

FOR SECRETARY OF STATE USE ONLY

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 (FORM MUST BE TYPED IN		Filing Fee: \$50.00					
1. Corporate ID No.	2. Name of Corp.	oration					
2557		Sandy Sherman Ent	lerprises, Inc.	prises, Inc.			
3. Street Address Principal Bus	3	<u>•</u>	City	State	2ф		
116 COVE RD.	-		STONINGTON	СТ	06378-		
4. Business Phone No.		5. State of Incorpore	ation	. 1	6 SIC Code		
8605727583		RHODE ISLA			5538		
7. Brief Description of the Cha HOLD COMMERCIAL AND	racter of Business Co.	nducted in Rhode Island	DENT	•	<b>1</b> -		
	, KDOIDMIINE	ALLE BOTATE FOR					
President Name	+ 1 + 4	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		$ \mathbf{v}  = \frac{1}{2} \left( \frac{1}{2} \mathbf{F}_{\mathbf{v}} (\mathbf{v}) - \frac{1}{2} \mathbf{F}_{\mathbf{v}} (\mathbf{v}) \right) + \frac{1}{2} \mathbf{F}_{\mathbf{v}} (\mathbf{v}) = 0$	• :		
Robert C. Shermar			Vice President Name				
Street Address		<del> </del>	Street Address		···		
116 Cove Road			Street Address				
	10.	112	•	··· •			
City	State	Zφ	City	State	2ip		
Stonington	CT	06378			<b>.</b>		
Secretary Name			Treasurer Name				
Sandra S. Sherman	<u> </u>			Sandra S. Sherman			
Street Address			· Street Address				
116 Cove Road			.116 Cove Road				
City	State	2 <i>t</i> p	City	State	Zip		
Stonington	CT	06378	. Stonington	CT	06378		
	4 41	188 - 188 -	· · · · · · · · · · · · · · · · · ·	The second second	Y		
Director Name			Director Name		65 65 75 75 75 75 75 75 75 75 75 75 75 75 75		
Robert C. Shermar	1		Sandra S. Shert	nan			
Street Address							
116 Cove Road			- Street Address 116 Cove Road				
City	State	Zip	·City	State	Zip 🗆		
Stonington	СТ	06378	Stonington	СТ	063.78		
Director Name			Director Name				
			*				
Street Address	····		· Street Address		<del></del>		
			, onet. Ann en		<u>دي</u> دي		
City	State	Zip		State	Zip		
		-*	•		'		
the second second		7 ( )					
AUTHORIZED SHARES			ISSUED SHARES				
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value		
				0.00000000	13.14.2		
4,000 NO PAR VALUE	• •		200	Common	No Par Value		
<u> </u>			<del></del>				
					İ		
271	<del></del>			<u> </u>	<u> <u>l</u></u>		
This report must be sign	i <b>ed in ink</b> by eith	her the President, Vic	e President, Secretary, Assi	stant Secretary, Treasi	urer, Receiver or Truste		
10 1100   DIEN O	M1 1 <b>70</b>						
	III <b>Ü</b>		•• • • -				
<i>(</i> ) )	•		Under penalty of pe	nury, I declare and affirm	that I have examined		
		<del></del> 1		g any accompanying sche			
*2557 DRC 04/06/05 44:24:20 AN4*			and that all statemen	nts-contained herein are tri	ue and correct.		

Signature of Officer

John S. Pfarr

Prote of Type Name of Officer

Assistant Secretary

Tule of Officer

Form 630 12/01

Addendum to Annual Report

Additional Officers:

6 35 5

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

\*2557 DBC 02/18/04 09:22:21 PM\*

FOR SECRETARY OF STATE USE ONLY

File Date

Check No.

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

ruing Perioa: January FORM MUST BE TYPED	IN BLACK)					
I. Corporate ID No.	2. Name of Corpor					
2557	<u> </u>	Sandy Sherman Ente				
3. Street Address Principal I	Business Office		City	State	Zip	
116 COVE RD.			STONINGTON	CT	06378-	
4. Business Phone No.		5. State of Incorporati			6. SIC Code	
860-536-2020		RHODE ISLAN	ID .		5538	
7. Brief Description of the C BOLD COMMERCIAL 1		ducied in Rhode Island REAL ESTATE FOR RI	ent			
8. NAMES AND ADDR	CESSES OF THE OFF	ICERS ("X" BOX FOR A	TTACHMENT) A FILL IN SP	ACES BEFORE USING AT	TACHMENTS	
President Name Robert C. Sherm			, Vice President Name			
Street Address	ler i		Street Address			
			Sireer Address			
116 COVE RD.	10	17:	Cibi	State	Zip	
City	State	Zip	City	State	Z.p	
STONINGTON Secretary Name	СТ	06378	Treasurer Name		!	
<i>Secretary Hame</i> Sandra S. Sherm	an		Sandra S. Sherm	an		
Street Address			' Street Address			
116 COVE RD.			.116 COVE RD.			
City	State	Zip	*City	State	Zip	
STONINGTON	RI	06378	STONINGTON	CT	06378	
	1	I	RATTACIMENT)   FILL IN			
Director Name	KESSES OF THE DIK	ECTORS ("X. BOX FO	Director Name	SPACES DELOKE USING	ATTACMOLATO	
Robert C. Sherm	nan		Sandra S. Sherm	nan		
Street Address			- Street Address	*****		
116 COVE RD.			'116 COVE RD.			
	10	17:-	•City	State	Zip	
City STONINGTON	State CT	<i> Zip</i>   06378	STONINGTON	ст	06378	
Director Name	J		Director Name			
Director Name			· Director Name			
Street Address			· Street Address			
Sireti Allaress			• Sireti Address			
City	State	Zip	.Ciry	State	Zp	
10. SHARES AUTHO	RIZED <i>("X" BOX FOR</i>	ATTACIIMENT)	11. SHARES ISSUED (*)	(" BOX FOR ATTACHMEN	7) 📗	
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 s	igned in ink by eith	er the President, Vice	President, Secretary, Assi	stant Secretary, Treas	urer, Receiver or Truste	
	g		• • • • • • • • • • • • • • • • • • • •	•		
	<b>1</b> ( <b>1</b>        <b>160</b>					
	II III 188					
2 5	5 7		Under penalty of po	rjury, I declare and affirm	that I have examined	
			this report, includin	g any accompanying sche	dules and statements,	
*2557 DBC 02/18/	04 09:22:21 PM*		and that all statemen	nts contained herein are tr	uc and correct.	
*2557 DBC 02/18/04 09:22:21 PM*				1 /	s 1	

