



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

Mathew 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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 58962		2. Name of Corporation COBRA REALTY, INC.			
3. Street Address Principal Business Office 464 MAPLE AVE			City BARRINGTON	State RI	Zip 02806
4. Business Phone No. 401 245 5694		5. State of Incorporation RHODE ISLAND			6. SIC Code 5553
7. Brief Description of the Character of Business Conducted in Rhode Island REAL ESTATE					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name ROSEMARY SURIANI			Vice President Name GEORGE L. GRAY		
Street Address 3 LEE ANN DRIVE			Street Address 464 MAPLE AVENUE		
City BARRINGTON	State RI	Zip 02860	City BARRINGTON	State RI	Zip 02806
Secretary Name LEWIS J. SURIANI			Treasurer Name LEWIS J. SURIANI		
Street Address 3 LEE ANN DRIVE			Street Address 3 LEE ANN DRIVE		
City BARRINGTON	State RI	Zip 02860	City BARRINGTON	State RI	Zip 02806
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name NONE			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 11. 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
600 COMM NO PAR VALUE			200	COMMON	NO PAR

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



5 8 9 6 2

58962 DBC 01/08/04 02:09:32 PM

File Date 2/1/05

Check No. 668

By: W.

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.

Rosemary Suriani 1/13
Signature of Officer Date
ROSEMARY SURIANI
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 02903-1335
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)

1. Corporate ID No. 58962		2. Name of Corporation COBRA REALTY, INC.			
3. Street Address Principal Business Office 464 MAPLE AVE			City BARRINGTON	State RI	Zip 02806
4. Business Phone No. 401 245 5694		5. State of Incorporation RHODE ISLAND		6. SIC Code 5553	
7. Brief Description of the Character of Business Conducted in Rhode Island REAL ESTATE					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name ROSEMARY SURIANI			Vice President Name GEORGE L. GRAY		
Street Address 3 LEE ANN DRIVE			Street Address 464 MAPLE AVENUE		
City BARRINGTON	State RI	Zip 02860	City BARRINGTON	State RI	Zip 02806
Secretary Name LEWIS J. SURIANI			Treasurer Name LEWIS J. SURIANI		
Street Address 3 LEE ANN DRIVE			Street Address 3 LEE ANN DRIVE		
City BARRINGTON	State RI	Zip 02860	City BARRINGTON	State RI	Zip 02806
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name NONE			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 11. 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
600 COMM NO PAR VALUE			200	COMMON	NO PAR

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



5 8 9 6 2

FILED

58962 DBC 01/08/04 02:09:32 PM JAN 16 2004
 File Date _____
 Check No. 622
 By _____
 FOR SECRETARY OF STATE USE ONLY

By KMC
C116952

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.

Rosemary Suriani 1/12/04
 Signature of Officer Date
 ROSEMARY SURIANI
 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 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. *58962*		2. Name of Corporation COBRA REALTY, INC.			
3. Street Address Principal Business Office 464 MAPLE AVE			City BARRINGTON	State RI	Zip 02806
4. Business Phone No. 4012455694		5. State of Incorporation RHODE ISLAND		6. SIC Code 5553	
7. Brief Description of the Character of Business Conducted in Rhode Island REAL ESTATE					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Rosemary Suriani			Vice President Name George L. Gray		
Street Address 3 LEE ANN DRIVE			Street Address 464 MAPLE AVENUE		
City BARRINGTON	State RI	Zip 02806	City BARRINGTON	State RI	Zip 02806
Secretary Name Lewis J. Suriani			Treasurer Name Lewis J. Suriani		
Street Address 3 LEE ANN DRIVE			Street Address 3 LEE ANN DRIVE		
City BARRINGTON	State RI	Zip 02806	City BARRINGTON	State RI	Zip 02806
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name NONE			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 11. 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
600 COMM NO PAR VALUE			200	COMMON	NO PAR

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



58962 DBC1/21/033:20:06 PM

File Date 2-3-03

Check No. 568

By: EMI

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.

