Form 630 12/01

Luice of the Secretary of State

## FIT CORPORATION ANNUAL REPORT FOR THE YEAR \_ gg Period: January 1 - March 1 • Filing Fee: \$50.00

## Problem of the Character of Business Conducted in Rhode Island    Brief Description of the Character of Business Conducted in Rhode Island   To own, invest, and manage all types of real estate and real estate interests.   B. NAMES AND ADDRESSES OF THE OFFICERS (** BOX FOR ATTACHMEND**)	1. Corporate ID No.	RLACK) 2. Name of Corpo				
Providence   RI   02903			ed Ninety Five Corpo	oration		
Business Phane Na				City	State	Zip
## Problem of the Character of Business Conducted in Rhode Island    Brief Description of the Character of Business Conducted in Rhode Island   To own, invest, and manage all types of real estate and real estate interests.   B. NAMES AND ADDRESSES OF THE OFFICERS (** BOX FOR ATTACHMEND**)		reet		Providence	RI	02903
Brief Description of the Character of Business Conducted in Rhode Island To own, invest, and manage all types of real estate and real estate interests.  R. NAMES AND ADDRESSES OF THE OFFICERS (** BOX FOR ATTACHMEND) DILL IN SPACES BEFORE USING ATTACHMENTS (**)  President Name    Domenic Gautieri	4. Business Phone No.		5 State of Incorpora	ation		6 SIC Code
Re NAMES AND ADDRESSES OF THE OFFICERS (X" BOX FOR ATTACHMENT). LELL INSPACES BEFORE USING ATTACHMENTS. President Name  Domenic Gautieri Vice President Name  Domenic Gautieri Jr.  Saic Zip City State  Providence RI 02903 Providence RI 02903  Providence RI 02903 Providence RI 02903  Providence RI Domenic Gautieri  President Name  Domenic Gautieri Vice Vice Vice Vice Vice Vice Vice Vic	401-521 <b>-</b> 3100		Rhode Island			İ
R. NAMES AND ADDRESSES OF THE OFFICERS (X BOX FOR ATTACHMEND)   FILL IN SPACES BEFORE USING ATTACHMENTS (President Name)	7 Brief Description of the Char	acter of Business Co.	nducted in Rhode Island			
Vice Providence  RI   02903   Providence   RI   02903   Providence   RI   02903    Street Address   Street Address   Street Address    Street Address   Street   State   Zip   City   State   Zip   02903    Revelue, Name   Domenic Gautieri    Street Address   Street Address   Street Address    Street Address   State   Zip   City   State   Zip    Providence   RI   02903   Providence   RI   02903    Street Address   Street Address    Street Address   State   Zip   City   State   Zip    Providence   RI   02903   Providence   RI   02903    Providence   RI   02903   Providence   RI   02903    Street Address   Street Address    Street Address   State   State   State   State    State   State   State   State   State   State    State   State   State   State   State    State   State   State   State   State    State   State   State   State   State   State    State   State	To own, invest, and	manage all	ypes of real est	ate and real estate int	erests.	
Vice Providence  RI   02903   Providence   RI   02903   Providence   RI   02903    Street Address   Street Address   Street Address    Street Address   Street   State   Zip   City   State   Zip   02903    Revelue, Name   Domenic Gautieri    Street Address   Street Address   Street Address    Street Address   State   Zip   City   State   Zip    Providence   RI   02903   Providence   RI   02903    Street Address   Street Address    Street Address   State   Zip   City   State   Zip    Providence   RI   02903   Providence   RI   02903    Providence   RI   02903   Providence   RI   02903    Street Address   Street Address    Street Address   State   State   State   State    State   State   State   State   State   State    State   State   State   State   State    State   State   State   State   State    State   State   State   State   State   State    State   State	8. NAMES AND ADDRES	SES OF THE OF	FICERS ("X" BOX FOR	ATTACHMENT) [] FILL IN SPACE	ES BEFORE USING A	TACHMENTS
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Providence RI 02903 Providence RI 02903  Providence RI 02903 Providence RI 02903  Providence Secretary Name  Louis S. Gautieri, Cr. Domenic Gautieri  Sireet Address  81 Troy Street  Sireet Address  81 Troy Street  O2903 Providence RI 02903  Providence RI 02903 Providence RI 02903  Providence RI 02903 Providence RI 02903  Providence RI 02903 Providence RI 02903  Providence Sireet Address  Sireet Address  Sireet Address  Sireet Address  Outcome RI 02903 Providence RI 02903  Providence RI 029						