Signature of Officer John S. Pfarr

Title of Officer

Peths or Type Name of Officer **Assistant Secretary** 

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



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



/CO 01/						
	MUST BE TYPED OR PRINT					
-	orate ID No.	2. Name of Corporation				
	557		ndy Sherman Enterprises			
	Address Principal Business	Office		City	State	Zip
	116 Cove Rd.			Stonington	CT	06378
4. Busin	ess Phone No.		S. State of Incorporation			6. SIC Code
	860-572-7583 Description of the Characte	r of Business Conducted in	RHODE ISLAND Rhode Island			553 <u>8</u>
	Hold commercia	al and residential re	eal estate for rent			
8. NA	MES AND ADDRES	SES OF THE OFFIC	ERS ("X" BOX FOR ATTACH	MENT) FILL IN SPACES B	EFORE USING ATTACHM	IENTS
Presiden	t Name			MANNAMENTANIA ASSIS	STANT SECRETARY	
Street A	Robert C. Sheri	man		John S. Pfarr		
SHEEL M	116 Cove Rd.			Street Address	1at Elaan	
CI.	710 6016 114.	e	_,	319 Hope St		<u>_:</u>
City	Stonington	State CT	zip 06378	City	State	Zip
•		C.		Providence	RI	02906
Secretary	Sandra S. Sheri	man		Treasurer Name	S. Sherman	
		111811		•	5. Sherman	
Street A				Street Address		
<b>5</b> 1-	116 Cove Rd.	•		116 Cove Rd.	_	
Clty		State	Zip	City	State	. Zip
•	C4	~~**	A/270	Carritoration		0/150
·	Stonington	CT	06378	Stonington	CT	06378
9. NA	MES AND ADDRES		06378 CTORS (*X* BOX FOR ATTA	CHMENT) FILL IN SPACES	CT S BEFORE USING ATTACI	
·	MES AND ADDRES	SSES OF THE DIREC	- <del></del>	•		
9. NA	MES AND ADDRES	SSES OF THE DIREC	- <del></del>	CHMENT) FILL IN SPACES  Director Name		
9. NA	MES AND ADDRES	SSES OF THE DIREC	- <del></del>	CHMENT) FILL IN SPACES		
9. NA Director	MES AND ADDRES Name Robert S. Shern	SSES OF THE DIREC	CTORS (*X* BOX FOR ATTA	CHMENT) FILL IN SPACES  Director Name  Street Address	S BEFORE USING ATTACI	HMENTS
9. NA	MES AND ADDRES  Name Robert S. Shern  ddress 116 Cove Rd.	SSES OF THE DIRECT	- <del></del>	CHMENT) FILL IN SPACES  Director Name		
9. NA Director	MES AND ADDRES  Robert S. Shern  ddiess 116 Cove Rd.  Stonington	SSES OF THE DIREC	CTORS (*X* BOX FOR ATTA	CHMENT) FILL IN SPACES  Director Name  Street Address  City	S BEFORE USING ATTACI	HMENTS
9. NA Director	MES AND ADDRES  Name Robert S. Shern  ddress 116 Cove Rd.  Stonington	SSES OF THE DIRECT	CTORS (*X* BOX FOR ATTA	CHMENT) FILL IN SPACES  Director Name  Street Address	S BEFORE USING ATTACI	HMENTS
9. NA Director City Director	MES AND ADDRES  Name Robert S. Shern  ddtess 116 Cove Rd.  Stonington  Name Sandra S. Shern	SSES OF THE DIRECT	CTORS (*X* BOX FOR ATTA	CHMENT) FILL IN SPACES  Director Name  Street Address  City  Director Name	S BEFORE USING ATTACI	HMENTS
9. NA Director	MES AND ADDRES  Name Robert S. Shern  ddtess 116 Cove Rd.  Stonington  Name Sandra S. Shern  ddtess	SSES OF THE DIRECT	CTORS (*X* BOX FOR ATTA	CHMENT) FILL IN SPACES  Director Name  Street Address  City	S BEFORE USING ATTACI	HMENTS
9. NA Director City Director	MES AND ADDRES  Name Robert S. Shern  ddtess 116 Cove Rd.  Stonington  Name Sandra S. Shern	SSES OF THE DIRECT nan State CT	CTORS (*X* BOX FOR ATTAI	CHMENT) FILL IN SPACES  Director Name  Street Address  City  Director Name  Street Address	S BEFORE USING ATTACE	IMENTS Zip
9. NA Director City Director	MES AND ADDRES  Name Robert S. Shern  ddress 116 Cove Rd.  Stonington  Name Sandra S. Shern  ddress 116 Cove Rd.	SSES OF THE DIRECTOR OF THE DI	CTORS (*X* BOX FOR ATTA-  Zip 06378	CHMENT) FILL IN SPACES  Director Name  Street Address  City  Director Name	S BEFORE USING ATTACI	HMENTS
9. NA Director City Director Street A:	MES AND ADDRES  Name Robert S. Shern  ddress 116 Cove Rd.  Stonington  Name Sandra S. Shern  ddress 116 Cove Rd.  Stonington	SSES OF THE DIRECT  State  CT  State  CT	Zip 06378  21p 06378	CHMENT) FILL IN SPACES  Director Name  Street Address  City  Director Name  Street Address  City	S BEFORE USING ATTACE  State  State	IMENTS Zip
9. NA Director City Director Street A:	MES AND ADDRES  Name Robert S. Shern  ddiess 116 Cove Rd.  Stonington  Name Sandra S. Shern  ddress 116 Cove Rd.  Stonington  ARES AUTHORIZE	SSES OF THE DIRECTOR OF THE DI	Zip 06378  21p 06378	CHMENT) FILL IN SPACES  Director Name  Street Address  City  Director Name  Street Address  City  11. SHARES ISSUED (*)	S BEFORE USING ATTACE  State  State	IMENTS Zip
9. NA Director City Director Street A. City 10. SH AUTHOR	MES AND ADDRES  Name Robert S. Shern  ddiess 116 Cove Rd.  Stonington  Name Sandra S. Shern  ddress 116 Cove Rd.  Stonington HARES AUTHORIZE  MEZED SHARES	SSES OF THE DIRECT  State  CT  CT  CT  CT  CT  CT  CT  CT  CT  C	CTORS (*X* BOX FOR ATTA-  Zip 06378  CHMENT)	CHMENT) FILL IN SPACES Director Name  Street Address  City  Director Name  Street Address  City  11. SHARES ISSUED (*)	State  State  State  State  State	IMENTS  Zip  Zip
9. NA Director City Director Street A. City 10. SH AUTHOR	MES AND ADDRES  Name Robert S. Shern  ddiess 116 Cove Rd.  Stonington  Name Sandra S. Shern  ddress 116 Cove Rd.  Stonington  ARES AUTHORIZE	SSES OF THE DIRECT  State  CT  State  CT	Zip 06378  21p 06378	CHMENT) FILL IN SPACES  Director Name  Street Address  City  Director Name  Street Address  City  11. SHARES ISSUED (*)	S BEFORE USING ATTACE  State  State	IMENTS Zip

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

**◆**> 5

* 2 5 5 7 *	
Check No.: 1535	
0A	
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. of Offic Date ohn S. Pfarr Print or Type Name of Officer Asst. Secretary Title of Officer Form 630 12102



