

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. 2. Name of Corporation 39962 **Beachmound Corporation** 3. Street Address Principal Business Office State 50 SOUTH MAIN STREET PROVIDENCE RI 02903-4. Business Phone No. 5. State of Incorporation 6. SIC Code 4012779818 RHODE ISLAND 7 Brief Description of the Character of Business Conducted in Rhode Island TO OWN, MANAGE, HOLD, RENT, LEASE AND MAINTAIN REAL ESTATE OF ALL KINDS AND DESCRIPTIONS Vice President Name Florence S. McDonough Street Address Street Address 145 Peruvian Avenue City State Zιp Cin State Paim Beach FL33480 Secretary Name Treasurer Name Timothy T. More Florence S. McDonough Street Address Street Address 50 South Main Street .145 Peruvian Avenue City State ·Ciny Zip State Zip Providence RΙ 02903 .Palm Beach FL 33480 Director Name Street Address ·Street Address City State Zip ·Cin State Zip

| State                                   | Zip                           | .City   | State  | Z.ip   |
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| Class/Series                            | Par Value                     | Number of Shares  | Class/Series   | Par Value  |
| 8,000 \$1.00 PAR VALUE                  |                               | 100   | Common   | \$1.00   |
|   |                               |   |  |  |
|   | Class/Series                  | Class/Series Par Value  | ISSUED SHARES Class/Series Par Value Number of Shares  | ISSUED SHARES  Class/Series Par Value Number of Shares Class/Series  |

Director Name

Street Address

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



Director Name

Street Address

| 39962<br>File Date |       |           |       | ED   | / · ###            |
|--------------------|-------|-----------|-------|------|--------------------|
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| By                 |       | By        | -     | 2    | <del>7.7 .</del> . |
| yc:200909-11       | RETAR | Y OF STAT | E 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.      |

Janky three 3/11/05

Print or Type Name of Officer

Train or type traine of Officer

### STOP PLEASE READ

### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1-March 1 • Filing Fee: \$50.00 FORM MUST BE TITED OR PRINTED IN BLACK 1. Corporate ID No. 2. Name of Corporation 39962 Beachmound Corporation 3. Street Address Principal Business Office State Zip 50 South Main Street 02903 Providence RΙ 4. Business Phone No. 6. SIC Code 5. State of Incorporation 401.277.9818 Rhode Island 0 7 Brief Description of the Character of Business Conducted in Rhode Island
TO OWN, manage, hold, rent, lease and maintain real estate of all kinds and
descriptions or any other lawful activity
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name Florence S. McDonough Street Address Street Address 145 Peruvian Avenue Palm Beach State Ζiρ Secretary Name Treasurer Name Timothy T. More Florence S. McDonough Street Address Street Address 50 South Main Street 145 Peruvian Avenue City 02903 Providence RΙ Palm Beach FL 33480 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 State : Zip City State Zip Director Name Director Name Street Address Street Address City Zip State Zip 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) " THE CONTROL OF THE STATE OF THE ST AUTHORIZED SHARES : ISSUED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Pur Value \$1.00 Par Value 8,000 100 Common \$1.00

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

| FILED                           |   | Under penalty of perjury, I declare and affirm this report, including any accompanying school that all statements contained herein are true | edules and statements, and |
|---------------------------------|---|---|----------------------------|
| File Date:SEP 13 2004           | M. HJ 9E   E   435  | 1 mother throne   | Part 10,2004               |
| Check No.: By 1438              | SECRETARY OF STATE  SECRETARY OF STATE  OGGEOGRAPHICHS DIV. | Signature of officer 1. MORE Florence 5 McDenough   | Dati                       |
| ву:                             | BECEINED C  | Print or Type Name of Officer   |                            |
| FOR SECRETARY OF STATE USE ONLY |   | Title of Officer  | Form 630 12/92             |



### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003 Filing Period: January 1-March 1 • Filing Fee: \$50.00

