

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

I. Corporate ID No. 95357	2. Name of Corpor Bradley Rea	ation Estate Holding Gro	oup, Inc.			
3. Street Address Principal E	Business Office		City	State	Zip	
PO BOX 1435			NORTH SMITHFIELD	RI	02896-	
4. Bustness Phone No.		5. State of Incorpor	ation		6. SIC Code	
		RHODE ISLA	IND		5538	
<u> </u>	T IN AND HOLD T	ITLE AND OWNERSH	IP IN REALESTATE.		I	
<u>8. NAMES AND ADDR</u> ^P resident Name	ESSES OF THE OFF	ICERS ("X" BOX FOR	ATTACHMENT) FILE IN SPACE	S BEFORE USING AT	TACHMENTS	
	: m.a		Vice President Name			
Bradley LaFonta Street Address	ine		Bradley LaFontaine	<u> </u>		
			Street Address	_		
915 Sherman Far			.915 Sherman Farm I	Road		
City	State	Zip	City	State	Zip	
Harrisville	RI	02830	Harrisville	RI	02830	
ecretary Name			Treasurer Name			
Bradley LaFonta:	ine		Bradley LaFontaine			
Street Address			· Street Address			
915 Sherman Far	m Road		.915 Sherman Farm Road			
City	State	Zip	*City	State	Zip	
Harrisville	RI	02830	Harrisville	RI	02830	
9. NAMES AND ADDR	ESSES OF THE DIR	ECTORS ("X" BOX FO	OR ATTACHMENT)	ES BEFORE USING	ATTACHMENTS	
Director Name			Director Name			
Bradley LaFonta	ine		•			
Street Address	·· •		Street Address			
915 Sherman Far	m Poad		•			
City		12:-	Cin	Toran	[2/-	
Harrisville	State	<i>Zip</i> 02830	·City	State	Zip	
	RI	102830		. l]	
Director Name			• Director Name			
		· · · · · · · · · · · · · · · · · · ·	•			
Street Address			· Street Address			
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2117	J. 100 100 100 100 100 100 100 100 100 10	Zip	•	State	Zip	
10. SHARES AUTHOR	(IZEI) ("X" ROY FOR	ATTACHMENT)	11 CHARFE ICCUEN /#V# DA	 Y FOR ATTACUMEN	<u> </u>	
AUTHORIZED SHARES	TA BOX FOR	<u>/////////////////////////////////</u>	II. SHARES ISSUED ("X" BOX FOR ATTACHMENT)			
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value	
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This report must be si	gned in ink by eithe	r the President, Vic	e President, Secretary, Assistan	Secretary, Treasi	urer, Receiver or	
			•	•		
18 (818) 6116	- 11161 61111 183					
9 5	3 5 7		Under penalty of perjury,	I declare and affirm	that I have examine	

95357 DBC 02/03/05 06:12:43 PM File Date_ Check No. FOR SECRETARY OF

this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Bradley LaFortaine

PRESIDENT Title of Officer

Form 630 12/01



Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK) 2. Name of Corporation 1. Corporate ID No. Bradley Real Estate Holding Group, Inc. 95357 3. Street Address Principal Business Office State Zip PO BOX 1435 NORTH SMITHFIELD RI 02896-6. SIC Code 5. State of Incorporation 4. Business Phone No. 5538 RHODE ISLAND 7. Brief Description of the Character of Business Conducted in Rhode Island TO DEVELOP, INVEST IN AND HOLD TITLE AND OWNERSHIP IN REALESTATE. 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name .Bradley LaFontaine Bradley LaFontaine Street Address Street Address .915 Sherman Farm Road 915 Sherman Farm Road City State State ZiD Zip 02830 Harrisville RI 02830 Harrisville RI Treasurer Name Secretary Name Bradley LaFontaine Bradley LaFontaine * Street Address Street Address 915 Sherman Farm Road 915 Sherman Farm Road City State City State Zip Zip RΙ Harrisville RI 02830 .Harrisville 02830 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name Bradley LaFontaine Street Address Street Address 915 Sherman Farm Road ·City State Zıp Cin State Zip 02830 Harrisville RI Director Name Director Name Street Address ·Sireei Address City ZΙρ Sale State . City Zıp 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES **AUTHORIZED SHARES** Par Value Par Value Number of Shares Class/Series Number of Shares Class/Series COMMON NO PAR VALUE 500 COMM NO PAR VALUE 500 This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

9 5 3 5 7	Under penalty of perjury, I declare ar this report, including any accompany
95357 DBC 91/19/04 10:55:14 AM	and that all statements contained here
File Date 3404	Supplied of College of July
Check No. 27408	BANGLE S/ Lafar faine
By: 18,	Print or Type Rame of Officer
FOR SECRETARY OF STATE USE ONLY	The of Officer

id affirm that I have examined ing schedules and statements, cin are true and correct.