Treasurer Name  Louis S. Gautieri, Jr.  Domenic Gautieri Street Address  Street Address  81 Troy Street  Street Street  Street Address  9. NAMES AND ADDRESSES OF THE DIRECTORS CX BOX FOR ATTACHMENT LIFTLE, IN SPACES BEFORE USING ATTACHMENTS  Director Name  Marvin Homonoff, Esquire  Street Address  Street Address  Street Address  Street Address  Director Name  As you hain Street  Street Address  Director Name  City  State  Providence  RI  02903  Providence	City				1	
Domenic Gautieri  Street Address  Street Addre		·RI	02903		RI	02903
Street Address  B1 Troy Street  B1 D2903 Providence RI 02903  PNAMES AND ADDRESSES OF THE DIRECTORS (X BOX FOR ATTACHMENT)   FULL IN SPACES BEFORE USING ATTACHMENTS  Director Name  Marvin Homonoff, Esquire  Karen Gilson  Street Address  Street Address  Street Address  Street Address  Street Address  Director Name  Director Name  State  Tip  Providence RI 02903 Providence RI 02903  Director Name  Street Address  State  Zip  Zip  Zip  Zip  Zip  Zip  Zip  Zi	,	7		•		
State   Zip   City   State   Zip   O2903   Providence   RI   O2903   Providence   Street Name   Karen Gilson   Street Address   RI   O2903   Providence   Street Address   Street Addr		, UT.				
State   Zip   O2903   Providence   RI   O290						
Providence RI 02903 Providence RI 02903  9. NAMES AND ADDRESSES OF THE DIRECTORS (**** BOX FOR ATTACHMENT)   FQL IN SPACES BEFORE USING ATTACHMENTS Director Name  Marvin Homonoff, Esquire Karen Gilson  Street Address 369 South Main Street 369						
9. NAMES AND ADDRESSES OF THE DIRECTORS (XY BOX FOR ATTACHMENT)   YQL, IN SPACES BEFORE USING ATTACHMENTS  Director Name Marvin Homonoff, Esquire  M	City		, ,			1 '
Director Name   Director Name   Karen Gilson		•				
Marvin Homonoff, Esquire  Street Address 369 South Main Street 369	19. NAMES AND ADDRES	SES OF THE DI	LECTORS ("X" BOX FO		ACES BEFORE USING	<u>ATTACHMENTS</u>
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Providence RI 02903 Providence RI 02903  Director Name  Street Address  Street Address  City State Zip  10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)   II. SHARES ISSUED ("X" BOX FOR ATTACHMENT)   III. SHARES ISSUED ("X" BOX FOR ATTACHMENT   III. SHARES ISSUED ("X" BOX FOR ATTACHMENT   III. SHARES ISSUED ("X" BOX FOR ATTACHMENT   III. SHARES	ing the extreme transfer and a second			<del></del>	<del></del>	
Director Name    Director Name	·City · Providence	•		•		i
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his report must be <b>signed in ink</b> by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Tru						
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his report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or True		, , ,				
this report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or True  1 2 0 9 5 8  Under penalty of perjury, I declare and affirm that I have examined			<del></del>			
this report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or True  1 2 0 9 5 8  Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements,	, ,	C		and mar art statements	contained herein are th	ue and correct.
this report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or True  1 2 0 9 5 8  Under penalty of perjury, I declare and affirm that I have examined	File Date	8-05		() men	e Mante	1/10/
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.	~10		_		7 0000	Date 2/18/
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.  File Date  2. 28.05   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.	Check No.	3 <b>5</b>	j			i zui c
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.  Signature of Officer  Date		`	- 1			<del> </del>
this report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Truestary, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.  Signature of Officer  Date  Domenic Gautieri	ı	1.	i .	Print or Type Name of O	fficer	
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.    Signature of Officer   Date	Bv:				,,	
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.    Signature of Officer   Date	$B_{\underline{Y}}$		_		,,	