STOP PLEASE READ INSTRUCTIONS

| (FORM MUST BE TYPED OR PRI   | NTED IN BLACK                   |                                    |  |                       |   |
|--|---------------------------------|------------------------------------|--|-----------------------|---|
| 1. Corporate ID No. 39962  | 2. Name of Corporat<br>Beachmou | und Corporati                      | on   |                       |   |
| 3. Street Address Principal Busine   | ss Office                       |                                    | City   | State                 | Zip   |
| 50 South Main  | Street                          |                                    | Providence   | RI                    | 02903   |
| 4. Business Phone No. 401.277.98   | 318                             | 5. State of Incorporation Rhode Is |  |                       | 6. SIC Code                                   |
| 7. April Description of the Charac TO OWN, manag descriptions 8. NAMES AND ADDRE | e, hold, remore any other       | nt, lease and<br>r lawful acti     | maintain real e<br>vity<br>(CHMENT) FILLIN SPACES I<br>Vice President Name | estate of all         |   |
| Florence S. M  | cDonough                        |                                    |  |                       |   |
| Street Address<br>145 Peruvian   | Avenue                          |                                    | Street Address   |                       |   |
| <sup>cin</sup> Palm Beach  | State FL                        | <sup>Zip</sup> 33480               | City   | State                 | Zip   |
| Secretary Name Timothy T. Mô   | re                              |                                    | Treasurer Name Florence S.   | McDonough             | •• •• •• • • • • • • • • • • • • • • • •      |
| Street Address<br>50 South Main  | Street                          |                                    | Street Address<br>145 Peruvian   | Avenue                |   |
| <sup>City</sup><br>Providence  | State<br>R I                    | 02903                              | City<br>Palm Beach   | State<br>FL           | z <sub>ip</sub><br>33480                      |
| 9. NAMES AND ADDRE<br>Director Name  | ESSES OF THE DIRE               | CTORS ("X" BOX FOR A               | TTACHMENT) FILL IN SPACE Director Name                                     | S BEFORE USING ATTA   | ACHMENTS .                                    |
| Street Address   |                                 |                                    | Street Address   |                       | $J_{\mu}$                                     |
| OG STE   | State                           | ZIp                                | City   | State                 | Z. 200 32 32 32 32 32 32 32 32 32 32 32 32 32 |
| Director Carries (C)   |                                 |                                    | Director Name  |                       |   |
| Street Address S   |                                 |                                    | Street Address   |                       | 130 - NED                                     |
| City Carlotte  | State                           | Zip                                | City   | State                 | 震災  |
| 10. SHARESAUTHORIZ   | ED (*X* BOX FOR ATTA            | CHMENT)                            | 11. SHARES ISSUED (* ISSUED SHARES   | X° BOX FOR ATTACHMENT | רו  |
| Number of Shares   | Class/Series                    | Par Value                          | Number of Shares   | Class/Series          | Par Value                                     |
| 8,000 \$1.00   | Par Value                       |                                    | 100  | Common                | \$1.00  |

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

|                  | FILED          |
|------------------|----------------|
| File Date:       | JUL 28 2003    |
| Check No.:       | By Can         |
| Ву:              | CZYF9A         |
| 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.

Flores & M9) Magneth 7/

Florence S. McDonough

Print or Type Name of Officer

President

Title of Officer

Signature of Officer

Ferri 630 12/02



### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002 Filing Period: January 1-March 1 • Filing Fee: \$50.00