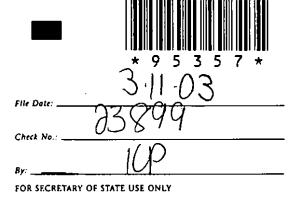
Form 630 12/01

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

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

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Bradley Real E			_	
ce	state Holding Group, me		_	
35			State	Zip
		N. Smithfi	eld RI	02896
	5. State of Incorporation			6. SIC Code
Business Conducted In R	RHODE ISLAND			5538
				HMENTS
ine		Bradley LaFon	taine	
	Z(p	915 Sherman F	arm Rd.	Zip
RI	02830	Harrisville Treasurer Name	RJ.	
ine		Bradley LaFon	taine	
m Rd. State	Zip	915 Sherman F	arm Rd.	Zip
	02830 TORS (*x* box for atta	Harrisville CHMENT) FILLIN SPACE Director Name	RI S BEFORE USING ATTA	02830 ACHMENTS
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m Dd ·		Jireet Maartin		
	Zip	City	State	Zip
RI	02830	Director Name		
		Street Address		
State	Zip	City	State	Zip
"X" BOX FOR ATTAC	HMENT)	11. SHARES ISSUED (* ISSUED SHARES	"X" BOX FOR ATTACHMENT	r) .
Class/Series	Par Value	Number of Shares	Class/Series	Par Value
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1	in and he in a man and he in	RHODE ISLAND Pusiness Conducted in Rhode Island in and hold title and GOF THE OFFICERS (*x* BOX FOR ATTACH ine m Rd. State Zip RI 02830 ine m Rd. State Zip RI 02830 GOF THE DIRECTORS (*x* BOX FOR ATTACH ine m Rd. State Zip RI 02830 State Zip RI 02830 State Zip RI 02830	RHODE ISLAND Pusiness Conducted in Rhode Island in and hold title and ownership in resources ("X" BOX FOR ATTACHMENT) FILL IN SPACES (Vice President Name) ine Bradley LaFon Street Address m Rd. 915 Sherman Folly RI 02830 Harrisville Treasure Name ine Bradley LaFon Street Address m Rd. 915 Sherman Folly RI 02830 Harrisville Treasure Name ine Bradley LaFon Street Address m Rd. 915 Sherman Folly RI 02830 Harrisville Office of Street Address m Rd. 915 Sherman Folly RI 02830 Harrisville Office of Name Street Address m Rd. State Zip City RI 02830 Director Name Street Address M Rd. State Zip City TY'S BOX FOR ATTACHMENT) 11. SHARES ISSUED ("SWED SHARES") State Zip City TY'S BOX FOR ATTACHMENT) 11. SHARES ISSUED ("SWED SHARES") Class/Series Par Value Number of Shares	RHODE ISLAND The and hold title and Ownership in real estate OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENT) IN Address The Bradley LaFontaine MRd. 915 Sherman Farm Rd. City State RI 02830 Harrisville RI. Treasuret Name Ine Bradley LaFontaine MRd. 915 Sherman Farm Rd. City State Ine Bradley LaFontaine Street Address MRd. 915 Sherman Farm Rd. City State RI 02830 Harrisville RI OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENT) Ine Street Address MRd. City State The City State State Zip City State State Zip City State State Zip City State The Ci

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.

BLADIEY LATARITATIVE

Form 630 12/02



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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

