

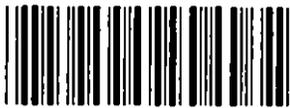


**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00  
(FORM MUST BE TYPED OR PRINTED IN BLACK)

|  |              |  |   |              |                     |
|--|--------------|--|---|--------------|---------------------|
| 1. Corporate ID No.<br>19956   |              | 2. Name of Corporation<br>INTEGRATED PROPERTIES II, INC. |   |              |                     |
| 3. Street Address: Principal Business Office<br>1414 Atwood Avenue   |              |  | City<br>Johnston  | State<br>RI  | Zip<br>02919        |
| 4. Business Phone No.<br>273-6800  |              | 5. State of Incorporation<br>RHODE ISLAND                |   |              | 6. SIC Code<br>5538 |
| 7. Brief Description of the Character of Business Conducted in Rhode Island<br>REAL ESTATE   |              |  |   |              |                     |
| 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS  |              |  |   |              |                     |
| President Name<br>Alfred Carpionato  |              |  | Vice President Name<br>Alfred Carpionato                            |              |                     |
| Street Address<br>1414 Atwood Avenue   |              |  | Street Address<br>1414 Atwood Avenue                                |              |                     |
| City<br>Johnston   | State<br>RI  | Zip<br>02919   | City<br>Johnston  | State<br>RI  | Zip<br>02919        |
| Secretary Name<br>Alfred Carpionato  |              |  | Treasurer Name<br>Alfred Carpionato                                 |              |                     |
| Street Address<br>1414 Atwood Avenue   |              |  | Street Address<br>1414 Atwood Avenue                                |              |                     |
| City<br>Johnston   | State<br>RI  | Zip<br>02919   | City<br>Johnston  | State<br>RI  | Zip<br>02919        |
| 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS |              |  |   |              |                     |
| Director Name  |              |  | Director Name   |              |                     |
| Street Address   |              |  | Street Address  |              |                     |
| City   | State        | Zip  | City  | State        | Zip                 |
| Director Name  |              |  | Director Name   |              |                     |
| Street Address   |              |  | Street Address  |              |                     |
| City   | State        | Zip  | City  | State        | Zip                 |
| 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>  |              |  | 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |              |                     |
| AUTHORIZED SHARES  |              |  | ISSUED SHARES   |              |                     |
| Number of Shares   | Class/Series | Par Value  | Number of Shares  | Class/Series | Par Value           |
| 100  | NO PAR VALUE |  | 100   | common       | no par value        |

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



\* 1 9 9 5 6 \*

File Date 3/9/04  
Check No. 00006096  
By: [Signature]  
FOR SECRETARY OF STATE USE ONLY

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

[Signature] / 2/11/04  
Signature of Officer Date  
Alfred Carpionato  
Print or Type Name of Officer  
President  
Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. **19956** 2. Name of Corporation **INTEGRATED PROPERTIES II, INC.**  
3. Street Address Principal Business Office  
**1414 Atwood Avenue**  
4. Business Phone No. **273-6800** 5. State of Incorporation **RHODE ISLAND**

City **Johnston** State **RI** Zip **02919**  
6. SIC Code **5538**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**ownership and development of real estate**

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

President Name **Alfred Carpionato**  
Street Address  
**1414 Atwood Avenue**  
City **Johnston** State **RI** Zip **02919**

Vice President Name **Alfred Carpionato**  
Street Address  
**1414 Atwood Avenue**  
City **Johnston** State **RI** Zip **02919**

Secretary Name **Alfred Carpionato**  
Street Address  
**1414 Atwood Avenue**  
City **Johnston** State **RI** Zip **02919**

Treasurer Name **Alfred Carpionato**  
Street Address  
**1414 Atwood Avenue**  
City **Johnston** State **RI** Zip **02919**

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

Director Name  
Street Address  
City State Zip

Director Name  
Street Address  
City State Zip

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

| AUTHORIZED SHARES | Class/Series | Par Value |
|-------------------|--------------|-----------|
| 100 NO PAR VALUE  |              |           |

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

| ISSUED SHARES | Class/Series | Par Value    |
|---------------|--------------|--------------|
| 100           | common       | no par value |

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



\* 1 9 9 5 6 \*

File Date: 4-30-03

Check No.: 10980

By: ICP

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.