Rosemary Suriani 1/28/03
Signature of Officer Date

ROSEMARY SURIANI
Print or Type Name of Officer

PRESIDENT
Title of Officer



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. **58962** 2. Name of Corporation **COBRA REALTY, INC.**
3. Street Address Principal Business Office
464 Maple Avenue City **Barrington** State **RI** Zip **02806**
4. Business Phone No. **401-245-5694** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **5553**

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

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

President Name			Vice President Name		
Rosemary Suriani			George L. Gray		
Street Address			Street Address		
3 Lee Ann Drive			464 Maple Avenue		
City	State	Zip	City	State	Zip
Barrington	RI	02806	Barrington	RI	02806
Secretary Name			Treasurer Name		
Lewis J. Suriani			Lewis J. Suriani		
Street Address			Street Address		
3 Lee Ann Drive			3 Lee Ann Drive		
City	State	Zip	City	State	Zip
Barrington	RI	02806	Barrington	RI	02806

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

Director Name			Director Name		
none					
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

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

AUTHORIZED SHARES

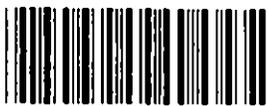
Number of Shares	Class/Series	Par Value
600	COMM NO PAR VALUE	

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
200	common	no par

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



* 5 8 9 6 2 *

File Date: 1/29/02
Check No.: 507
By: SA
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.

Lewis Suriani 1/20/02
Signature of Officer Date
Lewis Suriani
Print or Type Name of Officer
Secretary
Title of Officer
5



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. **58962** 2. Name of Corporation **COBRA REALTY, INC.**

3. Street Address Principal Business Office
464 Maple Avenue City **Barrington** State **RI** Zip **02806**
4. Business Phone No. **401-245-5694** 5. State of Incorporation **RHODE ISLAND** 6. ~~5593~~

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

real estate

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

President Name Rosemary Suriani Street Address 3 Lee Ann Drive City State Zip Barrington RI 02806	Vice President Name George L. Gray Street Address 464 Maple Avenue City State Zip Barrington RI 02806
Secretary Name Lewis J. Suriani Street Address 3 Lee Ann Drive City State Zip Barrington RI 02806	Treasurer Name Lewis J. Suriani Street Address 3 Lee Ann Drive City State Zip Barrington RI 02806

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

Director Name NONE Street Address City State Zip	Director Name Street Address City State Zip
Director Name Street Address City State Zip	Director Name Street Address City State Zip

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
600 SHS COM NO PAR VAL

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

ISSUED SHARES
Number of Shares Class/Series Par Value
200 common no par

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



File Date: FILED
Check No.: MAR 06 2001
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: Rosemary Suriani Date: 2/12/01
Print or Type Name of Officer: ROSEMARY SURIANI
Title of Officer: PRESIDENT



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

James R. Langevin, Secretary of S.
Corporations Divis
100 North Main Street, Providence, RI 02903-1
401-222-3



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 **58962** 2. Name of Corporation **COBRA REALTY, INC.**
3. Street Address Principal Business Office **464 Maple Avenue** City **Barrington** State **RI** Zip **02806**
4. Business Phone No **401-245-5694** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **5553**
7. Brief Description of the Character of Business Conducted in Rhode Island
real estate

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

President Name Rosemary Suriani	Vice President Name George L. Gray
Street Address 3 Lee Ann Drive	Street Address 464 Maple Avenue
City Barrington State RI Zip 02806	City Barrington State RI Zip 02806
Secretary Name Lewis J. Suriani	Treasurer Name Lewis J. Suriani
Street Address 3 Lee Ann Drive	Street Address 3 Lee Ann Drive
City Barrington State RI Zip 02806	City Barrington State RI Zip 02806

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

Director Name none	Director Name none
Street Address	Street Address
City State Zip	City State Zip
Director Name none	Director Name none
Street Address	Street Address
City State Zip	City State Zip

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
600 SHS COM NO PAR VAL

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

ISSUED SHARES
Number of Shares Class/Series Par Value
200 common no par valu

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



* 5 8 9 6 2 *

File Date: **FILED**

Check No: **FEB 25 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.

