



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. **58370**  
2. Name of Corporation **Valley Brook Partners, Inc.**  
3. Street Address Principal Business Office **UNIT 5A**  
**1051 TEN ROD ROAD, P.O. Box 358**  
4. Business Phone No. **401-294-0020**  
5. State of Incorporation **RHODE ISLAND**

City **NORTH KINGSTOWN, RI** State **RI** Zip **02852**  
6. SIC Code **5710**

7. Brief Description of the Character of the Business Conducted in Rhode Island  
**ACQUISITION OF LAND AND DEVELOPMENT AND DEVELOPMENT**

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

President Name **ROBERT A. CIOE**  
Street Address **1051 TEN ROD RD, UNIT 5A - P.O. Box 358**  
City **NORTH KINGSTOWN, RI** State **RI** Zip **02852**

Vice President Name **JOHN M. CIOE**  
Street Address **1051 TEN ROD RD, UNIT 5A - P.O. Box 358**  
City **NORTH KINGSTOWN, RI** State **RI** Zip **02852**

Secretary Name **ROBERT A. CIOE**  
Street Address **1051 TEN ROD RD, UNIT 5A - P.O. Box 358**  
City **NORTH KINGSTOWN, RI** State **RI** Zip **02852**

Treasurer Name **ROBERT A. CIOE**  
Street Address **1051 TEN ROD ROAD - UNIT 5A - P.O. Box 358**  
City **NORTH KINGSTOWN, RI** State **RI** Zip **02852**

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

Director Name **ROBERT A. CIOE**  
Street Address **1051 TEN ROD ROAD, UNIT 5A - P.O. Box 358**  
City **NORTH KINGSTOWN, RI** State **RI** Zip **02852**  
Director Name **ROBERT R. CIOE**  
Street Address **1051 TEN ROD ROAD, UNIT 5A - P.O. Box 358**  
City **NORTH KINGSTOWN, RI** State **RI** Zip **02852**

Director Name **JOHN M. CIOE**  
Street Address **1051 TEN ROD ROAD, UNIT 5A, P.O. Box 358**  
City **NORTH KINGSTOWN, RI** State **RI** Zip **02852**

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

AUTHORIZED SHARES  
Number of Shares **20,000** Class/Series **\$0.01 PAR VALUE**

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

ISSUED SHARES  
Number of Shares **1000** Class/Series **COMMON** Par Value **0.01**

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



File Date: 3.11.02

Check No.: 1383

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 3/7/02

Print or Type Name of Officer ROBERT A. CIOE

Title 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. 58370		2. Name of Corporation VALLEY BROOK PARTNERS, INC.			
3. Street Address Principal Business Office 1031 TEN ROD ROAD, P.O. BOX 358		4. City NO. KINGSTOWN		5. State RI	6. Zip 02852
7. Business Phone No. 401-294-0020		8. State of Incorporation RHODE ISLAND			9. SIC Code 5710
10. Brief Description of the Character of Business Conducted in Rhode Island ACQUISITION AND DEVELOPMENT OF LAND AND PROPERTY					
11. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
12. President Name ROBERT A. CIOE			13. Vice President Name ROBERT R. CIOE		
14. Street Address 1031 TEN ROD ROAD, P.O. BOX 358		15. Street Address 1031 TEN ROD ROAD, P.O. BOX 358			
16. City NO. KINGSTOWN	17. State RI	18. Zip 02852	19. City NO. KINGSTOWN	20. State RI	21. Zip 02852
22. Secretary Name ROBERT A. CIOE			23. Treasurer Name ROBERT A. CIOE		
24. Street Address 1031 TEN ROD ROAD, P.O. BOX 358		25. Street Address 1031 TEN ROD ROAD, P.O. BOX 358			
26. City NO. KINGSTOWN	27. State RI	28. Zip 02852	29. City NO. KINGSTOWN	30. State RI	31. Zip 02852
12. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
32. Director Name ROBERT A. CIOE			33. Director Name JOHN M. CIOE		
34. Street Address 1031 TEN ROD ROAD, P.O. BOX 358		35. Street Address 1031 TEN ROD ROAD, P.O. BOX 358			
36. City NO. KINGSTOWN	37. State RI	38. Zip 02852	39. City NO. KINGSTOWN	40. State RI	41. Zip 02852
34. Director Name ROBERT R. CIOE			35. Director Name		
36. Street Address 1031 TEN ROD ROAD, P.O. BOX 358		37. Street Address			
38. City NO. KINGSTOWN	39. State RI	40. Zip 02852	41. City	42. State	43. Zip
13. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>			14. 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
20,000	COMMON	\$0.01	5000	COMMON	\$0.01