Alfred Carpionato Date 3-24-03

Print or Type Name of Officer Alfred Carpionato

Title of Officer President

**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. **19956** 2. Name of Corporation **INTEGRATED PROPERTIES II, INC.**  
3. Street Address Principal Business Office **1414 Atwood Avenue** City **Johnston** State **RI** Zip **02919**  
4. Business Phone No. **273-6800** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **5538**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**ownership and development of real estate**

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

|  |   |
|--|---|
| President Name<br><b>Alfred Carpionato</b><br>Street Address<br><b>1414 Atwood Avenue</b><br>City <b>Johnston</b> State <b>RI</b> Zip <b>02919</b> | Vice President Name<br><b>Alfred Carpionato</b><br>Street Address<br><b>1414 ATwood Avenue</b><br>City <b>Johnston</b> State <b>RI</b> Zip <b>02919</b> |
| Secretary Name<br><b>Alfred Carpionato</b><br>Street Address<br><b>1414 Atwood Avenue</b><br>City <b>Johnston</b> State <b>RI</b> Zip <b>02919</b> | Treasurer Name<br><b>Alfred Carpionato</b><br>Street Address<br><b>1414 Atwood Avenue</b><br>City <b>Johnston</b> State <b>RI</b> Zip <b>02919</b>      |

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

|                |                |
|----------------|----------------|
| Director Name  | Director Name  |
| Street Address | Street Address |
| City State Zip | City State Zip |
| Director Name  | Director Name  |
| Street Address | Street Address |
| City State Zip | City State Zip |

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

| AUTHORIZED SHARES       | Class/Series | Par Value |
|-------------------------|--------------|-----------|
| <b>100 NO PAR VALUE</b> |              |           |

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

| ISSUED SHARES | Class/Series  | Par Value           |
|---------------|---------------|---------------------|
| <b>100</b>    | <b>common</b> | <b>no par value</b> |

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



\* 1 9 9 5 6 \*

File Date: 3/18/02

Check No.: 002760

By: AB

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.

*Alfred Carpionato*  
Signature of Officer \_\_\_\_\_ Date 3-5-02  
**Alfred Carpionato**  
Print or Type Name of Officer  
**President**



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001**

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

(FORM MUST BE TYPED IN BLACK)



1. Corporate ID No. **19956** 2. Name of Corporation **INTEGRATED PROPERTIES II, INC.**

3. Street Address Principal Business Office **1414 Atwood Avenue** City **Johnston** State **RI** Zip **02919**

4. Business Phone No. **273-6800** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **5538**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**ownership and development of real estate**

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

|   |   |
|---|---|
| President Name<br><b>Alfred Carpionato</b>  | Vice President Name<br><b>Alfred Carpionato</b> |
| Street Address<br><b>1414 Atwood Avenue</b> | Street Address<br><b>1414 Atwood Avenue</b>     |
| City State Zip<br><b>Johnston RI 02919</b>  | City State Zip<br><b>Johnston RI 02919</b>      |
| Secretary Name<br><b>Alfred Carpionato</b>  | Treasurer Name<br><b>Alfred Carpionato</b>      |
| Street Address<br><b>1414 Atwood Avenue</b> | Street Address<br><b>1414 Atwood Avenue</b>     |
| City State Zip<br><b>Johnston RI 02919</b>  | City State Zip<br><b>Johnston RI 02919</b>      |

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

|                |                |
|----------------|----------------|
| Director Name  | Director Name  |
| Street Address | Street Address |
| City State Zip | City State Zip |
| Director Name  | Director Name  |
| Street Address | Street Address |
| City State Zip | City State Zip |

|   |   |
|---|---|
| <b>10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)</b> | <b>11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)</b> |
| AUTHORIZED SHARES                                     | ISSUED SHARES                                     |
| Number of Shares Class/Series Par Value               | Number of Shares Class/Series Par Value           |
| <b>100 NO PAR VAL</b>                                 | <b>100 common no par value</b>                    |

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



\* 1 9 9 5 6 \*

3/2

File Date: 10227

Check No.: 2

By: \_\_\_\_\_

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.

*Alfred Carpionato*  
Signature of Officer \_\_\_\_\_ Date 28-01  
**Alfred Carpionato**  
Print or Type Name of Officer  
**President**  
Title of Officer

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



(FORM MUST BE TYPED IN BLACK)

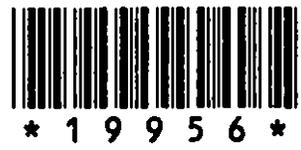
1. Corporate ID No. **19956** 2. Name of Corporation **INTEGRATED PROPERTIES II, INC.**  
3. Street Address Principal Business Office **1414 Atwood Avenue** City **Johnston** State **RI** Zip **02919**  
4. Business Phone No. **273-6800** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **5538**  
7. Brief Description of the Character of Business Conducted in Rhode Island  
**real estate**

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**  
President Name **Alfred Carpionato** Vice President Name **Alfred Carpionato**  
Street Address **1414 Atwood Avenue** Street Address **1414 Atwood Avenue**  
City **Johnston** State **RI** Zip **02919** City **Johnston** State **RI** Zip **02919**  
Secretary Name **Alfred Carpionato** Treasurer Name **Alfred Carpionato**  
Street Address **1414 Atwood Avenue** Street Address **1414 Atwood Avenue**  
City **Johnston** State **RI** Zip **02919** City **Johnston** State **RI** Zip **02919**