Rosemary Suriani 1/28/02
Signature of Officer Date

ROSEMARY SURIANI
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. **58962** 2. Name of Corporation **COBRA REALTY, INC.**
3. Street Address Principal Business Office **464 Maple Avenue** City **Barrington** State **RI** Zip **02806**
4. Business Phone No. **401-245-5694** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **5553**

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

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

President Name Rosemary Suriani Street Address 464 Maple Avenue City Barrington State RI Zip 02806	Vice President Name George L. Gray Street Address 464 Maple Avenue City Barrington State RI Zip 02806
Secretary Name Lewis J. Suriani Street Address 464 Maple Avenue City Barrington State RI Zip 02806	Treasurer Name Lewis J. Suriani Street Address 464 Maple Avenue City Barrington State RI Zip 02806

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

Director Name None Street Address City _____ State _____ Zip _____	Director Name None Street Address City _____ State _____ Zip _____
Director Name None Street Address City _____ State _____ Zip _____	Director Name None Street Address City _____ State _____ Zip _____

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
600 SHS COM NO PAR VAL

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

ISSUED SHARES
Number of Shares Class/Series Par Value
200 common no par value

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



FILED

File Date: _____

Check No.: **JAN 27 1999**

By: **CL 354**

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.

Rosemary Suriani 1/9/99
Signature of Officer Date

Rosemary Suriani
Print or Type Name of Officer

President
Title of Officer



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

James R. Langevin, Secretary of S
Corporations Div:
100 North Main Street, Providence, RI 02903-1
401-277-3

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 **58962** 2. Name of Corporation **COBRA REALTY, INC.**
3. Street Address Principal Business Office **464 Maple Avenue** City **Barrington** State **RI** Zip **02806**
4. Business Phone No. **402-245-5694** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **5553**
7. Brief Description of the Character of Business Conducted in Rhode Island
real estate

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

President Name Rosemary Suriani Street Address 464 Maple Avenue City Barrington State RI Zip 02806 Secretary Name Lewis J. Suriani Street Address 464 Maple Avenue City Barrington State RI Zip 02806	Vice President Name George L. Gray Street Address 464 Maple Avenue City Barrington State RI Zip 02806 Treasurer Name Lewis J. Suriani Street Address 464 Maple Avenue City Barrington State RI Zip 02806
--	---

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

Director Name none Street Address City State Zip	Director Name none Street Address City State Zip
Director Name none Street Address City State Zip	Director Name none Street Address City State Zip

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

Number of Shares	Class/Series	Par Value
600 SHS COM NO PAR VAL		

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

Number of Shares	Class/Series	Par Value
200	common	no par value

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



File Date: 1-30-98
Check No.: 290
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.

Rosemary Suriani 1/15/98
Signature of Officer Date
Rosemary Suriani
Print or Type Name of Officer
President
Title of Officer



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

James R. Lungevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-133
401-277-304



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. **58962** 2. Name of Corporation **COBRA REALTY, INC.**

3. Street Address Principal Business Office **464 Maple Avenue** City **Barrington** State **RI** Zip **02806**
4. Business Phone No. **401-245-5694** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **5553**

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

real estate

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

President Name Rosemary Suriani Street Address 464 Maple Avenue City Barrington State RI Zip 02806	Vice President Name George L. Gray Street Address 464 Maple Avenue City Barrington State RI Zip 02806
Secretary Name Lewis J. Suriani Street Address 464 Maple Avenue City Barrington State RI Zip 02806	Treasurer Name Lewis J. Suriani Street Address 464 Maple Avenue City Barrington State RI Zip 02806

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

Director Name none Street Address none City none State none Zip none	Director Name none Street Address none City none State none Zip none
Director Name none Street Address none City none State none Zip none	Director Name none Street Address none City none State none Zip none