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

PROFIT CORPORATION	ON ANNUAL	REPORT FOR	R THE YEAR	2002

7. Bitel 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 REFORE USING ATTACHMENTS President Name Robert C. Sherman  Street Address 116 Cove Rd.  City Stonington  State Street Address 116 Cove Rd.  City Stonington  CT  219 06378  CT  219 06378  CT  210 06378  CT	PILAM REA INSTRUCTION	X 211 X		iling Fee: \$50.00	1-March 1 • Fil	Filing Period: January
2557 Robert and Sandy Sherman Enterprises, Inc.  3. Sitest Address Principal Business Office 116 Cove Rd.  4. Business Principal Business Office 8. Bolo-572-7583 RHODE ISLAND 7. Birl of Discipling of the Chaester of Business Conducted in Bhode Libral Hold commercial and residential real estate for rent 8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES REFORE USING ATTACHMENTS Persident Name Robert C. Sherman Street Address 116 Cove Rd.  City Stonington State CT Zip 06378 City Providence Ri 22g Secretary Name Street Address 116 Cove Rd.  City Stonington State CT Zip 06378 City Stonington CT 20g 9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES REFORE USING ATTACHMENTS President Name Street Address 116 Cove Rd.  City Stonington State CT Zip 06378 City Stonington CT 20g 9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES REFORE USING ATTACHMENTS Director Name Street Address 116 Cove Rd.  City Stonington State CT Zip 06378 City Stonington CT 20g 116 Cove Rd.  City Stonington State CT Zip 06378 City State  Street Address 116 Cove Rd.  City Stonington State CT Zip 06378 City State CT Zip 06378 City State CT Zip 06378 City State CT Zip Stonington CT City State CT State CT Sign State CT City State CT Sign State CT City					CK)	FORM MUST BE TYPED IN BLAC
3. Sireet Address Principal Business Office 116 Cove Rd. 4. Business Phone No. 5. State of Incorporation RHODE ISLAND 7. Bitel Possiphion of the Character of Business Canducted in Rhode Litand Hold Commercial and residential real estate for rent 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES REFORE USING ATTACHMENTS President Name Robert C. Sherman Sireet Address 116 Cove Rd.  City Stonington State CT Zip 06378 Sireet Address 116 Cove Rd.  City Stonington  Tressuret Name Sandra S. Sherman Sireet Address 116 Cove Rd.  City Stonington  Tressuret Name Sandra S. Sherman Sireet Address 116 Cove Rd.  City Stonington  CT Zip 06378 Sireet Address 116 Cove Rd.  City Stonington  Tressuret Name Sandra S. Sherman Sireet Address 116 Cove Rd.  City Stonington  CT Zip 06378 Sireet Address Sireet Address 116 Cove Rd.  City Stonington  CT Zip 06378 Sireet Address Director Name Sireet Address Director Name Sireet Address Director Name Sireet Address 116 Cove Rd.  City Stonington  CT 06378  City State Zip  C				,	2. Name of Corporation	1. Corporate ID No.
1.16 Cove Rd.  4. Business Phone No.  5. State of Incorporation  8. 60-572-7583  RHODE ISLAND  7. Bild Possiphion 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)  First Address Title Cove Rd.  City Stonington  Storet Address  116 Cove Rd.  City Stonington  Storet Address  Director Name Robert S. Sherman  Storet Address  Director Name Storet Address  Director Name Storet Address  116 Cove Rd.  City Stonington  Storet Address  Director Name Storet Address  Director Name Storet Address  116 Cove Rd.  City Stonington  Storet Address  Director Name Storet Address  Director Name Storet Address  116 Cove Rd.  City Stonington  Storet Address  City Stonington  Storet Address  Director Name Storet Address  116 Cove Rd.  City Stonington  Storet Address  City Stonington  Storet Address  City Stonington  Storet Address  Director Name Storet Address  City Stonington  Storet Address  City Stonington  City Stories  City Stonington  City Stories  City Stonington  City Stories  City			, Inc.	ndy Sherman Enterprise	Robert and Sand	2557
RHODE ISLAND  7. Artif Persiption 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) FIELL IN SPACES REFORE USING ATTACHMENTS FOR ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FIRE IN SPACES REFORE USING ATTACHMENTS FOR ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FOR ADDRESSES  Street Address 116 Cove Rd.  City Stonington  State CT  21p 06378  City Stonington  State City Stonington  State City Stonington  State CT  21p 06378  City Stonington  State City Stonington  State City Stonington  State City Stonington  State CT  21p 06378  City Stonington  State City Stonington  State City Stonington  State City Stonington  State City Stonington  CT  06378  City Stonington  CT  City Storington  CT  City City City City	<sup>ip</sup> 06378	State CT			Office	
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES REFORE USING ATTACHMENTS  AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES REFORE USING ATTACHMENTS  AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES REFORE USING ATTACHMENTS  AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES REFORE USING ATTACHMENTS  AND SITTER Address  116 Cove Rd.  City Stonington  State Sandra S. Sherman  Street Address  116 Cove Rd.  City Stonington  State CT  06378  Storington  Storington  CT  06378  Storington  Storingto	. SIC Code	6.		5. State of Incorporation		4. Business Phone No.
Hold commercial and residential real estate for rent  8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) Robert C. Sherman  Street Address 116 Cove Rd.  City Stonington  CT 06378  Street Address 116 Cove Rd.  City Stonington  CT 06378  Street Address 116 Cove Rd.  City Stonington  State CT 219 06378  City State CT 219 06378  CT	5538			RHODE ISLAND		860-572-7583
Robert C. Sherman  Street Address 116 Cove Rd.  Stonington  State CT  219  Stonington  Street Address  116 Cove Rd.  Ctty  Stonington  State CT  219  Stonington  State CT  219  06378  Street Address  Director Name  Street Address  Director Name  Street Address  City  State  219  Director Name  Street Address  116 Cove Rd.  Ctty  State  219  Director Name  Street Address  116 Cove Rd.  Ctty  State  219  Director Name  Street Address  116 Cove Rd.  Ctty  State  219  Director Name  Street Address  116 Cove Rd.  Ctty  State  219  Director Name  Street Address  116 Cove Rd.  Ctty  State  219  Director Name  Street Address  116 Cove Rd.  Ctty  State  219  Director Name  Street Address  116 Cove Rd.  Ctty  State  219  Director Name  Street Address  116 Cove Rd.  Ctty  State  219  Stonington  CT  06378  Ctty  State  219  Stonington  CT  06378  Street Address  118  Street Address  Ctty  State  219  Stonington  CT  06378  Street Address  Ctty  State  Ctty  S						
Street Address 116 Cove Rd.  Stonington  State  CT  Stonington  State  State  Stonington  State  CT  Stonington  State  State  Stonington  State  State  State  Stonington  State  St	rs	EFORE USING ATTACHMENT	ASSIS XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	ERS (*X* BOX FOR ATTACH	SES OF THE OFFICER	
Steeretary Name Sandra S. Sherman  Steet Address 116 Cove Rd.  CIT  Stonington  State  CT  Stonington  State  CT  Stonington  CT  Stonington  State		John S. Piarr		nan		
Stonington CT 06378 Providence RI 629  Secretary Name Sandra S. Sherman  Sitect Address 116 Cove Rd.  City Stonington CT 06378 City Stonington CT 06378  Storington CT 06378 City Stonington CT 06378  Sitect Address Storington State CT 210  9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name  Street Address Street		lst Floor	319 Hope St., 1			116 Cove Rd.
Sandra S. Sherman  Sireet Address 116 Cove Rd.  Stonington  State CT  Stonington  CT  O6378  Stonington  State CT  O6378  Stonington  State CT  Street Address  Street Address  Street Address  Street Address  Street Address  City  Stonington  State  CT  State  Street Address   02906	State Zi RI		<sup>Zip</sup> 06378	State CT	Stonington	
116 Cove Rd.  City Stonington State CT 219 06378 Stonington CT 06378  9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name  Street Address Street Addr		S. Sherman	Treasurer Name Sandra	• • • • • • • • • • • • • • • • • • • •	nan	Secretary Name Sandra S. Sherm
Stonington CT 06378 Stonington CT 06378  9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name  Street Address  City Stonington State CT Zip 06378 City State Zip  Director Name  Street Address  116 Cove Rd.  City State Zip  Stonington CT 06378  City State Zip  Stonington CT 06378  10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)  AUTHORIZED SHARES  Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value						
Director Name  Street Address  City Stonington State CT Zip 06378 City State Zip  Director Name  Director Name  Street Address  City State Zip  Stonington CT 06378  10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)  AUTHORIZED SHARES  Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value  Street Address  11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)  Authorized Shares Class/Series Par Value Number of Shares Class/Series Par Value	<b>6</b> 63 <b>7</b> 8	State ZI	Stonington Stonington	<sup>2(p)</sup> 06378		•
Director Name  Street Address  City Stonington State CT Zip 06378 City State Zip  Director Name  Director Name  Street Address  City State Zip  Stonington CT 06378  10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)  AUTHORIZED SHARES  Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value  Street Address  11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)  Authorized Shares Class/Series Par Value Number of Shares Class/Series Par Value	NTS	BEFORE USING ATTACHME	HMENT) FILL IN SPACES	TORS (*x* box for atta	ES OF THE DIRECTO	9. NAMES AND ADDRESS
Stonington  State CT  Stonington  City  State  City  State  City  State  Street Address  116 Cove Rd.  City  State  City					an	Robert S. Sherma
Stonington CT 100378  Director Name  Street Address  116 Cove Rd.  City State Zip Stonington CT 06378  10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)  AUTHORIZED SHARES  Number of Shares Class/Series Par Value Number of Shares Class/Series Par Va			Street Address			Street Addres 116 Cove Rd.
Street Address  116 Cove Rd.  City State Zip City State Zip Stonington CT 06378  10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Va	ip	State Zi	City	Zip 06378	State CT	Stonington
116 Cove Rd.  City State Zip City State Zip Stonington CT 06378  10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Va			Director Name		an	Director Name Sandra S. Sherma
Stonington CT 06378  10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)  AUTHORIZED SHARES  Number of Shares  Class/Series Par Value Number of Shares  Class/Series Par Value			Street Address			Street Address 116 Cove Rd.
Stonington CT 06378  10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)  AUTHORIZED SHARES  Number of Shares  Class/Series Par Value Number of Shares  Class/Series Par Value	ip	State Zi	City	Zip	State	City
AUTHORIZED SHARES  Number of Shares Class/Series Par Value Number of Shares Class/Series Par Va	•	•	,		CT	Stonington
		* BOX FOR ATTACHMENT)		HMENT)	) ("X" BOX FOR ATTACHM	
4 000 NO DAR VALUE	ar Volue	Class/Series Pa	Number of Shares	Par Value	Class/Series	Number of Shares
4,000 NO FAR VALUE	no par value	common	200			4,000 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 systements contained herein are true and correct.