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**  
Director Name \_\_\_\_\_ Director Name \_\_\_\_\_  
Street Address \_\_\_\_\_ Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Director Name \_\_\_\_\_ Director Name \_\_\_\_\_  
Street Address \_\_\_\_\_ Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT) 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  
**100 NO PAR VAL** **100 common no par value**

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



File Date: 3/21/00  
9440  
Check No.: \_\_\_\_\_  
By: [Signature]

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.  
Signature of Officer [Signature] Date 3-7-00  
Print or Type Name of Officer **Alfred Carpionato**  
President  
Title of Officer \_\_\_\_\_

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



(FORM MUST BE TYPED IN BLACK)

|   |                    |   |   |                            |                     |
|---|--------------------|---|---|----------------------------|---------------------|
| 1. Corporate ID No.<br><b>19956</b>   |                    | 2. Name of Corporation<br><b>INTEGRATED PROPERTIES II, INC.</b> |   |                            |                     |
| 3. Street Address Principal Business Office<br><b>1414 Atwood Avenue</b>  |                    |   | City<br><b>Johnston</b>                         | State<br><b>RI</b>         | Zip<br><b>02919</b> |
| 4. Business Phone No.<br><b>273-6800</b>  |                    | 5. State of Incorporation<br><b>RHODE ISLAND</b>                |   | 6. SIC Code<br><b>5538</b> |                     |
| 7. Brief Description of the Character of Business Conducted in Rhode Island<br><b>real estate</b>   |                    |   |   |                            |                     |
| 8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS            |                    |   |   |                            |                     |
| President Name<br><b>Alfred Carpionato</b>  |                    |   | Vice President Name<br><b>Alfred Carpionato</b> |                            |                     |
| Street Address<br><b>1414 Atwood Avenue</b>   |                    |   | Street Address<br><b>1414 Atwood Avenue</b>     |                            |                     |
| City<br><b>Johnston</b>   | State<br><b>RI</b> | Zip<br><b>02919</b>   | City<br><b>Johnston</b>                         | State<br><b>RI</b>         | Zip<br><b>02919</b> |
| Secretary Name<br><b>Alfred Carpionato</b>  |                    |   | Treasurer Name<br><b>Alfred Carpionato</b>      |                            |                     |
| Street Address<br><b>1414 Atwood Avenue</b>   |                    |   | Street Address<br><b>1414 Atwood Avenue</b>     |                            |                     |
| City<br><b>Johnston</b>   | State<br><b>RI</b> | Zip<br><b>02919</b>   | City<br><b>Johnston</b>                         | State<br><b>RI</b>         | Zip<br><b>02919</b> |
| 9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS           |                    |   |   |                            |                     |
| Director Name   |                    |   | Director Name                                   |                            |                     |
| Street Address  |                    |   | Street Address                                  |                            |                     |
| City  | State              | Zip   | City  | State                      | Zip                 |
| Director Name   |                    |   | Director Name                                   |                            |                     |
| Street Address  |                    |   | Street Address                                  |                            |                     |
| City  | State              | Zip   | City  | State                      | Zip                 |
| 10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> |                    |   |   |                            |                     |
| AUTHORIZED SHARES   |                    |   | ISSUED SHARES                                   |                            |                     |
| Number of Shares  | Class/Series       | Par Value   | Number of Shares                                | Class/Series               | Par Value           |
| <b>100 NO PAR VAL</b>   |                    |   | <b>100</b>                                      | <b>common</b>              | <b>no par value</b> |

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



File Date: 04-08-99  
Check No.: 2432  
By: [Signature]

FOR SECRETARY OF STATE USE ONLY

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

[Signature]  
Signature of Officer  
**Alfred Carpionato**  
Print or Type Name of Officer  
**President**  
Title of Officer  
Date: 3/9/99



**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. **19956** 2. Name of Corporation **INTEGRATED PROPERTIES II, INC.**  
3. Street Address Principal Business Office **1414 Atwood Avenue** City **Johnston** State **RI** Zip **02919**  
4. Business Phone No. **273-6800** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **5538**

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

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

|  |   |
|--|---|
| President Name<br><b>Alfred Carpionato</b><br>Street Address<br><b>1414 Atwood Avenue</b><br>City <b>Johnston</b> State <b>RI</b> Zip <b>02919</b> | Vice President Name<br><b>Alfred Carpionato</b><br>Street Address<br><b>1414 Atwood Avenue</b><br>City <b>Johnston</b> State <b>RI</b> Zip <b>02919</b> |
| Secretary Name<br><b>Alfred Carpionato</b><br>Street Address<br><b>1414 Atwood Avenue</b><br>City <b>Johnston</b> State <b>RI</b> Zip <b>02919</b> | Treasurer Name<br><b>Alfred Carpionato</b><br>Street Address<br><b>1414 Atwood Avenue</b><br>City <b>Johnston</b> State <b>RI</b> Zip <b>02919</b>      |

