

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

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I. Corporate II) No. 112462	2. Name of Corporal R. E. Acquisiti				,
3. Street Address Principal Busin			City	State	Zip
459 CHAPEL STREET	is office		NEW SHOREHAM	RI	02807-
4. Business Phone No.		5. State of Incorporat			6. SIC Code
4017829914		RHODE ISLAN			5710
7. Brief Description of the Chara	cter of Business Condi	icted in Rhode Island	<del></del>		
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P. NASPEAND ADDRESS	ESOFTINE STATE	CLIS ("X" BOX FOR	estate. ATTACHMENT)   FILLIN SPA	CES BEFORE USING	ATTACHMENTS
Dana A. Hagopian			*		
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65 Central Street			•		
City	State	Žip	City	State	Zip
Narragansett	RI	02882		l	
Secretary Name		•	Treasurer Name		
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City	State	Zip	*City	State	Zip
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9. NAMES AND ADDRESS	ES OF THE DIRE	CTORS C'X" BOX FOR	RATTACHMENT) TELL IN SE	ACES BEFORE USING	GATTACHMENTS
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10. SHARES AUTHORIZE	D ("X" BOX FOR A	TTAGHMENT) [	11. SHARES ISSUED ("X"	BOX FOR ATTACHME	ND D D D
AUTHORIZED SHARES			ISSUED SHARES		——————————————————————————————————————
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					÷ 2000 1-2
	<del> </del>	<del></del>			<u> </u>
This report must be signe	d in ink by either	the President, Vice	President, Secretary, Assist	ant Secretary, Treas	surer, Receiver or Trustei
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1 1 2	4 6 2			iry, I declare and affirm	
<u></u>		_		any accompanying scho	
*112462 DBC 01	0 T4 50 PM*		and that all statements	contained herein are to	rue and correct.
File Date			Jana G	, Hearpia	a FERGLOOI
FEB	0 9 2005	l l	Signature of Officer	and the second	Date
Check No.			Dana A. Hag	opian	
$\mathbf{Bv} \mathcal{W}$	5-715G		Print or Type Name of O		<u> </u>
B <u>y:</u>		)	President		
FOR SECRETARY OF STATE	USE ONLY		Title of Officer		Form 630 12/0



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

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

orporate ID No.	2. Name of Corpor	ation			
112462	R. E. Acqu	isition Inc.			
reet Address Principal Busin			City	State .	Zıp
9 Chapel Stree	t		New Shoreham	RI	02807
isiness Phone No		5. State of Incorporation	ı	_	6 SIG Gode
1-782-9914 RHODE ISLAN		ın		5710	
nef Description of the Chara THE OPERATION O easing_ofreal NAMES AND ADDRESS	C 4 DC41 COTATE D		including but not	limited to th	e purchase, sal
dent Name			Vice President Name		
ana A. Hagopian	1				
n Address			Street Address		
5 Central Stree	et				
	State	Zip	City	State	Zip
arragansett	RI	02882	<del>(</del>		
etary Name			Treasurer Name		
Address			Street Address		
	State	2.tp	City	State	Zip
	,. <u></u> J				J
IAMES AND ADDRESS	SES OF THE DIREC	TORS: ("X" BOX FOR A	TTACHMENT)   FILL IN Director Name	SPACES BEFORE US	SING ATTACHMENTS
4 Address			Street Address		
	State	Zip	Cuy	State	Zip
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ctor Name	-		Director Name		
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	I e. :	I au		10.	
	State	Zip	City	State	Zip
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ther of Shares	Class/Series	Par Value	Number of Shares	Cluss/Series	Par Value
	120000000000000000000000000000000000000	* *** ********************************	Commercial Control	CHARLET DE PAEZ	1
1,000 NO PAR VALUE		NONE			

Check No. \_ FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that including any accompanying schedules and staten	
Contained herein are true and correct.	
tina a. bagopián	Feb 12, 2004
Signature of Officer U	Date J
Dana A. Hagopian	
Print or Type Name of Officer	
President	
Title of Officer	

Form 630 Rev. 12/03

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 \_

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

(FORM MUST BE	TYPED OR	PRINTED IN	BLACK)
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1. Corporate ID No.

2. Name of Corporation

112462

R. E. Acquisition Inc.

*11116	1 710	M. ( )	, ,	•
	Ч	5	9	

3. Street Address Principal Business Office Chapel STREET

5. State of Incorporation

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

**RHODE ISLAND** 

City NEW SHOREHAM RI

The operation of R.E. DEUELOPMENT BUS. included but not limited to The purchase & SACE OF RE 8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President	Name

DANA A. HAGOPIAN

NARRAGAUSET STREET 210 02882

Street Address

Vice President Name

Secretary Name

Street Address

Street Address

State

City

State

ZIp

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

City

Zig

Director Name

Street Address

State

State

Zip

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

**AUTHORIZED SHARES** 

Number of Shares

Class/Serles

Par Value

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

Number of Shares

Director Name

Street Address

Class/Series

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.