STOP
PLEASE READ INSTRUCTIONS

Filing Period: Januar	y 1-March 1 •	Filing Fee: \$50.00			PLEASUR INSTRUCT
FORM MUST BE TYPED IN BL.	ACK)				
I. Corporate ID No.	2. Name of Corporati	on			
95357	Bradley Real	Estate Holding Group, Inc	C.		
3. Street Address Principal Busines:			City	State	Zip
PO Box 1435			N. Smithfield	RI	02896
4. Business Phone No.		5. State of Incorporation RHODE ISLAND			6. SIC Code 5538
7. Brief Description of the Characte	er of Business Conducted in	Rhode Island			
Develop, inve	est in and h	old title and	ownership in re-	al estate	
B. NAMES AND ADDRES President Name	SSES OF THE OFFIC	CERS ("X" BOX FOR ATTACH	IMENT) FILL IN SPACES BE Vice President Name	FORE USING ATTAC	HMENTS
Bradley LaFor Street Address 915 Sherman F			Bradley LaFo		
_{Cuy} Harrisville	State RI	^{2ip} 02830	City Harrisville	State RI	^{Ζίρ} 02830
Secretary Name	•		Treasurer Name	•	•
Bradley LaFor	ntaine		Bradley LaFon	taine	
Street Address			Street Address		
915 Sherman B	Parm Rd.		915 Sherman F	arm Rd.	
City	State	Zip	City	State	Zip
Harrisville	RI	02830	Harrisville	RI	02830
9. NAMES AND ADDRES	SSES OF THE DIRE			BEFORE USING ATTA	
Bradley LaFor	ntaine		•		
itreet Address			Street Address		
915 Sherman E	Parm Rd.				
Sity	State	Zip	City	State	Zip
Harrisville	RI	02830	•		
Director Name	- ,		Director Name		
Street Address	·		Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZE	ED ("x" BOX FOR ATTAC	CHMENT)	11. SHARES ISSUED ("X"	BOX FOR ATTACHMENT)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
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This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date: 3-5.02

Check No.: 20248

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 begin are true and correct

Signature of Officer

Print of Pone Name of Pone Name of Officer

Print of Pone Name of Pone Name

Title of Officer

Form 630 12/01

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

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FORM MUST BE TYPED IN B		to-	_		
. Corporate ID No. 95357	2. Name of Corporat Bradley R		ing Group, Inc.		
. Street Address Principal Busin	ess Office		City	State	Zip
435 Wood Aven Business Phone No.	iue ·	S. State of Incorporation RHODE ISLA		R1	02895 6. sic code 5538
. Brief Description of the Chara	cter of Business Conducted in	Rhode Island			
Buelop, inves B. NAMES AND ADDRI Tesident Name	•		Ownership in real CHMENT) FILLIN SPACES E Vice President Name	l estate BEFORE USING ATTA	CHMENTS
Bradley LaFon	ıtaine		Bradley LaF	ontaine	•
15 Sherman Fa	rm Rd.	Zip	915 Sherman 1	Farm Rd.	Zip
ecretary Name	R 1	02830	Harrisville Treasurer Name	RI 	02830
Bradley LaFont	aine	1	Bradley LaFon Street Address	taine	
)15 Sherman Fa	rm Rd. State	Zip	915 Sheman F	arm. Rd.	Zip
arrisville D. NAMES AND ADDR!	RI ESSES OF THE DIRE	02830 CTORS ("X" BOX FOR AT	Harrisville TACHMENT) FILL IN SPACE Director Name	R1 S BEFORE USING ATT	02830 CACHMENTS
Bradley LaFon	taine		Street Address		- - <u>-</u> -
915 Sherman F	arm Rd,				
Sity	State	Zip	City	State	Zip
Harrisville Director Name	RI	02830	Director Name		•• .·
treet Address			Street Address		
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O. SHARES AUTHORIZ	ZED ("X" BOX FOR ATTA	ACHMENT)	11. SHARES ISSUED (*.	X° BOX FOR ATTACHMEN	T)
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500 COMM NO PA	R VALUE		-0-		

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



FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined

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

iling Period:	January 1-March	1 -	Filing Fec: \$50.00	
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(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

2. Name of Corporation

95357

Bradley Real Estate Holding Group, Inc.

3. Street Address Principal Business Office

State

02895

435 Wood Avenue

5. State of Incorporation

RI

4. Business Phone No.

RHODE ISLAND

6. SIC Code 5538

Zip

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

Develop, invest in and hold title and ownership in real estate

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

President Name

Bradley LaFontaine

Street Address

915 Sherman Farm Rd.

City Harrisville

Harrisville

State

RI

Zip 02830

Bradley LaFontaine Street Address

Woonsocket

Vice President Name

Barrisville

915 Sherman Farm Rd. City

915 Sherman Farm Rd.

RΙ

02830

Secretary Name Treasurer Name Bradley LaPontaine Bradley LaFontaine

915 Sherman Farm Rd.

RI

02830

^{Cliy} Harrisville

Street Address

Zip 02830

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

Director Name

Bradley LaFontaine

City

915 Sherman Farm Rd.

State

City

State

Zip

Harrisville RI 02830 Director Name

Director Name

Street Address

Street Address

State

State

Zio

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

AUTHORIZED SHARES

Number of Shares

Class/Series

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

ISSUED SHARES

Number of Shares

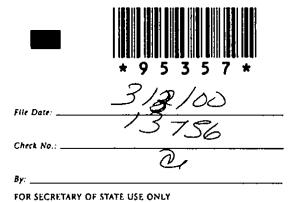
Class/Serles

Par Value

500 COMM NO PAR VALUE

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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.