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

|               |                |      |       |     |               |                |      |       |     |
|---------------|----------------|------|-------|-----|---------------|----------------|------|-------|-----|
| Director Name | Street Address | City | State | Zip | Director Name | Street Address | City | State | Zip |
|               |                |      |       |     |               |                |      |       |     |
| Director Name | Street Address | City | State | Zip | Director Name | Street Address | City | State | Zip |
|               |                |      |       |     |               |                |      |       |     |

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

| AUTHORIZED SHARES     | Class/Series | Par Value |
|-----------------------|--------------|-----------|
| <b>100 NO PAR VAL</b> |              |           |

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

| ISSUED SHARES | Class/Series  | Par Value           |
|---------------|---------------|---------------------|
| <b>100</b>    | <b>common</b> | <b>no par value</b> |

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



File Date: **3-11-98**

Check No.: **7745**

By: **UP**

FOR SECRETARY OF STATE USE ONLY

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

*Alfred Carpionato*  
Signature of Officer \_\_\_\_\_ Date \_\_\_\_\_

**Alfred Carpionato**

Print or Type Name of Officer

**President**

Title of Officer



**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. **19956** 2. Name of Corporation **INTEGRATED PROPERTIES II, INC.**  
3. Street Address Principal Business Office **1414 Atwood Avenue** City **Johnston** State **RI** Zip **02919**  
4. Business Phone No. **273-6800** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **5538**  
7. Brief Description of the Character of Business Conducted in Rhode Island  
**real estate**

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

|   |  |
|---|--|
| <p>President Name<br/><b>Alfred Carpionato</b><br/>Street Address<br/><b>1414 Atwood Avenue</b><br/>City <b>Johnston</b> State <b>RI</b> Zip <b>02919</b></p> <p>Secretary Name<br/><b>Alfred Carpionato</b><br/>Street Address<br/><b>1414 Atwood Avenue</b><br/>City <b>Johnston</b> State <b>RI</b> Zip <b>02919</b></p> | <p>Vice President Name<br/><b>Alfred Carpionato</b><br/>Street Address<br/><b>1414 Atwood Avenue</b><br/>City <b>Johnston</b> State <b>RI</b> Zip <b>02919</b></p> <p>Treasurer Name<br/><b>Alfred Carpionato</b><br/>Street Address<br/><b>1414 Atwood Avenue</b><br/>City <b>Johnston</b> State <b>RI</b> Zip <b>02919</b></p> |
|---|--|

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

|   |   |
|---|---|
| <p>Director Name<br/><br/>Street Address<br/><br/>City<br/>State<br/>Zip</p> <p>Director Name<br/><br/>Street Address<br/><br/>City<br/>State<br/>Zip</p> | <p>Director Name<br/><br/>Street Address<br/><br/>City<br/>State<br/>Zip</p> <p>Director Name<br/><br/>Street Address<br/><br/>City<br/>State<br/>Zip</p> |
|---|---|

**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           |
| <b>100 NO PAR VAL</b> |              |           | <b>100</b>       | <b>common</b> | <b>no par value</b> |

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



File Date: 3/24/97  
Check No.: 6976  
By: [Signature]  
FOR SECRETARY OF STATE USE ONLY

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

[Signature] 3/4/97  
Signature of Officer Date  
**Alfred Carpionato**  
Print or Type Name of Officer  
**President**  
Title of Officer

**PROFIT CORPORATION  
ANNUAL REPORT**

**1996**



State of Rhode Island and Providence Plantations  
James R. Langevin, *Secretary of State*  
Corporations Division  
100 North Main Street  
Providence, Rhode Island 02903-1335 • (401) 277-3040

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

PLEASE TYPE OR PRINT IN BLACK INK.