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

File Date: \_\_\_\_\_  
Check No.: FEB 26 2001  
By: 134110 CIOE  
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] 02/23/01  
Signature of Officer Date  
ROBERT A. CIOE  
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. **58370** 2. Name of Corporation **Valley Brook Partners, Inc.**  
3. Street Address Principal Business Office  
**1031 Ten Rod Road** City **North Kingstown** State **RI** Zip **02852**  
4. Business Phone No. **(401) 738-4700** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **5710**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Acquisition and development of land and property.**

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

President Name <b>Robert A. Cioe</b> Street Address <b>1031 Ten Rod Road</b> City <b>North Kingstown</b> State <b>RI</b> Zip <b>02852</b>	Vice President Name <b>Robert A. Cioe</b> Street Address <b>1031 Ten Rod Road</b> City <b>North Kingstown</b> State <b>RI</b> Zip <b>02852</b>
Secretary Name <b>Robert A. Cioe</b> Street Address <b>1031 Ten Rod Road</b> City <b>North Kingstown</b> State <b>RI</b> Zip <b>02852</b>	Treasurer Name <b>Robert A. Cioe</b> Street Address <b>1031 Ten Rod Road</b> City <b>North Kingstown</b> State <b>RI</b> Zip <b>02852</b>

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

Director Name <b>Robert A. Cioe</b> Street Address <b>1031 Ten Rod Road</b> City <b>North Kingstown</b> State <b>RI</b> Zip <b>02852</b>	Director Name <b>Anthony R. Cioe</b> Street Address <b>1031 Ten Rod Road</b> City <b>North Kingstown</b> State <b>RI</b> Zip <b>02852</b>
Director Name <b>Robert R. Cioe</b> Street Address <b>1031 Ten Rod Road</b> City <b>North Kingstown</b> State <b>RI</b> Zip <b>02852</b>	Director Name <b>John M. Cioe</b> Street Address <b>1031 Ten Rod Road</b> City <b>North Kingstown</b> State <b>RI</b> Zip <b>02852</b>

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

AUTHORIZED SHARES	Class/Series	Par Value
<b>20,000</b>	<b>Common</b>	<b>.01 Par Value</b>

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

ISSUED SHARES	Class/Series	Par Value
<b>5,000</b>	<b>Common</b>	<b>.01 Par Value</b>

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



\* 5 8 3 7 0 \*

File Date: **FILED**

Check No.: **MAR 01 2000**

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]** **2/25/00**  
Signature of Officer Date

**Robert A. Cioe**  
Print or Type Name of Officer

**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. 58370	2. Name of Corporation Valley Brook Partners, Inc.
3. Street Address Principal Business Office 1031 Ten Rod Road	City North Kingstown
4. Business Phone No. (401) 738-4700	State RI
5. State of Incorporation Rhode Island	Zip 02852
6. SIC Code 5710	

7. Brief Description of the Character of Business Conducted in Rhode Island  
Acquisition and development of land and property.

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

President Name Robert A. Cioe	Vice President Name Robert A. Cioe
Street Address 1031 Ten Rod Road	Street Address 1031 Ten Rod Road
City North Kingstown	City North Kingstown
State RI	State RI
Zip 02852	Zip 02852
Secretary Name Robert A. Cioe	Treasurer Name Robert A. Cioe
Street Address 1031 Ten Rod Road	Street Address 1031 Ten Rod Road
City North Kingstown	City North Kingstown
State RI	State RI
Zip 02852	Zip 02852

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

Director Name Robert A. Cioe	Director Name Anthony R. Cioe
Street Address 1031 Ten Rod Road	Street Address 1031 Ten Rod Road
City North Kingstown	City North Kingstown
State RI	State RI
Zip 02852	Zip 02852
Director Name Robert R. Cioe	Director Name John M. Cioe
Street Address 1031 Ten Rod Road	Street Address 1031 Ten Rod Road
City North Kingstown	City North Kingstown
State RI	State RI
Zip 02852	Zip 02852

