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

State of Rhode Island and Providence Plantations

OFFICE OF THE SECRETARY OF STATE

Annual Report for the year 1984

FIRST: The name of the corporation is BLUE DORY INN, LTD

SECOND: It is incorporated under the laws of RHODE ISLAND

THIRD: Character of business, briefly stated, is HOTEL

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island (blank reports will be mailed to this address) Box 488 BLOCK ISLAND, RI 02807

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

Name	Office	Address
	Director	
	Director	
	Director	
ROBERT SHERMAN	President	Box 488 BLOCK ISLAND
SANDY SHERMAN	Vice President	" "
	Secretary	
	Treasurer	

(If additional space is needed, attach rider)

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	A		

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	A		

Dated: 12/8/4 19

Blue Dory Inn, Ltd 05-0403787
(Name of Corporation)

By [signature]

Title Pres

(Report must be signed by an officer)

DEC 31 1984
VK

If the corporation has changed its registered office and/or its registered agent, Form #9 must be filed. Please contact Corporation Division for information. 277-3040

FORM 31 11-82