Far Value

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



File Date:

FOR SECRETARY OF STATE USE ONLY



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 02903-1335 401-222-3040

#### 2002 PROFIT CORPORATION ANNUAL

Filing Period: January	JEMATION A 1-March 1 • Fi	iling Fee: \$50.00	OKI FOR INE	YEAR 2002	PER ASE READ ASSERT OF
CORM MUST BE TYPED IN BLAC	(K)				
1. Corporate ID No.	2. Name of Corporation		-		
112462	R. E. Acquisition	Inc.			
3. Street Address Principal Business C	**		City	State	Zip
459 Char	el ST		New Shorts	am RT	02807
4. Business Phone No.		5. State of Incorporation	<u>-</u>		6. SIC Code
(401) 782	- 9914	RHODE ISLAND			
7. Brief Description of the Character of	of Business Conducted in Rh	node Island The OP	evation of R.E	· Developmen	T Business,
included but n	ot limited	to The Auch	ase, SAIE AND L	EASING OFREA	LESTATE.
8. NAMES AND ADDRESS	ES OF THE OFFICE	RS (*X* BOX FOR ATTACE	IMENT) FILL IN SPACES B	EFORE USING ATTACH	MENTS
President Name		•	Vice President Name		
DANA A.	14 AP ODI	AN	:		
Street Address		·	Street Address		
65 Cente	ral Stree	et	:		
Cay 65 Center NORRAGANS	State DT	02000	· City	State	Zip
•	G KI	26007	<del>4700</del> 044		
Secretary Name			Trensurer Name		
Creat 144			<u>.</u>		ı
Street Address			Street Address		
Chy	Cara	•	· •		
City	State	Zip	City	State	ZIp
9. NAMES AND ADDRESS! Director Name	ES OF THE DIRECT	ORS ("X" BOX FOR ATTA	CHMENT) FILL IN SPACES  Director Name	BEFORE USING ATTAC	CHMENTS
Street Address			Street Address		
City	State	Zip	Guy	State	Zip
Director Name			Director Name		
			· <u>:</u>		
Street Address			Street Address		•
			·		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED	("X" BOX FOR ATTACH	MENTI	: 11. SHARES ISSUED (*x	* BOX FOR ATTACHMENT)	• -
AUTHORIZED SHARES  Number of Shares	Class/Series	Par Value	ISSUED STARES		
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This report must be signed	a in ink by either	the President, Vice P	resident, Secretary, Assist	ant Secretary, Treasure	er, Receiver or Trustee
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File Date:	4-12-02	
Check No.:	1541	_
Ву:	de	
	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.

	O Hagosian	2/27,02
Signature of Officer		Date

4AGOPIAN

Print or Type Name of Officer

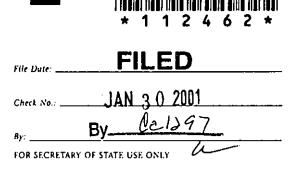
Title of Officer

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

(FORM MUST BE TYPED IN BLAC	K)				
1. Corporate ID No. 112462	2. Name of Corporat  R. E. Acq	uisition Inc.			
3. Street Address Principal Business O			Gity	State	Zip
459 Cha 4. Business Phone No. (401) 782-9914	pel Stree	5. State of Incorporation RHODE ISLAND	New Shoreham	R.I.	0280 6. SIC Code 5710
7. Bilef Description of the Character o		THE ODE	ration of R.E.	Development 1	Business,
		the purchase, s	ale and leasing	of Real Est	ate.
B. NAMES AND ADDRESS. President Name		CERS (*X* BOX FOR ATTACH!	MENT) FILL IN SPACES BI Vice President Name	EFORE USING ATTACH	MENTS
Dana A. Hagopi	an		<b>5</b>		
Street Address	4.		Street Address		
65 Central Str	'eet State	· Zip	City	State	2.ip
N arragansett	R.I.	02882	<b>:</b>		•
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESS: Director Name	ES OF THE DIRE	CTORS (*X* BOX FOR ATTAC	CHMENT) FILL IN SPACES Director Name	BEFORE USING ATTAC	нментѕ
Street Address			Street Address		
СПу	State	Zip	Cuy	State	Zip
Director Name		• ••	Director Name		•
Street Addiess			Street Address		
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10. SHARES AUTHORIZED	(*X * BOX FOR ATT)	ACHMENT)	11. SHARES ISSUED (*X	BOX FOR ATTACHMENT)	. ·
Number of Shares	Class/Series	Par Value	Number of Shares	. Class/Serles	Par Value
1,000 NO PAR VALU	JE		300	NONE	NONE
——————————————————————————————————————	•	er the President, Vice P	resident, Secretary, Assist	ant Secretary, Treasur	er, Receiver or
<u> </u>	AL HAIZ KAN OLGIG ARIĞ	IIAI IERI			



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.

Print or Type Name of Officer

Dana A. Hagopian

Title of Officer

Form 630 12/00 President