| (FORM MUST BE TYPED OR PRINT  | TED IN BLACK)                                |                                      |  |                                   |                          |
|---|--|--------------------------------------|--|-----------------------------------|--------------------------|
| 1. Corporate ID No.   | 2. Name of Corpora                           |                                      |  |                                   | <del></del>              |
| 39962   |  | ound Corporati                       | lon  |                                   |                          |
| 3. Street Address Principal Business 50 South Main  |  |                                      | <sup>cuy</sup><br>Providence   | State<br>R I                      | <sup>zip</sup><br>02903  |
| 4. Rusiness Phone No. 401.277.981   | 8  | 5. State of Incorporation Rhode Is 1 |  |                                   | 6. SIC Code<br>O         |
| 7. Brief Description of the Characte TO OWN, manage descriptions of 8. NAMES AND ADDRES President Name Florence S. Mo | e, hold, re<br>or any othe<br>SES OF THE OFF | ent, lease and<br>er lawful acti     | I maintain real e<br>vity<br>ICHMENT) FILLIN SPACES I<br>Vice President Name | estate of al<br>BEFORE USING ATTA |                          |
|   | e Donougn                                    | •                                    |  |                                   |                          |
| Street Address<br>145 Peruvian 1  | Avenue                                       |                                      | Street Address   |                                   |                          |
| Palm Beach  | State<br>FL                                  | <sup>zıp</sup><br>33480              | City   | State                             | Zip                      |
| Secretary Name Timothy T. Mon   | re   | • • •                                | Treasurer Name Florence S. N   | (cDonough                         | ** **** ***** *****      |
| Street Address<br>50 South Main   | Street                                       |                                      | Street Address<br>145 Peruvian   | Avenue                            |                          |
| Providence  | State<br>R I                                 | <sup>Zip</sup> 02903                 | <sup>chy</sup><br>Palm Beach   | State<br>FL                       | <sup>z</sup> 12<br>33480 |
| 9. NAMES AND ADDRES Director Name   | SES OF THE DIR                               | ECTORS ("X" BOX FOR AT               | TACHMENT) FILL IN SPACE Director Name  | S BEFORE USING AT                 | FACHMENTS                |
| Street Address  |  |                                      | Street Address   |                                   |                          |
| City  | State  | Zip                                  | City   | State                             | Score confi              |
| Director Name   |  |                                      | Director Name  |                                   | 25 C                     |
| Street Address?   |  |                                      | Street Address   |                                   | O 10                     |
| 3 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9   | State  | Zip                                  | City   | State                             | <b>起</b>                 |
| 10. SHARES AUTHORIZE  | D ("X" BOX FOR ATT                           | FACHMENT)                            | 11. SHARES ISSUED (*.  | X° BOX FOR ATTACHMEN              | w 8 TE                   |
| Number of Shafer =  | Class/Series                                 | Par Value                            | Number of Shares   | Class/Series                      | Par Value                |
| 8,000 \$1.00 1  | Par Value                                    |                                      | 100  | Common                            | \$1.00                   |

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

|                                 | FILED       |  |
|---------------------------------|-------------|--|
|                                 | JUL 28 2003 | 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:                      | C 2489A     | Florence & Mc ) onough 7/3/03 Signature of Officer Date  |
| By:                             | <u> </u>    | Florence S. McDonough  |
| FOR SECRETARY OF STATE USE ONLY | ,           | President  |

#### 2001 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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| iling Period: January                 | 1-March 1 •                       | Filing Fee: \$50.00                   |  |                              | INSTRUC              |
|---------------------------------------|-----------------------------------|---------------------------------------|--|------------------------------|----------------------|
| FORM MUST BE TYPED IN BLA             | • •                               |                                       |  |                              |                      |
| 1. Corporate ID No.<br>39962          | 2. Name of Corporati<br>Beachmoun | d Corporation                         |  |                              |                      |
| 3. Street Address Principal Business  | Office                            | -                                     | <sup>1</sup> City                          | State                        | Zip                  |
| 50 South Main  1. Business Phone No.  | Street                            | 5. State of Incorporation RHODE ISLAN | Providence_                                | RI                           | 02903<br>6. SIC Code |
| 7. Brief Description of the Character | -4. B                             |                                       |  |                              |                      |
| To Own, manage                        | , hold, re                        | nt,lease and m                        | naintain real e                            | state of all k               | cinds and            |
| Florence S.                           | McDonough                         |                                       | · · · · · · · · · · · · · · · · · · ·      | <del></del>                  |                      |
| 145 Peruvian                          | Avenue                            |                                       | Street Address                             |                              |                      |
| City                                  | State                             | Zip                                   | City                                       | State                        | Zip                  |
| Palm Beach                            | FL                                | 33480                                 | •  |                              |                      |
| ecretary Name                         |                                   | · • •                                 | Treasurer Name                             | U ,                          |                      |
| Timothy T. M                          | fore                              |                                       | : Florence S.                              | McDonough                    |                      |
| treet Address                         |                                   |                                       | Street Address                             |                              |                      |
| 50 South Mai                          |                                   |                                       | . 145 Peruvia                              | n Avenue                     |                      |
| Providence                            | State<br>R I                      | zip<br>02903                          | cny<br>: Palm Beach                        | State<br>  FL                | zip<br>33480         |
| NAMES AND ADDRESS                     |                                   |                                       |  | ES BEFORE USING ATTA         |                      |
| treet Address                         |                                   |                                       | Street Address                             |                              |                      |
| City                                  | State                             | Zip                                   | City                                       | State                        | Zip                  |
| Ofrector Name                         |                                   |                                       | Director Name                              |                              |                      |
| Street Address                        | ·                                 |                                       | Street Address                             |                              |                      |
| City                                  | State                             | Zip                                   | City                                       | State                        | Zip                  |
| IO. SHARES AUTHORIZE                  | D ("X" BOX FOR ATTA               | CHMENT)                               | 11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) |                              |                      |
| Number of Shares                      | Class/Series                      | Par Value                             | Number of Shares                           | Class/Series                 | Par Value            |
| 8,000 \$1.00 PAR                      | VALUE                             |                                       | 100  | Common                       | \$1.00               |
|                                       |                                   |                                       |  | i                            |                      |
| his report must be sign               | <b>cd in ink</b> by eith          | er the President. Vice                | President Secretary Ass                    | istant Secretary Treasu      | rer. Receiver or Ti  |
|                                       |                                   |                                       | resident, secretary, ris.                  | istam Secretary, measa       |                      |
|                                       |                                   |                                       |  |                              |                      |
| *                                     | 39962                             | <del></del>                           | Under penalty of p                         | erjury, I declare and affirm | that I have examine  |