|  |                |  |   |  |                |                     |                   |
|--|----------------|--|---|--|----------------|---------------------|-------------------|
| 1. CORPORATE ID NO.<br>19956   |                | 2. NAME OF CORPORATION<br>INTEGRATED PROPERTIES II, INC. |   |  |                |                     |                   |
| 3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE<br>1414 Atwood Avenue                          |                |  |   | CITY<br>Johnston                         |                | STATE<br>RI         | ZIP CODE<br>02919 |
| 4. BUSINESS PHONE NO.<br>273-6800  |                |  | 5. STATE OF INCORPORATION<br>RHODE ISLAND |  |                | 6. SIC CODE<br>5538 |                   |
| 7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND<br>real estate |                |  |   |  |                |                     |                   |
| 8. NAMES AND ADDRESSES OF THE OFFICERS   |                |  |   |  |                |                     |                   |
| PRESIDENT NAME<br>Alfred Carpionato  |                |  |   | VICE PRESIDENT NAME<br>Alfred Carpionato |                |                     |                   |
| STREET ADDRESS<br>1414 Atwood Avenue   |                |  |   | STREET ADDRESS<br>1414 Atwood Avenue     |                |                     |                   |
| CITY<br>Johnston   |                | STATE<br>RI  | ZIP CODE<br>02919                         | CITY<br>Johnston                         |                | STATE<br>RI         | ZIP CODE<br>02919 |
| SECRETARY NAME<br>Alfred Carpionato  |                |  |   | TREASURER NAME<br>Alfred Carpionato      |                |                     |                   |
| STREET ADDRESS<br>1414 Atwood Avenue   |                |  |   | STREET ADDRESS<br>1414 Atwood Avenue     |                |                     |                   |
| CITY<br>Johnston   |                | STATE<br>RI  | ZIP CODE<br>02919                         | CITY<br>Johnston                         |                | STATE<br>RI         | ZIP CODE<br>02919 |
| 9. NAMES AND ADDRESSES OF THE DIRECTORS  |                |  |   |  |                |                     |                   |
| DIRECTOR NAME  |                |  |   | DIRECTOR NAME                            |                |                     |                   |
| 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         |
| 100  | NO PAR VAL     |  |   | 100                                      | 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: *Alfred Carpionato*  
 Alfred Carpionato  
 Print or Type Name of Officer  
 President  
 Title of Officer  
 Date: 2/21/96

File Date: 2/22/96  
 Check No: 3718  
 By: CP

For Secretary of State Use Only

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

Corporate ID: 0019956 Annual Report for the year: 1995

Name of Corporation: INTEGRATED PROPERTIES II, INC.

Business entity organized under the laws of the State of: Rhode Island

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

Business Entity is (check one):

Business Corporation (See RIGL Chapter 7-1.1)

Professional Service Corporation (See RIGL Chapter 7-5.1)

Phone: ( )

Brief statement of the character of business conducted in Rhode Island:  
 to improve, manage and operate  
 real property

Address and telephone of the principal office of business entity in Rhode

Island (Provide street address - Not P.O. Box):  
 1414 Atwood Avenue  
 Johnston, RI 02919

Phone: (401) 273-6800

**THE NAMES OF THE OFFICERS ARE:**

| OFFICER                             | STREET ADDRESS     | CITY/STATE   | ZIP CODE |
|-------------------------------------|--------------------|--------------|----------|
| PRESIDENT<br>Alfred Carpionato      | 1414 Atwood Avenue | Johnston, RI | 02919    |
| VICE PRESIDENT<br>Alfred Carpionato | 1414 Atwood Avenue | Johnston, RI | 02919    |
| SECRETARY<br>Alfred Carpionato      | 1414 Atwood Avenue | Johnston, RI | 02919    |
| TREASURER<br>Alfred Carpionato      | 1414 Atwood Avenue | Johnston, RI | 02919    |

**THE NAMES OF THE DIRECTORS ARE:**

| NAME | STREET ADDRESS | CITY/STATE | ZIP CODE |
|------|----------------|------------|----------|
|      |                |            |          |
|      |                |            |          |
|      |                |            |          |

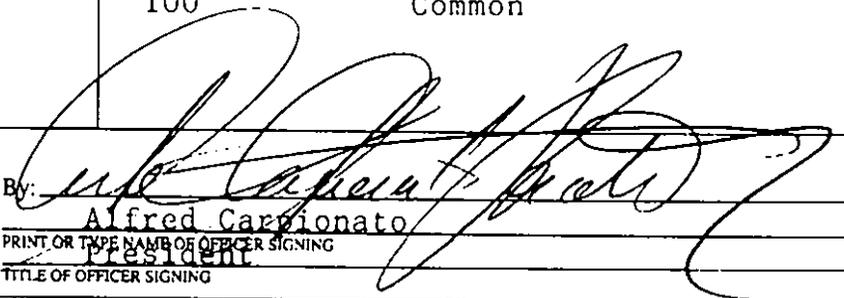
NUMBER OF SHARES AUTHORIZED (Rider may be attached)

NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)

|                  |                |
|------------------|----------------|
| Number of Shares | Class / Series |
| 100              | Common         |

|                  |                |
|------------------|----------------|
| Number of Shares | Class / Series |
| 100              | Common         |

Date 4-13, 19 95

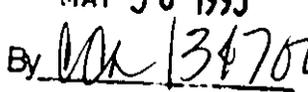
By:   
 Alfred Carpionato  
 PRINT OR TYPE NAME OF OFFICER SIGNING  
 PRESIDENT  
 TITLE OF OFFICER SIGNING

**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**

ANGELO R. MAROCCO, ESQ.  
 1200 RESERVOIR AVENUE  
 CRANSTON RI 02920

MAY 30 1995  
 By:  134700

Filing Fee \$50.00  
Payable to  
Secretary of State

PLEASE TYPE or PRINT *MYC* *CH-# 5102 9/12/84*  
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

File Annually  
LLC: Sept. 1 - Nov. 1  
CORP: Jan. 1 - March 1

Corporate ID: 0019956 Annual Report for the year: 1994  
Name of Business Entity: INTEGRATED PROPERTIES II, INC.