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
600 SHS COM NO PAR VAL			200	common	no par value

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



* 5 8 9 6 2 *

File Date: 2/11/97

Check No.: 247

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]
Signature of Officer

Date

Rosemary Suriani

Print or Type Name of Officer

President

Title of Officer

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) 277-31

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

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. 58962		2. NAME OF CORPORATION COBRA REALTY, INC.					
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 464 Maple Avenue				CITY Barrington	STATE RI	ZIP CODE 02806	
4. BUSINESS PHONE NO. 401-245-5694		5. STATE OF INCORPORATION RHODE ISLAND				6. SIC CODE 5553	
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND real estate							
8. NAMES AND ADDRESSES OF THE OFFICERS							
PRESIDENT NAME Rosemary Suriani				VICE PRESIDENT NAME George L. Gray			
STREET ADDRESS 464 Maple Avenue				STREET ADDRESS 464 Maple Avenue			
CITY Barrington	STATE RI	ZIP CODE 02806		CITY Barrington	STATE RI	ZIP CODE 02806	
SECRETARY NAME Lewis J. Suriani				TREASURER NAME Lewis J. Suriani			
STREET ADDRESS 464 Maple Avenue				STREET ADDRESS 464 Maple Avenue			
CITY Barrington	STATE RI	ZIP CODE 02806		CITY Barrington	STATE RI	ZIP CODE 02806	
9. NAMES AND ADDRESSES OF THE DIRECTORS							
DIRECTOR NAME None				DIRECTOR NAME			
STREET ADDRESS				STREET ADDRESS			
CITY	STATE	ZIP CODE		CITY	STATE	ZIP CODE	
DIRECTOR NAME				DIRECTOR NAME			
STREET ADDRESS				STREET ADDRESS			
CITY	STATE	ZIP CODE		CITY	STATE	ZIP CODE	
10. SHARES AUTHORIZED AND ISSUED							
AUTHORIZED SHARES				ISSUED SHARES			
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE		NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	
600 SHS COM NO PAR VAL				200	common	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 report, including any accompanying schedules and statements, and all statements contained herein are true and correct.

Rosemary Suriani
Signature of Officer

Rosemary Suriani
Print or Type Name of Officer

President
Title of Officer

2-28-96
Date

File Date:

3/6/96

Check No:

201

By:

JS

For Secretary of State Use Only

DETACH BOTTOM BEFORE RETURNING

FORM 31 12/95

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

ANNUAL REPORT

Please Type or Print
 File Annually - Jan. 1 - March 1
 Filing Fee \$50.00
 Make Checks Payable to: Secretary of State

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

Corporate ID: 0058962 Annual Report for the year: 1995

Name of Corporation: COBRA REALTY, INC.

Business entity organized under the laws of the State of Rhode Island
 Business Entity is (check one):
 Business Corporation (See RIGL Chapter 7-1.1)
 Professional Service Corporation (See RIGL Chapter 7-5.1)

For foreign entity, address and telephone number of principal office:

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

Phone:

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):
 464 Maple Avenue
 Barrington, RI 02806

Phone:(401) 245-5694

THE NAMES OF THE OFFICERS ARE:

PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
Rosemary Suriani	464 Maple Avenue	Barrington, RI	02806
VICE PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
George L. Gray	464 Maple Avenue	Barrington, RI	02806
SECRETARY	STREET ADDRESS	CITY/STATE	ZIP CODE
Lewis J. Suriani	464 Maple Avenue	Barrington, RI	02806
TREASURER	STREET ADDRESS	CITY/STATE	ZIP CODE
Lewis J. Suriani	464 Maple Avenue	Barrington, RI	02806

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
None			
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

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
600	Common	200	Common

MAR 9 1995

Date 3/1, 1995
 By Rosemary Suriani
 ROSEMARY SURIANI
 PRINT OR TYPE NAME OF OFFICER SIGNING
President
 TITLE OF OFFICER SIGNING

Form 31 1/95

DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the registered officer and/or registered agent indicated below is incorrect, Form 9 must be filed.
 Barry G. Hittner
 2700 Hospital Trust Tower
 Providence, RI 02903

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

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

Corporate ID: 0058962 Annual Report for the year: 1994

Name of Business Entity: COBRA REALTY, INC.