Signature of Officer

e Name of Officer

りぃ

SECRETARY

FOR SECRETARY OF STATE USE ONLY

Title of Officer

Farm K30 17/01



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
P14 VSI NO AD
ENVIRO CHONS

Carporate ID No.	2. Name of Corporal	tion			
2557	Robert an	d Sandy Sherman	Enterprises, Inc.		
treet Address Principal Bu 86 Denison Av.	siness Office		City	. State CT	06355
usiness Phone No. 860-572-7583		5. State of Incorporation RHODE ISLAN			6. SE Code
rlef Description of the Cha <b>Hold Comm</b>	practer of Business Conducted in procial and Residential	n Rhode Island real estate for rent			<del></del>
NAMES AND ADD	RESSES OF THE OFFI	CERS (*X* BOX FOR ATTA	CHMENT)   FILL IN SPACES E	SEFORE USING ATTAC	HMENTS
Robert C. Si	herman		John S. Pfarr		
Red Menison	Av.		Street Address 154 Waterman	n St., 3rd floor	
Mystic	State CT	zip 06355	Providence	State RI	21p 02906
Sandra S. Sl	herman	* ** *****	Treasurer Name Sandra	S. Sherman	•••••••
treet Address 86 Denison Av.		Street Address 86 Denison Av.			
			•		
•	State	<sup>Zip</sup> 06355	· City Mystic	State CT	2ip 06355
Mystic	СТ	06355	Mystic	S BEFORE USING ATT	
Mystic NAMES AND ADD	CT PRESSES OF THE DIRE	D6355  ECTORS ("X" BOX FOR AT	Mystic	·   CT	
Mystic NAMES AND ADD	CT PRESSES OF THE DIRE PERMAN	06355	Mystic  TACHMENT) FILL IN SPACE	·   CT	
Mystic NAMES AND ADD ctor No Robert C. Sh	CT PRESSES OF THE DIRE PERMAN	06355	TACHMENT) FILL IN SPACE Director Name	·   CT	
Mystic  NAMES AND ADD  Petor Na Robert C. Sh  et Addr 86 Denison A  Mystic	CT PRESSES OF THE DIRECTION  No.  State T	U6355 ECTORS (*X* BOX FOR AT	TACHMENT) FILL IN SPACE Director Name Street Address	S BEFORE USING ATT.	ACHMENTS .
Mystic NAMES AND ADD retor No Robert C. Sh et Addr 86 Denison A Mystic retor N S andra S. Sh	CT  PRESSES OF THE DIRECT  DEFINITION OF THE DIRECT  STOCKT  CT  CT  CT  CT  CT  CT  CT  CT  CT	U6355 ECTORS (*X* BOX FOR AT	TACHMENT) FILL IN SPACE  Director Name  Street Address  City	S BEFORE USING ATT.	ACHMENTS .
Mystic  NAMES AND ADD  Petor Na Robert C. Sh  et Addr 86 Denison A  Mystic  Petor N Sandra S. Sh  et Address Denison A	CT  PRESSES OF THE DIRECT  DEFINITION OF THE DIRECT  STOCKT  CT  CT  CT  CT  CT  CT  CT  CT  CT	U6355 ECTORS (*X* BOX FOR AT	TACHMENT) FILL IN SPACE  Director Name  Street Address  City  Director Name	S BEFORE USING ATT.	ACHMENTS .
Mystic  NAMES AND ADD  ctor Na Robert C. Sh  et Addr 86 Denison A  Mystic  et Address Denison A  Mystic  Mystic  Mystic  SHARES AUTHOR	CT  PRESSES OF THE DIRECT  AV.  State  State	U6355 ECTORS (*X* BOX FOR AT    21p	TACHMENT) FILL IN SPACE Director Name Street Address City Director Name Street Address City 11. SHARES ISSUED (**)	State	Zip
Mystic  NAMES AND ADD  ctor North Robert C. Sh  et Addres Denison A  Mystic  ctor North Sandra S. Sh  et Address  Mystic  Mystic  SHARES AUTHOR  HORIZED SHARES	CT  PRESSES OF THE DIRE  PRESS	U6355 ECTORS (*X* BOX FOR AT    21p	TACHMENT) FILL IN SPACE Director Name  City  Director Name  Street Address  City  City  City	State	Zip Zip Par Value
Mystic NAMES AND ADD ector Na Kobert C. Sh ret Addr 86 Denison A Mystic ector NS andra S. Sh ret Address 86 Denison A Mystic	CT  PRESSES OF THE DIRE  DEFINATION  State  CT  RIZED (*X* BOX FOR ATT.  Class/Series	U6355 ECTORS (*X* BOX FOR AT    21p	TACHMENT) FILL IN SPACE  Director Name  Street Address  City  Director Name  Street Address  City  11. SHARES ISSUED (*	State  State  State	Zip  Zip  Par Value
Mystic  NAMES AND ADD  ector Na Kobert C. Sh  ret Addr 86 Denison A  Mystic  ector N S andra S. Sh  et Address  Mystic  Mystic  SHARES AUTHOR  THORIZED SHARES  mber of Shares	CT  PRESSES OF THE DIRE  DEFINATION  State  CT  RIZED (*X* BOX FOR ATT.  Class/Series	U6355 ECTORS (*X* BOX FOR AT    21p	TACHMENT) FILL IN SPACE  Director Name  Street Address  City  Director Name  Street Address  City  11. SHARES ISSUED (*  ISSUED SHARES  Number of Shares	State  State  State  State  Class/Series	Zip  Zip  Par Value

	* 2 5 5 7 *	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and
File Date:	4-16-01	that all statements contained herein are true and correct.
Check No :	1426	Signature of Officer Date
Ву:	Ze	John S. Pfarr Print or Type Name of Officer
FOR SECRETARY	OF STATE USE ONLY	Asst. Secretary