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

AUTHORIZED SHARES	Class/Series	Par Value
20,000		no par value

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

ISSUED SHARES	Class/Series	Par Value
5,000	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: 2/24/99  
Check No.: 1302  
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] 2/24/99  
Signature of Officer  
Robert A. Cioe  
Print or Type Name of Officer  
President  
Title of Officer



**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. **58370** 2. Name of Corporation **Valley Brook Partners, Inc.**

3. Street Address Principal Business Office **65 Meadow Street** City **Warwick** State **RI** Zip **02887**  
4. Business Phone No. **401-738-4700** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **5710**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Acquisition and development of land and property.**

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

President Name <b>Robert A. Cioe</b> Street Address <b>65 Meadow Street</b> City <b>Warwick</b> State <b>RI</b> Zip <b>02887</b> Secretary Name <b>George A. Cioe</b> Street Address <b>65 Meadow Street</b> City <b>Warwick</b> State <b>RI</b> Zip <b>02887</b>	Vice President Name <b>George A. Cioe</b> Street Address <b>65 Meadow Street</b> City <b>Warwick</b> State <b>RI</b> Zip <b>02887</b> Treasurer Name <b>Robert A. Cioe</b> Street Address <b>65 Meadow Street</b> City <b>Warwick</b> State <b>RI</b> Zip <b>02887</b>
--	---

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

Director Name <b>Robert A. Cioe</b> Street Address <b>65 Meadow Street</b> City <b>Warwick</b> State <b>RI</b> Zip <b>02887</b>	Director Name <b>Anthony R. Cioe</b> Street Address <b>65 Meadow Street</b> City <b>Warwick</b> State <b>RI</b> Zip <b>02887</b>
Director Name <b>Robert R. Cioe</b> Street Address <b>65 Meadow Street</b> City <b>Warwick</b> State <b>RI</b> Zip <b>02887</b>	Director Name <b>John M. Cioe</b> Street Address <b>65 Meadow Street</b> City <b>Warwick</b> State <b>RI</b> Zip <b>02887</b>

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

AUTHORIZED SHARES	Class/Series	Par Value
<b>20,000 SHS</b>	<b>NO PAR</b>	<b>VAL</b>

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

ISSUED SHARES	Class/Series	Par Value
<b>5,000</b>	<b>Common</b>	<b>No Par</b>

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



File Date: 1/12/98  
Check No.: 1282  
By: KID

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] 1/5/98  
Signature of Officer Date  
George A. Cioe  
Print or Type Name of Officer  
Vice President  
Title of Officer

Annual Report of Valley Brook Partners, Inc.

Continued:

8. NAMES AND ADDRESSES OF THE OFFICERS - Continued					
Assistant Secretary					
Robert A. Cioe					
Street Address					
65 Meadow Street					
City	State	Zip Code			
Warwick	RI	02887			
9. NAMES AND ADDRESSES OF DIRECTORS - Continued					
Director Name			Director Name		
George A. Cioe			Richard J. Fontaine		
Street Address			Street Address		
65 Meadow Street			1408 Martinez Drive		
City	State	Zip Code	City	State	Zip Code
Warwick	RI	02887	Lady Lake	FL	32159-8755
Director Name			Director Name		
Charles S. Sokoloff					
Street Address			Street Address		
Eleven Thurber Boulevard					
City	State	Zip Code	City	State	Zip Code
Smithfield	RI	02917			



# 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. **58370** 2. Name of Corporation **Valley Brook Partners, Inc.**  
3. Street Address Principal Business Office **65 Meadow Street** City **Warwick** State **RI** Zip **02887**  
4. Business Phone No. **401-738-4700** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **5710**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Acquisition and development of land and property.**

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT)  
President Name **Robert A. Cioe** Vice President Name **George A. Cioe**  
Street Address **65 Meadow Street** Street Address **65 Meadow Street**  
City **Warwick** State **RI** Zip **02887** City **Warwick** State **RI** Zip **02887**  
Secretary Name **George A. Cioe** Treasurer Name **Robert A. Cioe**  
Street Address **65 Meadow Street** Street Address **65 Meadow Street**  
City **Warwick** State **RI** Zip **02887** City **Warwick** State **RI** Zip **02887**

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT)  
Director Name **Robert A. Cioe** Director Name **Anthony R. Cioe**  
Street Address **65 Meadow Street** Street Address **65 Meadow Street**  
City **Warwick** State **RI** Zip **02887** City **Warwick** State **RI** Zip **02887**  
Director Name **Robert R. Cioe** Director Name **John M. Cioe**  
Street Address **65 Meadow Street** Street Address **65 Meadow Street**  
City **Warwick** State **RI** Zip **02887** City **Warwick** State **RI** Zip **02887**