Title of Officer



1. Corporate ID No.

Filing Period: January 1 - March 1

(FORM MUST BE TYPED OR PRINTED IN BLACK)

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Stre Providence, RJ 02903-13: 401.222.30

Form 630 Rev. 12/03

2004

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR \_\_\_ • Filing Fee: \$50.00

2. Name of Corporation

120958 Nine Hundred Ninety Five Corporation 3 Street Address Principal Business Office State Providence RI 02903 369 South Main Street 4. Business Phone No 5. State of incorporation 6. SIC Code 401-521-3100 RHODE ISLAND 7. Brief Description of the Character of Business Conducted in Rhode Island TO OWN, INVEST, AND MANAGE ALL TYPES OF REAL ESTATE AND REAL ESTATE INTERESTS. FILL IN SPACES BEFORE USING ATTACHMENTS 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) President Name Vice President Name Louis S. Gautieri Domenic Gautieri Street Address Sircel Address 81 Troy Street 81 Troy Street City State State Providence | 02903 RI 02903 Providence | RI Secretary Name Treasurer Name Domenic Gautieri Louis S. Gautieri Street Address Street Address 81 Troy Street 81 Troy Street City ZIP State Zip City 02903 02903 Providence RI RI 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" ROX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name Marvin Homonoff, Esquire Karen Gilson Street Address Street Address 369 South Main Street 369 South Main Street City City Z(b 02903 02903 Providence Providence Director Name Director Name Street Address Street Address Cin State Zip City State Zip 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) **AUTHORIZED SHARES** ISSUED SHARES Par Value Number of Shares Class/Series Par Value Number of Shares Class/Series No Par 1,000 Common 1.000 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 repo including any accompanying schedules and statements, and that all stateme contained herein are true and correct. D-04 File Date Signature of Officer Check No. Domenic Gautieri Print or Type Name of Officer President FOR SECRETARY OF STATE USE ONLY

Title of Officer

Edward S. Inman, III, Secretary of Sta Corporations Divisic 100 North Main Street, Providence, RI 02903-133 401-222-304

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

12

Filing Period: January 1-March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 120958 **Nine Hundred Ninety Five Corporation** 3. Street Address Principal Business Office City State 210 369 South Main Street Providence RI 02903 4. Business Phone No. 5. State of Incorporation 6. SIC Code 1-401-521-3100 RHODE ISLAND 7. Brief Description of the Character of Business Conducted in Rhode Island To own, invest, and manage all types of real estate and real estate interests and for any other legal purpose whatsoever. 8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Louis S. Gautieri Domenic Gautieri Street Address Street Address 81 Troy Street 81 Troy Street City State State Zip 02903 02903 Providence RI RI Providence, Treasurer Name Secretary Name Domenic Gautieri Louis S. Gautieri Street Address Street Address 81 Troy Street 81 Troy Street Zip City State 02903 02903 Providence RI Providence RT **FILL IN SPACES BEFORE USING ATTACHMENTS** 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name Director Name Marvin Homonoff, Esquire Karen Gilson Street Address Street Address 369 South Main Street 369 South Main Street City State Zip State Zip 02903 02903 Providence RI Providence, 32 RI Director Name Director Name Street Address Street Address State 7.lp CIN State Zip 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES AUTHORIZED SHARES

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

Number of Shares

1,000

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Class/Series

Par Value

Number of Shares

1.000 NO PAR VALUE

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

Class/Series

Common

Carrie Harry

mature of Officer

Domenic Gautieri
Print or Type Name of Officer

President

Title of Officer

Ferni 630 12/02

Par Value

No Par

Edward S. Inman, III, Secretary of Stat Corporations Division 100 North Main Street, Providence, RI 02903-133; 401-222-304

PROFIT CORF Filing Period: Januar			PORT FOR THE	YEARZU	UZ PIJAS INSTR
(FORM MUST BE TYPED IN BL	ACK)	•			(mean)
1. Corporate ID No.	2. Name of Corpore	ıtion			
120958	•	red Ninety Five Corporation	n		
3. Street Address Principal Busines		ou mility i ivo corporation	City	State	Zip
369 South Ma:	in Street		Providence	RI	02903
4. Business Phone No.		5. State of Incorporation			6. SIC Code
1-401-521-31	00	RHODE ISLAND	<b>)</b>		
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President Name	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ICERS ( A BOATON ATTAC	Vice President Name	STORE OSHIO ATTA	CHMENTS
Domenic Gaut:	ieri		Louis S. Gau	tieri	
Street Address		•	Street Address		
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City	State	Zip	City	State	Zip
Providence	RI	02905	Providence	RI	02905
Secretary Name	•		Treasurer Name		
Louis S. Gau	tieri Sr.		Domenic Gaut:	ieri	
Street Address			Street Address		
81 Troy Stree	et		81 Troy Stree	et	
City	State	Zip .	City	State	Zip
Providence	RI	02905	Providence	RI	02905
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Marvin Homono	off, Esquir	:e	Karen Gilson Street Address		
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Providence	RI	02903	Providence	RI	02903
Oliector Name	<del>-</del>		Director Name		
treet Address			Street Address		
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This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

1,000



File Date:	2-28-02	
Check No.:	6691	
Au-	Ži.	

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.

Common

Signature of Officer

Domenic Gautieri Print or Type Name of Officer

President

Title of Officer **←>** 5

Ferm 630 12/01

No Par