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)

2557	Robert an	d Sandy Sherman	Enterprises, Inc.		
3. Street Address Principal Busi	ness Öffice		City	State	Zip
86 Denison <sup>4. Buşiness Phone No.</sup> (860)572-75		S State of Incorporation RHODE ISLAN		СТ	6. SIC Code <b>5538</b>
7. Brief Description of the Char Hold commer			estate for rent	•	
8. NAMES AND ADDI	RESSES OF THE OFF	ICERS ("X" BOX FOR ATTA	CHMENT) X FILL IN SPACES E ***********************************		
Robert C. S	herman		John S. Pfari Street Address	:	
86 Denison	Avenue State	Zip	154 Waterman	Street, 3rd	floor
Mystic Secretary Name	CT	06355	Providence Treasurer Name	RI	02906
Sandra S. S Street Address 86 Denison			Sandra S. She Street Address 86 Denison Av		
City Mystic	. State	<sup>Zip</sup> 06355	City Mystic	State CT	zip 06355
Director Name	_	ECTORS ("X" BOX FOR AT	<u>-</u>	S BEFORE USING AT	TACHMENTS
Robert C S	herman		Sandra S She	rman	

Street Address Street Address 86 Denison Avenue 86 Denison Avenue 06355 CT 06355 Mystic Mystic CT Director Name Director Name Street Address Street Address State Zip City Zip State

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

4,000 SHS NO PAR VALUE

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

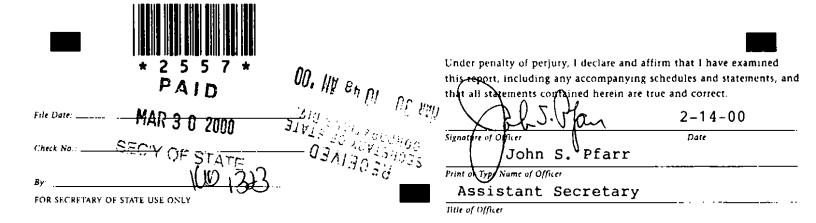
200

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



## 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

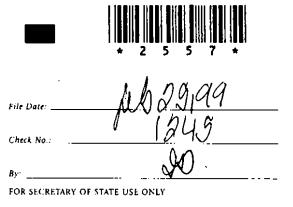


James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335

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

401-222-3046

(FORM MUST BE TYPED IN					
1. Corporate ID No 2557	2. Name of Carpora <b>Robert and</b>	Sandy Sherman Enter	prises, inc.		
3. Street Address Principal Busi	ness Office		City	State	Zip 06355
86 Denisor	n Avenue		Mystic	CT	06355
4. Business Phone No. : (860) 572-	-7583	'AHODE ISLAND	1	·	6 SIC Code
7. Brief Description of the Char Hold comme		<sup>in Rhode Island</sup> esidential real	. estate for re	nt.	
	RESSES OF THE OFF	ICERS ("X" BOX FOR ATTACE		BEFORE USING ATTAC	·.
Robert C.	Shorman		XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		ary
	SHELMAN		John S. Pfari	C .	
Street Address 86 Denison	n Avenue	•	Street Address		
City	State	Zıp	120 Wayland A	State	Zip
Mystic	CT	06355	Providence	RI	02906
· Secretary Name			Treasurer Name	KI.	. 02500
Sandra S.	Sherman		Sandra S. She	erman	
Street Address			Street Address		· ·
86 Denisor	n Avenue		86 Denison Av	venue	
City	State	Zip	City	State	Zip
Mystic	CT	06355	Mystic	СТ	06355
9. NAMES AND ADDE	RESSES OF THE DIR	ECTORS ("X" BOX FOR ATTA	CHMENT) FILL IN SPACE	S BEFORE USING ATTA	CHMENTS
Director Name	01		Director Name	·	
Robert C.	Snerman		Sandra S. She	erman	
Street Address 86 Denison	n Avonuo		. Street Address		
		<b>9</b> 1_	86 Denison A	·	
. Mystic	State CT	<sup>Zip</sup> 06355	City Manachia	State CT	. Zip . 0.6.2.5.5
Director Name	0.	00333	Mystic  Director Name	, <b>C1</b>	06355
			sometion rearrie		
Street Address			Street Address		
· · · City	State	Ζιρ	City	State	
,,	<b>5.1</b>	2.9	(in)	Juit	2.9
10. SHARES AUTHORI	IZED (*X* BOX FOR ATT	(ACHMENT)	11. SHARES ISSUED (*	X" ROX FOR ATTACHMENT	
AUTHORIZED SHARES			ISSUED SHARES	7	,
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
4,000 SHS NO PAI	R VALUE				
• • • • • • • • • • • • • • • • • • • •			200	Common	no par valu
This report must be si	<b>igned in ink</b> by eit	her the President, Vice I	President, Secretary, Assi	stant Secretary, Treasi	arer, Receiver or Truste
	•		•	•	



Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and statements contained herein are true and correct John S. Pfarr Print or Type Name of Officer Assistant Secretary Title of Officer



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

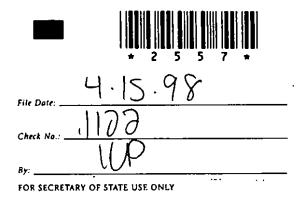
## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998

STOP PLEASE READ INSTRUCTIONS

Filing Period: January 1-March 1 •	Filing Fee: \$50.00
(CORM MUST BE TYPED IN RIACK)	

1. Corporate ID No.	2. Name of Corporati	оп			•
2557	Robert and	Sandy Sherman En	terprises, Inc.		
3. Street Address Principal Business ( 86 Denison Av	**	·	Mystic	State CT	06355
4. Business Phone No. (860) 572-758	3	5. State of Incorporation RHODE ISLA			6. SIC Code <b>5538</b>
7. Brief Description of the Character Hold commerci	of Business Conducted in al and res	Rhodelsland idential real	estate for rent	•	
8. NAMES AND ADDRESS President Name Robert C. She		CERS ("X" BOX FOR ATTA	жжжжжжж Assi John S. Pfarr	stant Secreta	ry
Street Address			Street Address		
86 Denison Av	State	Zip	120 Wayland A  city  Providence	venue State RI	zip 02906
Mystic Secretary Name Sandra S. She	CT rman	06355	Treasurer Name Sandra S. Sh		
Street Address 86 Denison Av	enue		Sneet Address 86 Denison A	venue	
Mystic	State CT	zφ 06355	Mystic	State CT	06355
9. NAMES AND ADDRESS Director Name Robert C. She Street Address 86 Denison Av	erman	CTORS (*X* BOX FOR A)	TTACHMENT)  Director Name  Sandra S. Sh  Street Address  86 Denison A	•	
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 AUTHORIZE. AUTHORIZED SHARES	D ("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED (* ISSUED SHARES	X° BOX FOR ATTACHMENT	ı
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
4,000 SHS NO PAR	<b>/ALUE</b>		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





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

TOP:

#### 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

200/	Robert and	i Sandy Snerman Ente	erprises, Inc.		
3. Street Address Principal Business Of	ffice		City	State	Zip
86 Denison Avenue 4. Business Phone No.	2	S. State of Incorporation	Mystic	CT	06355 6. SIC Code
(860) 572-7583 7. Brief Description of the Character of Holds commercial					5538
8. NAMES AND ADDRESSE President Name			Wrkninnkink Assi	stant Secretary	
Street Address	Robert C.	Sherman	John S. Pfarr Stieet Addiess		-
86 Denison Avenue	State	Zip	120 Wayland Av	enue	Zip
Mystic Secretary Name	CT	06355	Providence Treasurer Name	RI	, 02906
Sandra S. Sherman Street Address			Sandra S. Sher	man	
86 Denison Avene	State	Zip	86 Denison Ave	nue State	Zip
Mystic  9. NAMES AND ADDRESSE  Director Name	CT ES OF THE DIR	06355 ECTORS (*x* box for atta	Mystic ACHMENT) . : Director Name	CT	06355
Street Address	Robert C	. Sherman	Sandra S. Sher	man	
86 Denison Avenue	State	Zip	86 Denison Ave	nue State	Zip
Mystic Director Name	CT	06355	Mystic Director Name	СТ	06355
Street Address			Street Address		
Сиу	State	. Zip	City	State	Zip
10. SHARES AUTHORIZED AUTHORIZED SHARES	AND ISSUED	"X" BOX FOR ATTACHMENT)	ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
4,000 SHS NO PAR VA	ALUE		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

Title of Officer

	* 2 5 5 7 *			
File Date:	2/19/97			
Check No.:	1169			
Ву:	CCT 1 191			
FOR SECRETARY	OF STATE USE ONLY			

## **⊘ROTIT 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

For Secretary of State Use Only

•		PLEASE TYPE OR PR	INT IN BLACK INK.		
1. CORPORATE ID NO	2. NAME OF CORPORATION		·	<del></del>	
0002557	. Robert and	Sandy Sharman F	nterprises, Inc.		
3. STREET ADDRESS PRINCIPAL BUSINESS OFFIC		Sandy Sherman E	interprises, inc.	STATE	72P CODE
461 Chapel Street  4 BUSHHESS PHONE NO.	: 	3 c marri de accompanyon — — —	Block Island	. i RI	02807
4 DUSHIESS FITURE ITU.		5. STATE OF INCORPORATION			a sac coole
(401) 466-2594		RI			5538
7. BRIEF DESCRIPTION OF THE CHARACTER OF SU			£		<del>, </del>
Holds commercial	and residenti	al real estate	ior rent.		
	Ř. NAM	ES AND ADDRE	SSES OF THE OFFI	CERS	
PRESIDENT HAME			YVICE PRESIDENT NAME		· ·
(SEE ATTACHED SHE	ET)				
STREET ADDRESS			STREET ADORESS	<del></del>	- <del></del>
			ł		
ary	STATE	ZIP COO€	· ány	TSTATE	ZIP CODE
	_		.l	_	
SECRETARY NAME			TREASURER NAME		
			· · · · · · · · · · · · · · · · · · ·	. <del> </del>	
STREET ADDRESS			STREET ADDRESS		
A	A7499 7		· · · · · · · · · · · · · · · · · · ·	· Trans	7P C006
CITY	STATE	ZP COOE	CITY CONTRACTOR	T STATE	!
			i		J
DIRECTOR NAME - F	9 . K A M	ES AND ADDRE	SSES OF THE DIR (	ECTORS	Materia
TSEE ATTACHED SHE	rem\	100 100 100 100	A Company of the Comp	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	•
STREET ADDRESS	EI/		STREET ACTURESS		
			i ·		
ατγ	STATE	ZP COOE	-, ám	STATE	ZP 000E
			1	<b>t</b> 1	1
DIRECTOR NAME	•	<del></del>	DIRECTOR NAME	·· <b>-</b> •	
STREET ADDRESS			STREET ADDRESS		
απγ	STATE	72P CÒOE	ary — a man	STATE	ZP COOE -
	·	. <b>-</b>	– , -   – <del>, •</del>		
	10. SH	ARES AUTHORI	ZED AND ISSUED	ē	
	AUTHORIZED SHARES			ISSUED SHARES	<del></del>
NUMBER OF SHARES	CLASS / SERIES	PARVALUE	I MUMBER OF SHARES	CLASS / SERIES	PARVALUE
4 000	Common	No Don Volus	200	Common	No Par Value
4,000	_Common	No_Par_Value		Common	" "" " " Lat 'Agrae - "
		<del>-</del> <del></del>	· · j		- <del></del>
			1		
-	• <del>•</del>				
D			NED IN INK by either the	)	_
Presi	dent, vice Preside	ent, Secretary, Assist	ant Secretary, Treasurer, R	receiver or truste	e
			Under penalty of p	erjury, I declare and	affirm that I have examined this
		$\wedge$	report, including an	ny accompanying sch ained herein are true	edules and statements, and the and correct.
_	1 1	(h	(1)	7/	= ======
Sile Date: 2/.	las NI	$\mathcal{U}$	/ KKI	ra_	
File Date: -5/1	1 " 111	, ·	Signature of Office	<b>"</b>	
Check No: 3	206		John S. E	Pfarr	
OTIECK INC.	420		Print or Type Name		
By:	1 96 N 206 U		Assistant	t Secretary	2/29/96
•				,	

Title of Officer

Date

## ROBERT AND SANDY SHERMAN ENTERPRISES, INC. Corporate ID 0002557 Annual Report for the Year 1996

#### The Names of the Officers Are:

Ţ.

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 Fec \$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	ycar:1995	
Name of Corporation: Blue Dory Inn, I Business entity organized under the laws of the State of: RI For foreign entity, address and telephone number of principal office:	Business Entity is ( [X] Business Corp	check one): poration (See RIGL Chapter 7-1 Service Corporation (See RIGL)	
	Brief statement of t	he character of business conduc	ted in Rhode Island:
Phone: ( )  Address and telephone of the principal office of business entity in Rhox Island (Provide street address - Not P.O. Box):  John S. Pfarr  461 Chapel Street		mercial and reside te for rent.	
Block Island, RI 02807 Phone: ( 40) 466-2594			
1 House	ES OF THE OFFICERS ARE	•	
PRESIDENT THE INAIN	STREET ADDRESS	CITYATATE	ZIP CODE
VICE PRESIDENT	STREET ADDRESS	CITY/STATE	ZZP CODE
SECRETARY	STREET ADDRESS	CITYATATE	ZIP CODE
TREASURER	STREET ADDRESS	CITYATATE	ZIP COOE
THE NAME	ES OF THE DIRECTORS ARI		
NAME	STREET ADDRESS	CITY/STATE	ZJF CODE
	enison Avenue, street Address	Mystic, CT aname	06355 zarcode
Sandra S. Sherman 86 D	enison Avenue street address	Mystic, CT Granatie	06355 zur code
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 Va	Lue
DateDecember 4,, 19 95	By: DlS. Pla_		
Form 31 1/95	John S. Pfar Print or Type name of Officer Signific Title of Officer Skining	r ' Assistant Secre	etary
DESIGNATED REGISTE	ERED 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 1 4 1995

By\_ AD#55

देश विस्तर भी अभी

## d. . . . .

#### **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 Doxy Inn, Ltd.  Business entity organized under the laws of the State of: RI  For foreign entity, address and telephone number of principal office:	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:
Phone: ( )  Address and telephone of the principal office of business entity in Rhode  Island (Provide street address - Not P.O. Box):	Holds commercial and residential real estate for rent.
Block Island, RI 02807 Phone: ( 401 466-2594	
	FTHE OFFICERS ARE:
PRESIDENT STREE	T'ADDRESS CITY/STATE ZIP CODE
	TACHED LIST TADDRESS CITYSTATE ZIP CODE
SECRETARY STREET	T ADDRESS CITY/STATE ZIP CODE
TREASURER STREE	T ADDRESS CITY/STATE ZIP CODE
THE NAMES OF	THE DIRECTORS ARE:
	T ADDRESS CITY/STATE ZIP CODE
NAME STREE	Son Avenue, Mystic, CT 06355 TADDRESS CITYSTATE ZUPCOUE
Sandra S. Sherman 86 Denis	Son Avenue Mystic, CT 06355 TADDRESS CITYSTATE ZUPCODE
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
	OF OFFICER SIGNING ASSISTANT SECRETARY OF OFFICER SIGNING
DESIGNATED REGISTERED	AGENT FOR SERVICE OF PROCESS:
PLEASE NOTE: If the registered office and/or registered agent indicated b	elow is incorrect, Form 9 must be filed.