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  
**20,000 SHS NO PAR VAL** **5,000** **Common** **no par**

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



File Date: 1-22-97  
Check No.: 1273  
By: WPC / WMC

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: George A. Cioe Date: 1/14/97  
Print or Type Name of Officer: George A. Cioe  
Title of Officer: V. President

# 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 58370		2 NAME OF CORPORATION Valley Brook Partners, Inc.			
3 STREET ADDRESS PRINCIPAL BUSINESS OFFICE 65 Meadow Street		CITY Warwick		STATE RI	ZIP CODE 02887
4 BUSINESS PHONE NO (401) 738-4700		5 STATE OF INCORPORATION RHODE ISLAND			6 SIC CODE 5710

7 BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND  
Acquisition and development of land and property

8. NAMES AND ADDRESSES OF THE OFFICERS Continuation Sheet

PRESIDENT NAME Robert A. Cioe			VICE PRESIDENT NAME George A. Cioe		
STREET ADDRESS 65 Meadow Street			STREET ADDRESS 65 Meadow Street		
CITY Warwick	STATE RI	ZIP CODE 02887	CITY Warwick	STATE RI	ZIP CODE 02887
SECRETARY NAME George A. Cioe			TREASURER NAME Robert A. Cioe		
STREET ADDRESS 65 Meadow Street			STREET ADDRESS 65 Meadow Street		
CITY Warwick	STATE RI	ZIP CODE 02887	CITY Warwick	STATE RI	ZIP CODE 02887

9. NAMES AND ADDRESSES OF THE DIRECTORS Continuation Sheet

DIRECTOR NAME Robert A. Cioe			DIRECTOR NAME Anthony R. Cioe		
STREET ADDRESS 65 Meadow Street			STREET ADDRESS 65 Meadow Street		
CITY Warwick	STATE RI	ZIP CODE 02887	CITY Warwick	STATE RI	ZIP CODE 02887
DIRECTOR NAME Robert R. Cioe			DIRECTOR NAME John M. Cioe		
STREET ADDRESS 65 Meadow Street			STREET ADDRESS 65 Meadow Street		
CITY Warwick	STATE RI	ZIP CODE 02887	CITY Warwick	STATE RI	ZIP CODE 02887

10. SHARES AUTHORIZED AND ISSUED

AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
20,000 SHS	NO PAR VAL		5,000	Common	no par

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.

File Date:

2/29/96

Check No:

1299

By:

*[Signature]* / 40

For Secretary of State Use Only

Signature of Officer

*[Signature of George A. Cioe]*

GEORGE A. CIOE V.P.  
Print or Type Name of Officer

VICE PRESIDENT  
Title of Officer

Date



Annual Report of Valley Brook Partners, Inc.

Continued:

8. NAMES AND ADDRESSES OF THE OFFICERS - Continued					
ASSISTANT SECRETARY					
Robert A. Cioe					
STREET ADDRESS					
65 Meadow Street					
CITY	STATE	ZIP CODE			
Warwick	RI	02887			
9. NAMES AND ADDRESSES OF DIRECTORS - Continued					
DIRECTOR NAME			DIRECTOR NAME		
George A. Cioe			Richard J. Fontaine		
STREET ADDRESS			STREET ADDRESS		
65 Meadow Street			4 Chestnut Hills Court		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
Warwick	RI	02887	Greenville	RI	02828
DIRECTOR NAME			DIRECTOR NAME		
Charles S. Sokoloff			None		
STREET ADDRESS			STREET ADDRESS		
68 Cumberland Street					
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
Woonsocket	RI	02895			



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

Corporate ID: 0058570 Annual Report for the year: 1995

Name of Corporation: Valley Brook Partners, Inc.

Business entity organized under the laws of the State of: Rhode Island Business Entity is (check one):

For foreign entity, address and telephone number of principal office: \_\_\_\_\_  
 Business Corporation (See RIGL Chapter 7-1.1)  
 Professional Service Corporation (See RIGL Chapter 7-5.1)

Phone: ( ) \_\_\_\_\_

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

65 Meadow Street  
Warwick, RI 02887

Phone: (401) 782-4700

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

Acquisition and development of  
land and property.