Business entity organized under the laws of the State of: Rhode Island

Federal Taxpayer Identification Number: [REDACTED]

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):

1414 Atwood Avenue

Johnston, RI 02919

Phone: 401 273-6800

Business Entity is (check one):

- Business Corporation (See RIGL Chapter 7-1.1)
- Professional Service Corporation (See RIGL Chapter 7-5.1)
- Limited Liability Company (See RIGL 7-16)

Name, title and mailing address of contact person to whom communications may be directed:

Alfred Carpiionato, President

1414 Atwood Avenue

Johnston, RI 02919

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

to improve, manage and operate real property

Date of Organization: 5/25/84

Date of Qualification to do business in Rhode Island (if foreign entity)

THE NAMES OF THE OFFICERS ARE:

| NAME   | STREET ADDRESS     | CITY/STATE   | ZIP CODE |
|--|--------------------|--------------|----------|
| <input type="checkbox"/> CHIEF EXECUTIVE OFFICER OR <input checked="" type="checkbox"/> PRESIDENT (Check one)      |                    |              |          |
| Alfred Carpiionato   | 1414 Atwood Avenue | Johnston, RI | 02919    |
| <input type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input checked="" type="checkbox"/> VICE PRESIDENT (Check one) |                    |              |          |
| Alfred Carpiionato   | 1414 Atwood Avenue | Johnston, RI | 02919    |
| <input type="checkbox"/> CHIEF LEGAL COUNSEL OR <input checked="" type="checkbox"/> SECRETARY/TREASURER            |                    |              |          |
| Alfred Carpiionato   | 1414 Atwood Avenue | Johnston, RI | 02919    |
| <input type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input checked="" type="checkbox"/> TREASURER (Check one)      |                    |              |          |
| Alfred Carpiionato   | 1414 Atwood Avenue | Johnston, RI | 02919    |

THE NAMES OF THE DIRECTORS ARE:

| NAME | STREET ADDRESS | CITY/STATE | ZIP CODE |
|------|----------------|------------|----------|
|      |                |            |          |
|      |                |            |          |
|      |                |            |          |

NUMBER OF SHARES AUTHORIZED (If Applicable)

NUMBER 100

CLASS Common

SERIES --

PAR VALUE OR WITHOUT PAR No Par Value

Date 4-20, 19 94

NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)

NUMBER 100

CLASS Common

SERIES --

PAR VALUE OR WITHOUT PAR No Par Value

By [Signature]  
Alfred Carpiionato

President

**FILED**

**APR 25 1994**

By [Signature]

Form 31 1994

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

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

ANGELO R. MAROCCO, ESQ.  
105 SOCKANOSSET CROSS ROAD  
CRANSTON RI 02920

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 0019956 Annual Report for the year 1993

FIRST: The name of the corporation is INTEGRATED PROPERTIES II, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is to improve, manage and operate  
real property.

FOURTH: If foreign corporation, address of its principal office.....

FIFTH: Business address in Rhode Island 1414 Atwood Avenue, Johnston, RI 02919

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

| Name              | Office         | Address (including number, street, zip code) |
|-------------------|----------------|--|
| .....             | Director       | .....  |
| .....             | Director       | .....  |
| .....             | Director       | .....  |
| Alfred Carpionato | President      | 1414 Atwood Ave., Johnston, RI 02919         |
| same              | Vice President | same   |
| same              | Secretary      | same   |
| same              | Treasurer      | same   |

SEVENTH: Number of Shares authorized:

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

EIGHTH: Number of Shares issued:

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

Rec'd & Filed APR 5 1993  
AMT # 29  
1793

Dated March 19, 1993

INTEGRATED PROPERTIES II, INC.  
(Name of Corporation)  
By Alfred Carpionato  
Title President

(Report must be signed by an officer)

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

*108046*

Corporate ID 0012956 Annual Report for the year 1992

FIRST: The name of the corporation is INTEGRATED PROPERTIES II, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is to improve, manage and operate  
real property.

