

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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

FORM MUST BE TYPED IN BLACK

1. Corporate ID No. 120958		2. Name of Corporation Nine Hundred Ninety Five Corporation		
3. Street Address Principal Business Office 369 South Main Street		City Providence	State RI	Zip 02903
4. Business Phone No. 401-521-3100		5. State of Incorporation Rhode Island		6. SIC Code
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.				

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

President Name Domenic Gautieri			Vice President Name Louis S. Gautieri, Jr.		
Street Address 81 Troy Street			Street Address 81 Troy Street		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Secretary Name Louis S. Gautieri, Jr.			Treasurer Name Domenic Gautieri		
Street Address 81 Troy Street			Street Address 81 Troy Street		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903

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

Director Name Marvin Homonoff, Esquire			Director Name Karen Gilson		
Street Address 369 South Main Street			Street Address 369 South Main Street		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
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
1,000	No Par Value		1,000	Common	No Par

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



1 2 0 9 5 8

File Date	2.28.05
Check No.	735
By:	<i>[Signature]</i>
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.

<i>Domenic Gautieri</i>	
Signature of Officer	Date 2/18/05
Domenic Gautieri	
Print or Type Name of Officer	
President	
Title of Officer	



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

Corporations Division
100 North Main Street
Providence, RI 02903-1330
401.222.3030

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. 120958		2. Name of Corporation Nine Hundred Ninety Five Corporation			
3. Street Address Principal Business Office 369 South Main Street			City Providence	State RI	Zip 02903
4. Business Phone No 401-521-3100		5. State of Incorporation RHODE ISLAND			6. SIC Code
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.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Domenic Gautieri			Vice President Name Louis S. Gautieri		
Street Address 81 Troy Street			Street Address 81 Troy Street		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Secretary Name Louis S. Gautieri Jr.			Treasurer Name Domenic Gautieri		
Street Address 81 Troy Street			Street Address 81 Troy Street		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Marvin Homonoff, Esquire			Director Name Karen Gilson		
Street Address 369 South Main Street			Street Address 369 South Main Street		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 NO PAR VALUE			1,000	Common	No Par

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



* 1 2 0 9 5 8 *

File Date 1-20-04
Check No. 7479
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 of Officer

Domenic Gautieri

Print or Type Name of Officer

President

Title of Officer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1333
401-222-3046

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.

120958

2. Name of Corporation

Nine Hundred Ninety Five Corporation

3. Street Address Principal Business Office

369 South Main Street

City

Providence

State

RI

Zip

02903

4. Business Phone No.

1-401-521-3100

5. State of Incorporation

RHODE ISLAND

6. SIC Code

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

Domenic Gautieri

Vice President Name

Louis S. Gautieri

Street Address

81 Troy Street

Street Address

81 Troy Street

City

Providence,

State

RI

Zip

02903

City

Providence

State

RI

Zip

02903

Secretary Name

Louis S. Gautieri

Treasurer Name

Domenic Gautieri

Street Address

81 Troy Street

Street Address

81 Troy Street

City

Providence

State

RI

Zip

02903

City

Providence

State

RI

Zip

02903

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

Director Name

Marvin Homonoff, Esquire

Director Name

Karen Gilson

Street Address

369 South Main Street

Street Address

369 South Main Street

City

Providence

State

RI

Zip

02903

City

Providence, RI

State

RI

Zip

02903

Director Name

Director Name

Street Address

Street Address

City

City

State

State

Zip

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

1,000 NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

1,000

Common

No Par

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



* 1 2 0 9 5 8 *

File Date: 3.3.03

Check No.: 7142

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.

Domenic Gautieri 2/25/03
Signature of Officer Date

Domenic Gautieri
Print or Type Name of Officer

President
Title of Officer

Form 630 12/02



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1331
401-222-3041

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.

120958

2. Name of Corporation

Nine Hundred Ninety Five Corporation

3. Street Address Principal Business Office

369 South Main Street

City

Providence

State

RI

Zip

02903

4. Business Phone No.

1-401-521-3100

5. State of Incorporation

RHODE ISLAND

6. SIC Code

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

Domenic Gautieri

Vice President Name

Louis S. Gautieri

Street Address

81 Troy Street

Street Address

81 Troy Street

City

Providence

State

RI

Zip

02905

City

Providence

State

RI

Zip

02905

Secretary Name

Louis S. Gautieri Jr.

Treasurer Name

Domenic Gautieri

Street Address

81 Troy Street

Street Address

81 Troy Street

City

Providence

State

RI

Zip

02905

City

Providence

State

RI

Zip

02905

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

Director Name

Marvin Homonoff, Esquire

Director Name

Karen Gilson

Street Address

369 South Main Street

Street Address

369 South Main Street

City

Providence

State

RI

Zip

02903

City

Providence

State

RI

Zip

02903

Director Name

Director Name

Street Address

Street Address

City

City

State

State

Zip

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

1,000 NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

1,000

Common

No Par

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



* 1 2 0 9 5 8 *

File Date: 2-28-02

Check No.: 60691

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 of Officer

Date

Domenic Gautieri

Print or Type Name of Officer

President

Title of Officer

5

Form 630 12/01