**THE NAMES OF THE OFFICERS ARE:**

PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
Robert A. Cioe	65 Meadow Street	Warwick, RI	02887
VICE PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
George A. Cioe	65 Meadow Street	Warwick, RI	02887
SECRETARY	STREET ADDRESS	CITY/STATE	ZIP CODE
George A. Cioe	65 Meadow Street	Warwick, RI	02887
TREASURER	STREET ADDRESS	CITY/STATE	ZIP CODE
Robert A. Cioe	65 Meadow Street	Warwick, RI	02887

**THE NAMES OF THE DIRECTORS ARE:**

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
Robert A. Cioe	65 Meadow Street	Warwick, RI	02887
Anthony R. Cioe	65 Meadow Street	Warwick, RI	02887
Robert R. Cioe	65 Meadow Street	Warwick, RI	02887
John M. Cioe	65 Meadow Street	Warwick, RI	02887
George A. Cioe	65 Meadow Street	Warwick, RI	02887
Richard J. Fontaine	4 Chestnut Hills Court	Greenville, RI	02828
Charles S. Sokoloff	68 Cumberland Street	Woonsocket, RI	02895

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

Number of Shares	Class / Series	Number of Shares	Class / Series
20,000	Common	5,000	Common

Date March 10 19 95 By George A. Cioe  
 Valley Brook Partners, Inc.  
 PRINT OR TYPE NAME OF OFFICER SIGNING

Form 31 1995 TITLE OF OFFICER SIGNING VICE PRES. and Secretary

**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.

CHARLES S. SOKOLOFF, ESQ.  
300 PLAZA CENTER 68 CUMBERLAND ST.  
WOONSOCKET, RI 02895

**FILED**

MAY 12 1995

By CG 1241

Filing Fee \$50.00  
Payable to:  
Secretary of State

PLEASE TYPE or PRINT

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

*CP# 1224 mic*  
*50%*

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

Corporate ID: 0058370 Annual Report for the year: 1994

Name of Business Entity: Valley Brook Partners, Inc.

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

Business Entity is (check one)

Federal Taxpayer Identification Number: [REDACTED]

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

For foreign entity, address and telephone number of principal office  
N/A

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

Charles S. Sokoloff Incorporated  
68 Cumberland Street  
Woonsocket, RI 02895

Phone: \_\_\_\_\_

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box)

300 Centerville Road, Suite 201

Warwick, RI 02886

Phone: (401) 782-4700

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

the acquisition and development of  
land and property

Date of Organization 11/28/89

Date of Qualification to do business in Rhode Island (if foreign entity):  
N/A

THE NAMES OF THE OFFICERS ARE:

OFFICER	STREET ADDRESS	CITY/STATE	ZIP CODE
<input type="checkbox"/> CHIEF EXECUTIVE OFFICER OR <input checked="" type="checkbox"/> PRESIDENT (check one) <u>Robert A. Cioe</u>	<u>300 Centerville Rd., Suite 201</u>	<u>Warwick, RI</u>	<u>02886</u>
<input type="checkbox"/> CHIEF OPERATING OFFICER OR <input checked="" type="checkbox"/> VICE PRESIDENT (check one) <u>Anthony R. Cioe</u>	<u>300 Centerville Rd., Suite 201</u>	<u>Warwick, RI</u>	<u>02886</u>
<input type="checkbox"/> CUSTODIAN OF RECORDS OR <input checked="" type="checkbox"/> SECRETARY (check one) <u>Charles S. Sokoloff</u>	<u>68 Cumberland Street, Woonsocket, R.I.</u>	<u>02895</u>	
<input type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input checked="" type="checkbox"/> TREASURER (check one) <u>Anthony R. Cioe</u>	<u>300 Centerville Rd., Suite 201</u>	<u>Warwick, RI</u>	<u>02886</u>

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>Robert A. Cioe</u>	<u>300 Centerville Rd., Suite 201</u>	<u>Warwick, RI</u>	<u>02886</u>
<u>Anthony R. Cioe</u>	<u>300 Centerville Rd., Suite 201</u>	<u>Warwick, RI</u>	<u>02886</u>
<u>Robert R. Cioe</u>	<u>300 Centerville Rd., Suite 201</u>	<u>Warwick, RI</u>	<u>02886</u>
<u>John M. Cioe</u>	<u>300 Centerville Rd., Suite 201</u>	<u>Warwick, RI</u>	<u>02886</u>
<u>George A. Cioe</u>	<u>300 Centerville Rd., Suite 201</u>	<u>Warwick, RI</u>	<u>02886</u>