|            | * 3 9 9 6 2 *     |
|------------|-------------------|
|            | 4-5-01            |
| File Date: | 1944              |
| Check No.: | 1999              |
| By:        | OF STATE USE ONLY |

this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer

Florence S. McDonough Print or Type Name of Officer

President

Title of Officer

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

### PROFIT. CORPORATION ANNUAL REPORT FOR THE YEAR 2000 Filing Period: January 1-March 1 • Filing Fee: \$50.00

| i i i i januar,  | r 1 - Murch 1                               | riing ree: \$30.00                                       |   |                           | . 1117.             |
|--|---|--|---|---------------------------|---------------------|
| (FORM MUST BE TYPED IN BLA                                       | ICK)  |  |   |                           |                     |
| 1. Corporate ID No   | 2. Name of Corpora<br>Beachmoun             | <sup>tton</sup><br>d Corporation                         |   |                           |                     |
| 3. Street Address Principal Business                             | 3. Street Address Principal Business Office |  |   | State                     | Zip                 |
| 2800 BankBoston Pl   | aza   |  | Providence                                  | RI                        | 02903               |
| 4. Business Phone No.  |   | 5. State of incorporation RHHQDEIsland                   |   |                           | 6. SIC Code         |
| 7. Brief Description of the Characte To own, manage, hol         |   |  | ate of all kinds and des                    | criptions or any ot       | her lawful activity |
| 8. NAMES AND ADDRES President Name                               | SSES OF THE OFFI                            | CERS ("X" BOX FOR ATTA                                   | ACHMENT) FILL IN SPACES Vice President Name | BEFORE USING ATTA         | CHMENTS             |
| Florence S. McDono   | ugh   |  | Street Address                              |                           |                     |
| 145 Peruvian A   | venue<br>State                              | Zip  | City  | State                     | Zip                 |
| Palm Beach<br>Secretary Nume                                     | , FL  | 33480  | Treasurer Name                              |                           |                     |
| Timothy T. More  |   |  | Florence S. McDonough                       |                           |                     |
| 2800 BankBoston Pl   | aza<br>State                                | Zip  | <sub>ćdy</sub> 45 Peruviau                  | n Avenue                  | Zip                 |
| Providence 9. NAMES AND ADDRES                                   | RI<br>SSES OF THE DIRI                      | 02903<br>ECTORS ("X" BOX FOR A                           | Palm Beach                                  | FI.<br>ES BEFORE USING AT | 33480<br>TACHMENTS  |
| Director Name  |   |  | Director Name                               |                           |                     |
| Street Address   |   |  | Street Address                              |                           |                     |
| Ċtty   | 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 |   | 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES |   |                           |                     |
| Number of Shares   | Class/Series                                | Par Volue  | Number of Shares                            | Class/Series              | Par Value           |
| 8,000 SHS \$1.00   | PAR   |  |   |                           |                     |
|  |   |  | 100   | Common                    | \$1.00              |