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 1414 Atwood Avenue, Johnston, RI 02919

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

| Name                     | Office                | Address (including number, street, zip code) |
|--------------------------|-----------------------|--|
|                          | Director              |  |
|                          | Director              |  |
|                          | Director              |  |
| <u>Alfred Carpionato</u> | <u>President</u>      | <u>1414 Atwood Ave., Johnston, RI 02919</u>  |
| <u>same</u>              | <u>Vice President</u> | <u>same</u>                                  |
| <u>same</u>              | <u>Secretary</u>      | <u>same</u>                                  |
| <u>same</u>              | <u>Treasurer</u>      | <u>same</u>                                  |

SEVENTH: Number of Shares authorized:

| No. of Shares | Class         | Series | Par Value or statement that shares are without par value |
|---------------|---------------|--------|--|
| <u>100</u>    | <u>Common</u> |        | <u>No Par Value</u>                                      |

EIGHTH: Number of Shares issued:

| No. of Shares | Class         | Series    | Par Value or statement that shares are without par value |
|---------------|---------------|-----------|--|
| <u>100</u>    | <u>Common</u> | <u>--</u> | <u>No Par Value</u>                                      |

**PAID**  
**MAY 11 1992**  
**SECY OF STATE**

Dated Feb 26, 19 92

Integrated Properties II, Inc.

(Name of Corporation)

By Alfred Carpionato

Title President

(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 0019955 Annual Report for the year 1990 **AT**

FIRST: The name of the corporation is INTEGRATED PROPERTIES II, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is improve, manage and operate  
real property

FOURTH: If foreign corporation, address of its principal office.....

FIFTH: Business address in Rhode Island 1414 Atwood Avenue, Johnston, RI 02919

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

| Name              | Office         | Address (including number, street, zip code) |
|-------------------|----------------|--|
| .....             | Director       | .....  |
| .....             | Director       | .....  |
| .....             | Director       | .....  |
| Alfred Carpionato | President      | 1414 Atwood Avenue, Johnston, RI 02919       |
| ..... same        | Vice President | ..... same                                   |
| Alfred Carpionato | Secretary      | 1414 Atwood Avenue, Johnston, RI 02919       |
| Alfred Carpionato | Treasurer      | 1414 Atwood Avenue, Johnston, RI 02919       |

SEVENTH: Number of Shares authorized:

| No. of Shares | Class  | PAID        | Par Value or statement that shares are without par value |
|---------------|--------|-------------|--|
| 100           | Common | MAR 15 1990 | No Par Value   |

EIGHTH: Number of Shares issued:

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

Dated 3/14/90 19 90

Integrated Properties II, Inc.  
(Name of Corporation)

By Alfred Carpionato  
Title President

(Report must be signed by an officer)

Filing Fee \$50.00

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

# State of Rhode Island and Providence Plantations

PJM

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0019956 Annual Report for the year 1991

FIRST: The name of the corporation is INTEGRATED PROPERTIES II, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is improve, manage and operate  
real property.

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 1414 Atwood Avenue, Johnston, RI 02919

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

| Name              | Office         | Address (including number, street, zip code) |
|-------------------|----------------|--|
|                   | Director       |  |
|                   | Director       |  |
|                   | Director       |  |
| Alfred Carpionato | President      | 1414 Atwood Avenue, Johnston, RI 02919       |
| same              | Vice President | same   |
| same              | Secretary      | same   |
| same              | Treasurer      | same   |

SEVENTH: Number of Shares authorized:

| No. of Shares | Class  | Series              | Par Value or statement that shares are without par value |
|---------------|--------|---------------------|--|
| 100           | Common | PAID<br>APR 24 1991 | No Par Value   |

EIGHTH: Number of Shares issued:

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

Dated 3/6/91 19 91

SEC'Y OF STATE

Integrated Properties II, Inc  
(Name of Corporation)  
By Alfred Carpionato  
Title President

(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 0019956 Annual Report for the year 1989

FIRST: The name of the corporation is INTEGRATED PROPERTIES II, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is improve, manage and operate real property

FOURTH: If foreign corporation, address of its principal office.....

FIFTH: Business address in Rhode Island 1414 Atwood Avenue, Johnston, RI 02919

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

| Name              | Office         | Address (including number, street, zip code)   |
|-------------------|----------------|--|
| .....             | Director       | .....  |
| .....             | Director       | .....  |
| .....             | Director       | .....  |
| Alfred Carpionato | President      | 1414 Atwood Avenue, Johnston, RI 02919         |
| Alfred Carpionato | Vice President | 1414 Atwood Avenue, Johnston, RI 02919         |
| Angelo R. Marocco | Secretary      | 105 Sockanosset Cross Road, Cranston, RI 02920 |
| Alfred Carpionato | Treasurer      | 1414 Atwood Avenue, Johnston, RI 02919         |

SEVENTH: Number of Shares authorized:

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

EIGHTH: Number of Shares issued:

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

STAMP: APR 03 1989

Dated March 1 19 89

INTEGRATED PROPERTIES II, INC.

(Name of Corporation)

By Alfred Carpionato  
Title President

(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  
270 WESTMINSTER MALL  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 19956 Annual Report for the year 1988

FIRST: The name of the corporation is INTEGRATED PROPERTIES II, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is improve, manage and operate real property

FOURTH: If foreign corporation, address of its principal office.....