Title of Officer



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

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

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		City	State	Zip
		Woonsocket	RI	02895
Ξ.	5 State of Incorporation		/	6. SIC Code
				5538
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taine		:	aine	
		Street Address		
arm Rd.		915 Sherman Fa		
. State	Zip	City		Zip
RI	02830	Harrisville Treasurer Name	. i RI	02830
taine		Bradley LaFont	aine	
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aine arm Rd.		Street Address		
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		Director Name		
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 1ed in ink by eith	er the President, Vice I	President, Secretary, Assist	ant Secretary, Treasu	rer, Receiver or Tr
	2. Name of Corporation Bradley Record of Business Conducted is set in and hisses of the Office arm Rd. State RI State RI SSES OF THE DIRI aine arm Rd. State RI State	Bradley Real Estate Holding Ground Coffice 18 S State of Incorporation RHODE ISLANG RHODE ISLANG State in and hold title and of SSES OF THE OFFICERS ("X" BOX FOR ATTACK taine arm Rd. State Zip RI 02830 taine arm Rd. State Zip RI 02830 SSES OF THE DIRECTORS ("X" BOX FOR ATTACK aine arm Rd. State Zip RI 02830 SSES OF THE DIRECTORS ("X" BOX FOR ATTACK aine arm Rd. State Zip RI 02830 SSES OF THE DIRECTORS ("X" BOX FOR ATTACK aine arm Rd. State Zip RI 02830 State Zip RI 02830	Bradley Real Estate Holding Group, Inc. Office IE Solution of June Production Research of June Product of Moonsocket Solution of Business Conducted in Rhode Island Solution and hold title and ownership in real solutions of the Officers ("X" BOX FOR ATTACHMENT)" FILL IN SPACES BE estaine Bradley LaFont Street Address Arm Rd. State Arm Rd. Arm Rd. State Arm Rd. State Arm Rd. Arm Rd. Arm Rd. State Arm Rd. State Arm Rd. State Arm Rd. Arm Rd.	Bradley Real Estate Holding Group, Inc. Office Dradley Real Estate Holding Group, Inc. Office State of Incorporation RHODE ISLAND The Business Conducted in Rhode Island Set in and hold title and Ownership in real estate SES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL INSPACES BEFORE USING ATTACH Laine Bradley LaFontaine Street Address ATTACHMENT State ATTACHMENT State ATTACHMENT State ATTACHMENT STATE Bradley LaFontaine Street Address ATTACHMENT FILL INSPACES BEFORE USING ATTACHMENT State ATTACHMENT FILL INSPACES BEFORE USING ATTACHMENT FILL

is report must be signed in ink by either the Preside	ent, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee
* 9 5 3 5 7 *	Under penalty of perjury, I declare and affirm that I have examined
File Date:	this report, including any accompanying schedules and statements, and that all statements contained hereignare true and correct.
Check No.:	BRANES (afoly faire Print or Type Name of Officer
FOR SECRETARY OF STATE USE ONLY	Title of Office



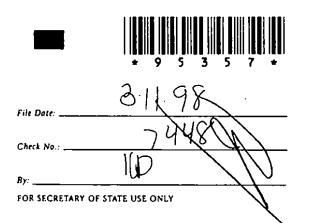
James R. Langevin, Secretary of State . t. Corporations Division 100 North Main Street Providence, RI 02903-1335

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

(FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 95357 Bradley Real Estate Holding Group, Inc. 3. Street Address Principal Business Office Zio 02895 435 Wood Avenue Woonsocket RI 4. Business Phone No. S. State of Incorporation 6. SIC Code RHODE ISLAND 5538 7. Brief Description of the Character of Business Conducted in Rhode Island To develop invest in and hold title and ownetship in real estate 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) President Name Vice President Name **Bradley LaFontaine** Bradley LaFontaine Street Address Street Address 915 Sherman Farm Rd. 915 Sherman Farm Rd. City City RI 02830 02830 Harrisville Harrisville, RI Secretary Name Treasurer Name Bradley LaFontaine **Bradley LaFontaine** Street Address Street Address 915 Sherman Farm Rd. 915 Sherman Farm Rd. City City Zip 02830 02830 Harrisville RI RI Harrisville 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name Bradley LaFontaine Street Address Street Address 915 Sherman Farm Rd. City State City 210 02830 RI Harrisville 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

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

-0-



500 COMM NO PAR VALUE

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.

Title of Office