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

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|---------------|-------------------|--|
| File Date:    | 00/56/8           |  |
| Check No.:    | 1890              |  |
| Ву:           | COV               |  |
| FOR SECRETARY | OF STATE USE ONLY |  |

| Under penalty of pe    | erjury, l declare a | and affirm that | l have exa | mined      |
|------------------------|---------------------|-----------------|------------|------------|
| this report, including | ng any accompan     | ying schedules  | and states | ments, and |
| that all statements    | contained hereir    | are true and co | orrect.    |            |
| T-1                    | ma                  | . /             | 3/         | . /        |
| Florence &             | 111/0               | roussu          | 5/2        | 3/00       |
| Signature of Officer   |                     | / Da            | te /       | 7          |

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|-----------------------|------|---|---|--|
| Elorence S. McDone    | wah  |   |   |  |
| Florence S. McDone    | мь., |   |   |  |
|                       |      |   |   |  |
|                       |      |   |   |  |
| nue of Officeresident |      |   |   |  |

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

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

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| INSIRLC | HOSS |
|         |      |

| 1. Corporate ID No.              | 2. Name of Corpore  | ition  |  |                         |                |
|----------------------------------|---------------------|--|--|-------------------------|----------------|
| 39962                            | Beachmou            | nd Corporation   |  |                         |                |
| 32800 BankBoston                 | P182a               | <del></del>  | Providence                                       | StateRI                 | 02903          |
| 4. Business Phone No.            |                     | 5. State of Incorporation  |  |                         | 6. SIC Code    |
| 7. Brief Description of the Char |                     |  |  |                         |                |
|                                  |                     |  | ate of all kinds and des                         |                         |                |
| 8. NAMES AND ADDR                | ESSES OF THE OFF    | ICERS (*X* BOX FOR ATT   | ACHMENT) ( ) FILL IN SPACES  Vice President Name | S BEFORE USING ATTA     | CHMENTS        |
| Florence S. McDo                 | nough               |  | Street Address                                   |                         | ·              |
|                                  |                     |  | · Street Maares                                  |                         |                |
| =130 E. 67th Street              | State               | Zip  | City   | State                   | Zip            |
| New.York                         | NY                  | 10021  | Treasurer Name                                   | *********************** |                |
| Timothy T. More                  |                     |  | Florence-S-McD                                   | - 1                     |                |
| _2800_BankBosto                  | n Plaza             | <br>Zıp  | 774 Dene   | evue Aven               |                |
| Providence                       | RI                  | 02903  | Newport,   | RI                      | 02840          |
| 2PNAMES NEWD ADDR                | esses or the dir    | ECTORS 02983x.FOR  | Director Name                                    | ES BEFORE BEING AT      | TACHMUM 52     |
|                                  |                     |  |  |                         |                |
| Street Address                   |                     |  | Street Address                                   |                         |                |
| <u></u><br>Caty                  | · State             | Zip  | City   | · State                 | Zip            |
| Duector Name                     | J                   |  | Director Name                                    |                         |                |
|                                  |                     |  |  |                         |                |
| Street Address                   |                     | _  | Street Address                                   |                         |                |
| Čity                             | State               | Zip  | City   | State                   |                |
| 10. SHARES AUTHORI               | ZED ("X" BOX FOR AT | TACHMENT)  | 11. SHARES ISSUED                                | CX BOX FOR ATTACHME     | NID TO SEE SEE |
| AUTHORIZED SHARES                |                     |  | ISSUED SHARES                                    |                         | ·· · · ·       |
| Number of Shares                 | Class/Series        | Par Value  | Number of Shares                                 | Class/Senes             | Par Value      |
| 8,000 SHS \$1.00 F               | PAR                 |  |  |                         |                |
| · ·                              |                     | · -·   | 100  | Common                  | \$1.00         |
|                                  |                     | the second secon |  | <del>i</del>            |                |

L CO 0100 11110 12 NO 12110 01110 11111 12 DI

| Under penalty of perjury, I declare and affirm that I have examined |
|---|
| this report, including any accompanying schedules and statements,   |
| that all statements contained herein are true and correct.          |
| Florence S.M1) onoreale 2/11/99                                     |
| Signature of Officer Date   |
| Florence S. McDonough   |
| Print or Type Name of Officer  President                            |
| President   |
|   |