FIFTH: Business address in Rhode Island 1414 Atwood Avenue, Johnston,  
Rhode Island 02919

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

| Name              | Office         | Address (including number, street, zip code) |
|-------------------|----------------|--|
| .....             | Director       | .....  |
| .....             | Director       | .....  |
| .....             | Director       | .....  |
| Alfred Carpionato | President      | 1414 Atwood Avenue, Johnston, RI 02919       |
| same              | Vice President | same   |
| Angelo R. Marocco | Secretary      | 105 Sockanosset Cross Road, Cranston, RI     |
| Alfred Carpionato | Treasurer      | 1414 Atwood Avenue, Johnston, RI 02919       |

SEVENTH: Number of Shares authorized:

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

EIGHTH: Number of Shares issued:

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

**PAID**  
**MAR 28 1988**  
**SECY OF STATE**

Dated February 5, 19 88

Integrated Properties II, Inc.  
(Name of Corporation)  
By Alfred Carpionato  
Title President

(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  
270 WESTMINSTER MALL  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID.....19956..... Annual Report for the year.....1987.....

FIRST: The name of the corporation is.....INTEGRATED PROPERTIES II, INC.....

SECOND: It is incorporated under the laws of.....Rhode Island.....

THIRD: Character of business, briefly stated, is.....improve, manage and operate real property.....

FOURTH: If foreign corporation, address of its principal office.....

FIFTH: Business address in Rhode Island 1414 Atwood Avenue, Johnston, Rhode Island 02919

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

| Name              | Office         | Address (including number, street, zip code)   |
|-------------------|----------------|--|
| .....             | Director       | .....  |
| .....             | Director       | .....  |
| .....             | Director       | .....  |
| Alfred Carpionato | President      | 1414 Atwood Avenue, Johnston, RI 02919         |
| " "               | Vice President | " " " " " "                                    |
| Angelo R. Marocco | Secretary      | 105 Sockanosset Cross Road, Cranston, RI 02920 |
| Guilio DeAngelis  | Treasurer      | 1414 Atwood Avenue, Johnston, RI 02919         |

SEVENTH: Number of Shares authorized:

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

EIGHTH: Number of Shares issued:

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

Dated July 19<sup>th</sup> 19 87

04/01/87 PAID 0304A001

ANRE 15.00  
CHEK 15.00

INTEGRATED PROPERTIES II, INC.  
(Name of Corporation)  
By Alfred Carpionato  
Alfred Carpionato  
Title President

ADA 29 1987

(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  
270 WESTMINSTER MALL  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 19956 Annual Report for the year 1986

FIRST: The name of the corporation is INTEGRATED PROPERTIES II, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is improve, manage and operate real property.

FOURTH: If foreign corporation, address of its principal office.....

FIFTH: Business address in Rhode Island 1414 Atwood Avenue, Johnston, RI, 02919

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

| Name              | Office         | Address (including number, street, zip code) |
|-------------------|----------------|--|
| .....             | Director       | .....  |
| .....             | Director       | .....  |
| .....             | Director       | .....  |
| Alfred Carpionato | President      | 1414 Atwood Avenue, Johnston, RI, 02919      |
| " "               | Vice President | " " " " " "                                  |
| Angelo R. Marocco | Secretary      | 215 Broadway, Providence, RI, 02903          |
| Giulio DeAngelis  | Treasurer      | 1414 Atwood Avenue, Johnston, RI, 02919      |

SEVENTH: Number of Shares authorized:

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

EIGHTH: Number of Shares issued:

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

02/25/86 PAID

Dated February 12 19 86

MAR 29 1986

(Report must be signed by an officer)

INTEGRATED PROPERTIES II, INC.  
(Name of Corporation)  
By Alfred Carpionato  
Title President

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 19956

Annual Report for the year 1985

FIRST: The name of the corporation is INTEGRATED PROPERTIES II, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is improve, manage and operate real property

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 1414 Atwood Avenue, Johnston, RI, 02919

SIXTH: Names and addresses of its directors and officers:

(Attach rider if necessary)

| Name              | Office         | Address (including number, street, zip code) |
|-------------------|----------------|--|
|                   | Director       |  |
|                   | Director       |  |
|                   | Director       |  |
| Alfred Carpionato | President      | 1414 Atwood Avenue, Johnston, RI, 02919      |
| " "               | Vice President | " " " " " "                                  |
| Angelo R. Marocco | Secretary      | 215 Broadway, Providence, RI, 02903          |
| Giulio DeAngelis  | Treasurer      | 1414 Atwood Avenue, Johnston, RI, 02919      |

SEVENTH: Number of Shares authorized:

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

EIGHTH: Number of Shares issued:

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

Dated February, 1985

INTEGRATED PROPERTIES II, INC.  
(Name of Corporation)

By Alfred Carpionato

Title President

(Report must be signed by officer)

**RECEIVED**  
**MAR 1985**