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

Federal Taxpayer Identification Number: [REDACTED]

For foreign entity, address and telephone number of principal office:

Phone: ()

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

464 Maple Avenue
Barrington, RI 02806

Phone: (401) 245-5694

Business Entity is (check one):

- Business Corporation (See RIGL Chapter 7-1-1)
- Professional Service Corporation (See RIGL Chapter 7-5-1)
- Limited Liability Company (See RIGL 7-16)

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

Lewis J. Suriani

Cobra Realty, Inc.

464 Maple Avenue
Barrington, RI 02806

Brief statement of the character of business conducted in Rhode Island

Real Estate

Date of Organization: January 24, 1990

Date of Qualification to do business in Rhode Island (if foreign entity)

THE NAMES OF THE OFFICERS ARE:

	STREET ADDRESS	CITY STATE	ZIP CODE
<input type="checkbox"/> CHIEF EXECUTIVE OFFICER OR <input checked="" type="checkbox"/> PRESIDENT (SEE NOTE)	<u>Rosemary Suriani</u>	<u>464 Maple Avenue</u>	<u>Barrington, RI 02806</u>
<input type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input checked="" type="checkbox"/> VICE PRESIDENT (SEE NOTE)	<u>George L. Gray</u>	<u>464 Maple Avenue</u>	<u>Barrington, RI 02806</u>
<input checked="" type="checkbox"/> CLERK OF RECORDS OR <input checked="" type="checkbox"/> SECRETARY (SEE NOTE)	<u>Lewis J. Suriani</u>	<u>464 Maple Avenue</u>	<u>Barrington, RI 02806</u>
<input type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input checked="" type="checkbox"/> TREASURER (SEE NOTE)	<u>Lewis J. Suriani</u>	<u>464 Maple Avenue</u>	<u>Barrington, RI 02806</u>

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED (If Applicable)	
NUMBER	<u>600</u>
CLASS	<u>Common</u>
SERIES	<u>N/A</u>
PAR VALUE OR WITHOUT PAR	<u>No Par Value</u>

NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)	
NUMBER	<u>200</u>
CLASS	<u>Common</u>
SERIES	<u>N/A</u>
PAR VALUE OR WITHOUT PAR	<u>No Par Value</u>

Date: 11/31 19 94

COBRA REALTY, INC.
By: Rosemary Suriani
Rosemary Suriani
PRESIDENT
TITLE OF OFFICER SIGNING

Form 31 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.

BARRY G. HITTNER
2700 HOSPITAL TRUST TOWER
PROVIDENCE RI 02903

FILED
NOV 29 1994
AMT #29
111

Filing Fee \$50.00

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

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 00588862 Annual Report for the year 1993

FIRST: The name of the corporation is COBRA REALTY, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is real estate

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

FIFTH: Business address in Rhode Island 2700 Hospital Trust Tower, Providence, RI

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
<u>Rosemary Suriani</u>	<u>President</u>	<u>P.O. Box 14, Barrington, RI</u>
<u>George L. Gray</u>	<u>Vice President</u>	<u>as above</u>
<u>Lewis J. Suriani</u>	<u>Secretary</u>	<u>as above</u>
<u>Lewis J. Suriani</u>	<u>Treasurer</u>	<u>as above</u>

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>600</u>	<u>common</u>		<u>no par value</u>

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>200</u>	<u>common</u>		<u>no par value</u>

Rec'd & Filed FEB 15 1993
96162

Dated 2/10 19 93

COBRA REALTY, INC.
(Name of Corporation)
By Rosemary Suriani
Title President

(Report must be signed by an officer)

Filing Fee \$50.00

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

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

SM # 1086

Corporate ID 0058882 Annual Report for the year 1992

FIRST: The name of the corporation is COBRA REALTY, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is real estate