NUMBER OF SHARES AUTHORIZED (If Applicable)

NUMBER 20,000

CLASS common

SERIES \_\_\_\_\_

PAR VALUE OR WITHOUT PAR No par

NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)

NUMBER 5,000

CLASS common

SERIES \_\_\_\_\_

PAR VALUE OR WITHOUT PAR No Par

Date: MARCH 24, 1994

By: [Signature]

PRINTED NAME OF OFFICER SIGNING: Anthony R. Cioe

TITLE OF OFFICER SIGNING: VICE PRESIDENT

Form 3 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

CHARLES S. SOKOLOFF, ESQ.  
300 PLAZA CENTER 68 CUMBERLAND ST.  
WOONSOCKET, RI 02895

*MAY 11 1994*  
*hc*

Directors Cont.

Richard J. Fontaine, 4 Chestnut Hills Court, Greenville, R.I. 02828

Charles S. Sokoloff, 68 Cumberland Street, Woonsocket, R.I. 02895

**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**

**Corporations Division**

**100 South Main Street**

**Providence, Rhode Island 02903**

1185

CORPORATE ID: 0058370

ANNUAL REPORT FOR THE YEAR 1993

**FIRST:** The name of the corporation is Valley Brook Partners, Inc.

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

**THIRD:** Character of business, briefly stated, is for the acquisition and development of land and property.

**FOURTH:** If foreign corporation, address of its principal office N/A.

**FIFTH:** Business address in Rhode Island is 300 Centerville Road, Suite 201, Warwick, RI 02886.

**SIXTH:** Names and address of its directors and officers (attach rider if necessary):

Name	Title	Address (including number, zip code)
Robert A. Cioe	President	300 Centerville Rd, Suite 201, Warwick, RI 02886
Anthony R. Cioe	Vice President	300 Centerville Rd, Suite 201, Warwick, RI 02886
Charles S. Sokoloff	Secretary	68 Cumberland Street, Woonsocket, RI 02895
Anthony R. Cioe	Treasurer	300 Centerville Rd, Suite 201, Warwick, RI 02886
Robert A. Cioe	Director	300 Centerville Rd, Suite 201, Warwick, RI 02886
Anthony R. Cioe	Director	300 Centerville Rd, Suite 201, Warwick, RI 02886
Robert R. Cioe	Director	300 Centerville Rd, Suite 201, Warwick, RI 02886
John M. Cioe	Director	300 Centerville Rd, Suite 201, Warwick, RI 02886
George A. Cioe	Director	300 Centerville Rd, Suite 201, Warwick, RI 02886
Richard J. Pontaine	Director	4 Chestnut Hills Court, Greenville, RI 02828
Charles S. Sokoloff	Director	68 Cumberland Street, Woonsocket, RI 02895

**SEVENTH:** Number of shares authorized:

No. of Shares	Class	Par Value or statement that shares are without Par Value
20,000	Common	No Par Value

**EIGHTH:** Number of shares issued:

No. of Shares	Class	Par Value or statement that shares are without Par Value
5,000	Common	No Par Value

Rec'd & Filed MAR 9 1993

Dated: MARCH 1, 1993

Valley Brook Partners, Inc.  
By: [Signature]  
Title: VICE PRESIDENT

(Report must be signed by an officer)

VF 1044

Filing Fee \$50.00

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

**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**

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5,000	Common	No Par Value

Dated: March 19, 1992

Valley Brook Partners, Inc.

By: Charles S. Sokoloff

Title: Secretary

(Report must be signed by an officer)

PAID

MAR 20 1992

SEC'Y OF STATE

**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
**Corporations Division**  
**100 South Main Street**  
**Providence, Rhode Island 02903**

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No. of Shares	Class	Par Value or statement that shares are without Par Value
5,000	Common	No Par Value

Dated: March 19, 1992

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	Director	
	Director	
	Director	

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No. of Shares	Class	Par Value or statement that shares are without Par Value
20,000	Common	No Par Value

EIGHTH: Number of shares issued:

No. of Shares	Class	Par Value or statement that shares are without Par Value
4,000	Common	No Par Value

Dated: March 19, 1992

Valley Brook Partners, Inc.

By: Charles A. Sokoloff

Title: Secretary

(Report must be signed by an officer)

PAID

MAR 20 1992

SECY OF STATE