FILED

DEC 1 4 1995

By 152909

रह विक्र हे में भी

#### **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:	Annual Report for the year: 1993
Name of Corporation:  Blue Dory Inn, Ltd.  Business entity organized under the laws of the State of:  Blue Dory Inn, Ltd.  Brown foreign entity, address and telephone number of principal office:	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:
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	Holds commercial and residential real estate for rent.
Phone: ( 40] 466-2594	
THE NAMES O	F THE OFFICERS ARE:
PRESIDENT STRE	ET ADDRESS CITY/STATE ZIP COOR
	TACHED LIST  TADDRESS  CITYSTATE  ZUP COOM
SECRETARY STRE	ET ADDRESS CITY/STATE ZUP COOR
TREASURER STRE	ET ADDRESS CITY/STATE ZIP COOK
THE NAMES OF	THE DIRECTORS ARE:
NAME STRE	ET ADDRESS CITY/STATE ZIP CODE
Robert C. Sherman 86 Deni	SON Avenue, Mystic, CT 06355 et address arystate ze cool
Sandra S. Sherman 86 Deni	SON AVENUE Mystic, CT 06355 ET ADDRESS CTYSTATE ZUP COOK
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:	Spe S. Man
PRIN	John S. Pfarr TOR TOPE HAME OF OFFICER SIGNING ASSISTANT Secretary
	OF OFFICER SIGNING
DESIGNATED REGISTERED PLEASE NOTE: If the registered office and/or registered agent undicated	AGENT FOR SERVICE OF PROCESS:

FILED

DEC 1 4 1995

By 00 #55

88 (त. सम्. ८ व्या

I.A. Share a

#### **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:1992	
Corporate ID.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Name of Corporation: Blue Dory Business entity organized under the laws of the State of: For foreign entity, address and telephone number of prin	R_I cipal office: 	Business Entity is (c) [X] Business Corpo	neck one): oration (See RIGL Chapter 7-1.1) rvice Corporation (See RIGL Chap	
		Brief statement of th	e character of business conducted i	n Rhode Island;
Phone: ( )  Address and telephone of the principal office of business lstand (Provide street address - Not P.O. Box):  John S. Pfarr			ercial and resider e for rent.	
461 Chapel Street				
Block Island, RI 0280 Phone: ( 40) 466-2594				
	THE NAMES OF	THE OFFICERS ARE:		···
PRESIDENT	STREET A		CITY/STATE	ZIP CODE
VICE PRESIDENT	SEE ATTA	ACHED LIST DORESS	UTYSTATE	ZIP COOL
SECRETARY	STREET A	DORESS	CITYSTATE	ZIP COOE
TREASURER	STREET A	DORESS	CITYATATE	ZIP COOE
	THE NAMES OF T	HE DIRECTORS ARE	:	
NAME	STREET A	LODRESS	CITYSTATE	ZP CODE
Robert C. Sherman	86 Denisc STREET	n Avenue.	Mystic, CT	06355 zu code
Sandra S. Sherman	86 Denisc	on Avenue	Mystic, CT Granate	06355 zu code
NUMBER OF SHARES AUTHORIZED (Rider may be att	ached)	NUMBER OF SHARES	SSUED AND OUTSTANDING (Ride	r may be attached)
Number of Shares Class / Series		Number of Shares	Class / Series	
4,000 No par val	ue .	200	No par value	
Date December 4, , 19	95By:	John S. Pfar		
Form 31 - 1/95		OFFICER SIGNING	Assistant Secret	ary
DESIGNATE	D REGISTERED A	GENT FOR SERVICE	OF PROCESS:	
PLEASE NOTE: If the registered office and/or register	ered agent indicated belo	ow is incorrect, Form 9 mus	t be filed.	

FILED

DEC 1 4 1995

By 9 9 1 5 5

SE THE HOME

#### **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

CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID		Annual Report for the y	year 1991
FIRST: The name of	the corporation is	Blue Dory Inn. 1	
SECOND: It is incorp	orated under the laws of		
THIRD: Character of	business, briefly stated, is	mati	
FOURTH: If foreign o	orporation, address of its p	principal office	
Fігтн: Business addi	ess in Rhode Island	nool	
SIXTH: Names and a	ddresses of its directors an	Address (including num	
R S Germa	Director	2 6 liverbend Dr	Myt. CT 0635
5 Sherman	- Director	<i>t</i> (	ί -
	Director		
	President		
••••	Vice Presid	dent	
	Secretary		
	Treasurer	D.4.	
SEVENTH: Number of	of Shares authorized:	PAID JAN 1 0 1991	Par Value or statement that
No. of Shares	Class	SECY OF STATE	shares are without par value
	_ 0	TO FOR STATE	
Еіднтн: Number of	Shares issued:		Par Value
No. of Shares	Class	Series	or statement that shares are without par value
	o —		
Dated 1/16/4	<i>.</i> 19	Blue Day du (Name of Corporation)	, LI
(Report must be si	gned by an officer)	By Who	

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	557	Annual Report for the	e year 1990
FIRST: The name of the corporation is		Blue Dory Inn, Ltd.	
		R. I. Realt	
FOURTH: If foreign	corporation, address of its	principal office	
Fifth: Business ad	dress in Rhode Island	NONE	
SIXTH: Names and	addresses of its directors ar		(Attach rider if necessary)
	Director		······
	Director		
	Director		
Rosent S	HEXIMAN President	36 COUES/DO CA	STONINGTON, CT DOUT
2 year	tonnal Vice Presi	dent 7	7
	Secretary		
	Treasurer		
Seventh: Number	of Shares authorized:		Par Value
No. of Shares		S. J.	or statement that shares are without
100	Class	Series	par value んしょいご
100	<b>A</b> ∙	PAID	090
Eighth: Number of	of Shares issued:	APA	Par Value
No. of Shares	Class	Series PAID  APR  4  Series SEC.Y. OF	shares are without par value
Dated 4/2/50	19	Blue Da, du, L (Name of Corporation)	te
		$\rho \sim$	
(Report must be	signed by an officer)	Title V19	

Form 31 1/85

## State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0002557	Annual Report for the year1998	C/
FIRST: The name of the corporation is	Elue Cony Inn, Ltd.	••••••
SECOND: It is incorporated under the laws of  THIRD: Character of business, briefly stated, is	, I ( <del></del> 0	
FOURTH: If foreign corporation, address of its pri	incipal office	
FIFTH: Business address in Rhode Island		$\sim$
SIXTH: Names and addresses of its directors and  Name Office  Director  Director  Director  President  Vice President  Treasurer	Spring St. Box 488 Dlack tole 1 RT 02 Spring St. Box 488 Dlack tole 1 RT 02	807
SEVENTH: Number of Shares authorized:  No. of Shares  Class  A	Par Value or statement that shares are without par value	
EIGHTH: Number of Shares issued:  No of Shares 200 Class A	PAID  MARIO 1989  Par Value or statement that shares are without par value  Par Value or statement that shares are without par value	
В	Name of Corporation  Sy  Citle  Pres	