FOURTH: If foreign corporation, address of its principal office N/a

FIFTH: Business address in Rhode Island 2700 Hospital Trust Tower, Providence, RI

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
Rosemary Suriani	President	P.O. Box 14, Barrington, RI
George L. Gray	Vice President	as above
Lewis J. Suriani	Secretary	as above
Lewis J. Suriani	Treasurer	as above

SEVENTH: Number of Shares authorized:

No. of Shares	Class
600	common

PAID

FEB 26 1992

SECY OF STATE

Par Value
or statement that
shares are without
par value

no par value

EIGHTH: Number of Shares issued:

No. of Shares	Class
200	common

Par Value
or statement that
shares are without
par value

no par value

Dated Feb. 23 19 92

COBRA REALTY, INC.

(Name of Corporation)

By Rosemary Suriani

Title Secretary President

(Report must be signed by an officer)

Filing Fee \$50.00

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

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0058962 Annual Report for the year 1991

FIRST: The name of the corporation is COBRA REALTY, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is real estate

FOURTH: If foreign corporation, address of its principal office N/a

FIFTH: Business address in Rhode Island 2700 Hospital Trust Tower, Providence, RI

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
.....	Director
.....	Director
.....	Director
<u>Rosemary Suriani</u>	President	<u>P.O. Box 14, Barrington, RI</u>
<u>George L. Gray</u>	Vice President	<u>as above</u>
<u>Lewis J. Suriani</u>	Secretary	<u>as above</u>
<u>Lewis J. Suriani</u>	Treasurer	<u>as above</u>

SEVENTH: Number of Shares authorized:

No. of Shares	Class
<u>600</u>	<u>common</u>

Par Value
or statement that
shares are without
par value

no par value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series
<u>200</u>	<u>common</u>	

Par Value
or statement that
shares are without
par value

no par value

PAID
Series MAR 06 1991
SECY OF STATE

Dated 2/28 19 91

COBRA REALTY, INC.
(Name of Corporation)

By [Signature]

Title Secretary

(Report must be signed by an officer)

AMENDED



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 02903-1335 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

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

(FORM MUST BE TYPED IN BLACK)

1 Corporate ID No. 58962 2 Name of Corporation COBRA REALTY, INC. 3 Street Address Principal Business Office 3 LEE ANN DRIVE City BARRINGTON State RI Zip 02806 4 Business Phone No. 401 245 5694 5 State of Incorporation RHODE ISLAND 6 SIC Code 5553

7 Brief Description of the Character of Business Conducted in Rhode Island REAL ESTATE

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

President Name ROSEMARY SURIANI Vice President Name GEORGE L. GRAY Street Address 3 LEE ANN DRIVE 270 County Road City BARRINGTON State RI Zip 02860 City BARRINGTON State RI Zip 02806 Secretary Name LEWIS J. SURIANI Treasurer Name LEWIS J. SURIANI Street Address 3 LEE ANN DRIVE 3 LEE ANN DRIVE City BARRINGTON State RI Zip 02860 City BARRINGTON State RI Zip 02806

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

Director Name NONE Director Name Street Address City State Zip City State Zip Director Name Street Address City State Zip

10 SHARES AUTHORIZED (X) BOX FOR ATTACHMENT () SHARES ISSUED (X) BOX FOR ATTACHMENT ()

AUTHORIZED SHARES Number of Shares Class/Series Par Value 600 COMM NO PAR VALUE ISSUED SHARES Number of Shares Class/Series Par Value 2.00 COMMON NO PAR

FILED OCT 06 2005 By [Signature]

RECEIVED SECRETARY OF STATE CORPORATION DIV 05 OCT - 6 PM 5:05

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



58962 DBC 01/08/04 02:09:32 PM File Date 10/10/05 Check No. 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 herein are true and correct. Signature of Officer ROSEMARY SURIANI Date 10/1/05 Print or Type Name of Officer PRESIDENT Title of Officer