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

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335

401-277-3040

### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998 Filing Period: January 1-March 1 • Filing Fee: \$50.00

| FORM MUST BE TYPED IN BLAC                      | CK)                      |                           | /                                |                                   |                     |
|---|--------------------------|---------------------------|----------------------------------|-----------------------------------|---------------------|
| . Corparate ID No.                              | 2. Name of Corporation   | on                        | •                                |                                   | _                   |
| 39962<br>3. Street Address Principal Business ( |                          | Corporation               | City                             | State                             | Zíp                 |
| 2700 Hospital Tru<br>Business Phone No.         | ıst Tower                | 5. State of Incorporation | Providence                       | RI                                | 6. SIC Code         |
| ?. Brief Description of the Character           | of Business Conducted in | Rhode Island              | om omre oakken 1                 | E.1                               |                     |
| to own, manage, h                               | old, rent, l             | ease and maintain         | real estate of                   | with activity<br>all kinds and de | escriptions         |
| 3. NAMES AND ADDRESS<br>President Name          | SES OF THE OFFIC         | CERS ("X" BOX FOR ATTACK  | IMENT) Vice President Name       |                                   |                     |
| Florence S, McDon                               | ough                     |                           |                                  |                                   |                     |
| ireer Address<br>130 E. 67th Stre               | J                        |                           | Street Address                   |                                   |                     |
| City  | State '                  | Zip                       | City                             | State                             | Zip                 |
| New York  | NY                       | 10021                     |                                  |                                   |                     |
| Secretary Name                                  |                          |                           | Treasurer Name                   | •                                 |                     |
| Timothy T. More                                 |                          |                           | Florence S. Mo<br>Street Address | cDonough                          |                     |
| 2700 Hospital Tru                               |                          |                           | 130 E. 67th S                    |                                   |                     |
| Providence                                      | State<br>RI              | 02903                     | City<br>New York                 | State                             | Zip                 |
| 9. NAMES AND ADDRESS                            |                          |                           |                                  | NY                                | 02903               |
| Director Name                                   |                          |                           | Director Name                    |                                   |                     |
| Street Address                                  |                          |                           | Street Address                   |                                   |                     |
| City  | State                    | Zip                       | City                             | Staie                             | Zip                 |
| Director Name                                   |                          |                           | Director Name                    |                                   |                     |
| Street Address                                  |                          |                           | Street Address                   |                                   |                     |
| City  | State                    | Zip                       | City                             | State                             | Zip                 |
| 10. SHARES AUTHORIZEI<br>AUTHORIZED SHARES      | O ("X" BOX FOR ATTA      | CHMENT)                   | 11. SHARES ISSUED (              | (*X* BOX FOR ATTACHMEN            | 7)                  |
| Number of Shares                                | Class/Series             | Par Value                 | Number of Shares                 | Class/Series                      | Par Value           |
| 8,000 SHS                                       | \$ \$1.00                | PAR                       | 100                              | Common                            | \$1.00              |
|   |                          | •                         |                                  |                                   |                     |
| This report must be signe                       | ed in ink by eith        | er the President, Vice i  | President, Secretary, Ass        | sistant Secretary, Treas          | urer, Receiver or T |
|   |                          |                           |                                  | ı                                 |                     |

Trustee

|                                 | Under penalty of perjury, I declare and affirm that I have examined this report, Including any accompanying schedules and statements, and |
|---------------------------------|---|
| File Date:                      | that all statements contained herein are true and correct. BEACHMOUND CORPORATION   |
| Check No.: 1532                 | Signature of Officer Date Date  |
| By: AMF                         | President Florence S. McDonough Print or Type Name of Officer   |
| FOR SECRETARY OF STATE USE ONLY | Title of Officer  |

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-277-3040

#### 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.

2. Name of Corporation

39962

**Beachmound Corporation** 

3. Street Address Principal Business Office

2700 Hospital Trust Tower

City Providence State

02903

4. Business Phone No.

5. State of Incorporation

RI

6. SIC Code

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

State .

to own, manage, hold, rent, lease and maintain real estate of all kinds & descriptions