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

FIRST: The name of the corporation is Blue Cary Inc. Ltd.  SECOND: It is incorporated under the laws of Brode Leland  Third: Character of business, briefly stated, is Notes  FOURTH: If foreign corporation, address of its principal office  FIFTH: Business address in Rhode Island	
SECOND: It is incorporated under the laws of Shoge Leland Third: Character of business, briefly stated, is Note.  FOURTH: If foreign corporation, address of its principal office	
FOURTH: If foreign corporation, address of its principal office.	
FOURTH: If foreign corporation, address of its principal office	
·	
SIXTH: Names and addresses of its directors and officers:  Name Office Address (including number, street, zip code)  (Attach rider if	f necessary)
ROBERT SHOWAN Director BOX 488 BLUCKESLAND RE USE	£07
SANDY SHEMMAN Director " 7	, <b></b>
	•••••
President	······································
Vice President	
Secretary	•••••
Treasurer	•••••
SEVENTH: Number of Shares authorized:  Par Value or statement that	
No. of Shares Class Series par value	•
100 A JAN 21 mil	
EIGHTH: Number of Shares issued: SEC'Y OF ST TE ACION Par Value	
No. of Shares  Class  Class  Series  Or statement that shares are without par value	
130 A-	
Dated 1/18 1988 Blue on In Ital	•••••••••••••••••••••••••••••••••••••••
(Name of Corporation)  By	
(Report must be signed by an officer)  Title	

# 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 corpo	oration isBlue Dory.	Inn, Ltd.	
SECOND: It is incorporated un THIRD: Character of business,	_		
FOURTH: If foreign corporation	on, address of its principal	office	
FIFTH: Business address in Rh	ode Island Dodge	Sr, Block I	SLAND, RI 02807
Sixth: Names and addresses of Name	of its directors and officers Office Director		(Attach rider if necessary) g number, street, zip code)
• • • • • • • • • • • • • • • • • • •	D.		
ROBERT SHERMAN	Vice President		
SANDY SHERMAN	Secretary/TRFAS	46 47	* * *
SEVENTH: Number of Shares a  No. of Shares  180		Series	Par Value or statement that shares are without par value  NPV
	sued: JAN 1 4 1987  Class GEC'Y OF STA	Series	Par Value or statement that shares are without par value  \( \rho \rightarrow \)
Dated (1/187	19 (Name of C	the Dorg In	et.i
JAN 22 (Report must be signed by an	1 \	Pres	

# State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 270 WESTMINSTER MALL PROVIDENCE, RHODE ISLAND 02903

Corporate ID 2557		Annual Report fo	or the year 1986
FIRST: The name of the corpora	ition is	E DORY INN,	LTD.
FOURTH: If foreign corporation,	, address of its princip	oal office	
FIFTH: Business address in Rhoo	de Island	488 Drac	K ISLAND RI ODBO)
SIXTH: Names and addresses of	Office	Address (inclu	(Attach rider if necessary)
ROBERT SHERMAN	MAESINGAT	Ba	M EN ENDERS SEL
SANDY SHEMAN	SECY/THEAS — <del>Direc</del> tor		i, 4 ii
	Director		
,	President		
	Vice President		
	Secretary		
	Treasurer		
SEVENTH: Number of Shares au	_	•	Par Value or statement that shares are without
No. of Shares 100	ass A 199/3	Series	par value  ~ CNC
Еіднтн: Number of Shares issu	09/19/86 ed:		Par Value or statement that
No. of Shares 100 CI	ass A P	Series	shares are without  par value
, -	Ü		NONE
Dated 2/16/6 1	19 OCHER (Name	lue Dong dru of Corporation)	, Ru
SEP 22E	NT'DAN PELBY	20 On -	
(Report must be signed by an of	ficer S Tatle.	Pres	

# State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 270 WESTMINSTER MALL PROVIDENCE, RHODE ISLAND 02903

Corporate ID 2557		Annual Report for the	e year1985
First: The name of the corp	oration isBlue Dor	y Inn. Ltd.	
SECOND: It is incorporated u	nder the laws of	Rhode Island	
THIRD: Character of business	, briefly stated, isF.	<b>√</b> √	
FOURTH: If foreign corporation	on, address of its princip	pal office.	
FIFTH: Business address in Ri	hode Island Box 48	e, BLOCK ISLAND, R. 1	T. 02807
Name	of its directors and office		(Attach rider if necessary)
	Director		
Robert C. Shaman		Box 488 Brose	ISUND RI OWOZ
Sandy S. Sharmon	Vice President	h 14	
lı	Treasurer		
SEVENTH: Number of Shares  No. of Shares /00	authorized: Class A	Series 🔑	Par Value or statement that shares are without par value
EIGHTH: Number of Shares is	Ssued: Class /2	Series &	Par Value or statement that shares are without par value
Dated Ju 2.  *** RECEIVED MA (Report must be signed by an	(Name	Bus Dry Inn, of Corporation)  Sany S. J	Lto. Zuman

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 t	he year	1985	
FIRST:	The name of the	ne corporation	isBL	ue Dany	INN, LT)		
SECOND:	It is incorpo	rated under t	he laws o	of RNOS	: I SLAND		
	Character of b						
Fourth:	If foreign o	orporation, a	ddress of	its principa	l office		
<b>,</b>	<del>-</del>						
Fі <b>гт</b> н :	Business addr	ess in Rhode	Island (b	olank report	s will be ma	ailed to this	<b>s</b>
	Bax 488		•	<del>-</del>			
•	Names and ad						
	(Addresses mus	it include street	and numbe	r, if any)			
N	lame	Office			Address		
		Director					
		Director			÷		
		Director					
Rosent	SHOWAN	President		Box 48	s. Bwa	LIGAL	
SANDY	SHOMAN	Vice Presi	ident	<b>f1</b>	<b>⊶</b>	7	
		Secretary					
(If additional a	pace is needed, a	Treasurer					
SEVENTH	: Number of	Shares auth	orized:		Par or state	Value	
No. of Sha	res	Class		Series	shares a	re without value	
100		A					
Еіднти:	Number of	Shares issued	:			Value ment that	
No. of Sha	res	Class		Series		re without value	
100		A					
Dated: JAN S 196	12/8/4	19 4	By Title	De of Corporation	an) Mu— signed by an		·0403 <i>787</i>

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

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

	Annua	I Report for the ye	ar 1984	
FIRST: The name of th	e corporation is	BLUE DOR	Y INN, LT	<b>)</b>
SECOND: It is incorpor	ated under the laws	of RHOSE	ISCAND	
THIRD: Character of bu	siness, briefly stated,	is Hotel		
······································				
Fourth: If foreign co	orporation, address of	f its principal offi	ce	,
FIFTH: Business addre				this
	Brock I SLAND	•	507	
	dresses of its director			
(Addresses must	include street and numb	er, if any)		
Name	Office	Addı	ress	
	Director			
	Director			
D	Director	ט איי נ	) . T.	
ROBERT SHERMAN	President	Box. 488 1	ν. Στόσικ Τ <b>?</b> (9	<i>∿</i> <u>≀</u> )
SANDY SHERMAN		ti	,	
	Secretary			
(If additional space is needed, at				
SEVENTH: Number of	Shares authorized:		Par Value or statement tha	<b>L</b>
No. of Shares	Class A	Series	par value	
Eighth: Number of S	hama inquad.		Par Value	
No. of Shares	Class	Series	or statement that shares are without par value	
(5V)	A		pa, value	
Dated: 12/8/4	19 (Na	Bleeday A., ime of Corporation)	Lti 05	5-0403787
DEC 31 1984	Ву	20 Om-	<del></del>	
	Title	Pres	·	
<del></del>	(F	teport must be signe	d 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