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

President Name

Vice President Name

Florence S. McDonough

Street Address

Street Address

130 E. 67th Street

10021

Zip

City

State

Zip

New York Secretary Name

NY

Treasurer Name

Timothy T. More

Florence S. McDonough

Street Address

Street Address

2700 Hospital Trust Tower

130 E. 67th Street

Zip

Providence

RI

02903

New York

NY

100.12

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

City

Florence S. McDonough Street Address

130 E. 67th Street

Street Address

State

Zip

New York Director Name

NY

10021

Director Name

Street Address

Street Address

City

State

City

Clly

State

10. SHARES AUTHORIZED AND ISSUED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES Number of Shares

Class/Series

Par Value

ISSUEE) SHARES

Number of Shares

Class/Series

Par Value

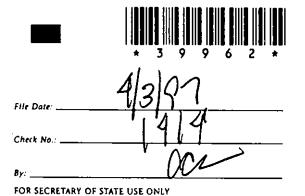
8,000 SHS \$1.00 PAR

100

Common

\$1.00

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

Florence S. McDonough

Print or Type Name of Officer

the sident

### PROFIT CORPORATION ANIGUAL REPORT

1996



State of Rhode Island and Providence Plantations
James R. Langevin, Secretary of State
Compositions Division

Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335 • (401) 277-3040

FORM 31 12/95

Filing Period: January 1-March 1

Filing Fee: \$50.00

Ву: \_

| 1. CORPORATE IO NO.               | 2. NAME OF CORPORATION                 |  | PRINT IN BLACK INK.                |  |  |
|-----------------------------------|--|--|------------------------------------|--|--|
| 39962                             |  | '<br>hmound Corporati                  | On                                 |  |  |
| 3 STREET ADDRESS PRINCIPAL BUSINE |  | - Corporati                            | ) tany                             | STATE  | 12F 600E                                 |
| 2700 Hospital Tr                  |  |  | Providence                         | RI   | 02903                                    |
| BUSINESS PHONE NO.                | <del></del>                            | 5 STATE OF EACORPORATION               |                                    |  | 6. SIC CODE                              |
|                                   |  | RHODE I                                | SLAND                              |  |  |
| BRIEF DESCRIPTION OF THE CHARACT  |  |  |                                    | <del></del>  |  |
| to own manage,                    | hold, rent, lease a                    | nd maintain real esta                  | ate of all kinds and des           | criptions or any ot                                  | her lawful activity                      |
| <del></del>                       | 8 . N                                  | AMES AND ADDE                          | ESSES OF THE O                     | FFICERS .  | •  |
| Florence S. McD                   | onough                                 | ·····                                  | VICE PRESIDENT TUME                |  |  |
| STREET ADDRESS                    | <del></del>                            | <del></del>                            | STREET ADDRESS                     |  | ···                                      |
| 130 E 67th Stree                  | et                                     |  | STREET ADDRESS                     |  |  |
| New York                          | STATE                                  | 2P COOK                                | QIY                                | STATE  | 20° COOE                                 |
| ECRETARY NAME                     | NY                                     | 1002.1                                 | TREASURER NAME                     |  |  |
| Timothy T. More                   | ;                                      | : <u>-</u> +,, +,                      | Florence S. McI                    | Onough   |  |
| STREET ADDRESS                    | <del></del>                            |  | STREET ADDRESS                     |  |  |
| 2700 Hespital Tr                  |  |  | 130 E. 67th Stre                   |  |  |
| Providence                        | STATE RI                               | 02903                                  | New York                           | STATE  | <sup>20-600€</sup> 10012                 |
| £                                 | 9 N                                    | A M E S A N D - A D D F                | ESSES OF THE D                     | 1  | 10012                                    |
| HRECTOR NAME                      | •                                      |  | DIRECTOR NAME                      |  |  |
| Florence S. Mc                    | Donough                                |  | FIRST I book to                    |  |  |
|                                   |  |  | STREET ADDRESS                     |  | •  |
| _130_E67th_St                     | reet                                   | ZIP CODE                               | απ                                 | \$TATE   | ZIP COOE                                 |
| New York                          | NY                                     | 10021                                  |                                    |  |  |
| ARECTOR NAME                      |  |  | DIRECTOR NAME                      |  |  |
| STREET ADDRESS                    |  | <del></del>                            | STREET ADDRESS                     | · · · · · · · · · · · · · · · · · · ·                |  |
|                                   |  |  | <b></b>                            |  |  |
| йlY                               | STATE                                  | ZIP CODE                               | Cally ~                            | STATE  | 20° COOE                                 |
|                                   |  |  |                                    |  |  |
| <del></del>                       | 1 0                                    | SHARES AUTHOR                          | IZED AND ISSUE                     |  |  |
| NUMBER OF SHARES                  | CLASS / SERTES                         | PAR VALUE                              | MUMBER OF SHARES                   | ISSUED SHARES OLGSTSERES                             | reli mile                                |
| 8,000 S                           | HS \$1.00 PAR                          | 7.43 &                                 | 100                                | Common   | \$1.00                                   |
|                                   |  | ······································ | <del>-  </del>                     |  |  |
|                                   |  | ·                                      |                                    |  |  |
|                                   |  | ,                                      |                                    |  |  |
|                                   | ······································ |  |                                    |  | <u> </u>                                 |
|                                   |  |  | GNED IN INK by either              |  |  |
| F                                 | President, Vice Presi                  | dent, Secretary, Assis                 | stant Secretary, Treasure          | er, Receiver or Truste                               | ee                                       |
|                                   |  |  | Under penalty                      | of penury, I declare and                             | affirm that I have examined              |
| <u>-</u>                          |  | •                                      | report, includir<br>all statements | ig any accompanying scr<br>contained berein are thue | nedules and statements, and and correct. |
| <u> </u>                          | la                                     | i                                      | Flance                             | co. X 149)   | ouride -                                 |
| File Date: 2//                    | 0/96<br>D                              | -                                      | Signature of O                     | fficer   | - new grand                              |
| Charles 12.5                      | 7)                                     | 1                                      | BEA                                | CHMOUND COR  | PORAY10iv                                |
| Check No:                         | <del></del>                            | •                                      | Print or Type N                    | lame of Officer                                      | <del></del>                              |

# 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: 39962  | , , , , , , , , , , , , , , , , , , ,                | Annual Report for the ye   | 199<br>ar:                    | 15                                   |                      |
|--|--|--|-------------------------------|--------------------------------------|----------------------|
| ·  | CHMOUND CORPORATION  as of the State of Rhode Island | Business Entity is (che [xx] Business Corpora [ ] Professional Serv  | ck one)<br>ation (See RIGL Cl | napter 7-1-1)<br>ce RIGL Chapter 7-5 | 5.1)                 |
| Phone ( ) Address and telephone of the principal Island (Provide street address - Not PC 2700 Hospital Trust To Providence, RI 02903 | D. Box}  | Brief statement of the real estate   |                               | ss conducted in Rhoo                 | de Island:           |
| Phone (401) 274-9200   |  |  |                               |                                      |                      |
|  | THE NAMES OF TH                                      |  | <del>-</del>                  |                                      |                      |
| Florence S. McDonough  | STREET ADD<br>729 Bellevue Ave<br>STREET ADD         |  | Newport<br>Chystate           | RI 0284                              | ZIP CODE<br>21P CODE |
| SECRETARY  | STREETADO  | RESS   | CHY/STATE                     |                                      | ZIP CODI             |
| Florence S. McDonough  | STREET ADD   | PRESS  | CITY/STATE                    |                                      | ZIP CODI             |
| Florence S. McDonough  | THE NAMES OF TH                                      |  | CITYSTATE                     |                                      | ZIPCOD               |
| Florence S. McDonough  | asabove.   | ORESS  | CITY/STATE                    |                                      | ZIPCOD               |
| NAME   | STREET ADD   | DRESS  | CITY/STATE                    | <u>-</u>                             | ZIP COD              |
| NUMBER OF SHARES AUTHORIZED  | O (Rider may be attached)                            | NUMBER OF SHARES IS  | SUED AND OUTST                | ANDING (Rider may l                  | oe attached)         |
| Number of Shares Cla   | iss / Series   | Number of Shares   | Class / Serio                 | <br>2S                               |                      |
| 8,000 Ca   | ommon \$1.00 par value                               | <br>  100<br>  | common                        | \$1.00 par va                        | alue                 |
| Date 2 anuary 3  |  | CHMOUND GORRAT   | ION HOLDE                     | <u> </u>                             | — —<br>— .— — ·      |
| <u> </u>   |  | WENCEOPONIE MENONQU<br>BANGOOD ON TO THE STONE OF THE STONE | gh <u>0</u>                   |                                      |                      |
| Form 31 - 1/95   | DESIGNATED REGISTERED AG                             |  | of DDOCRES.                   |                                      |                      |

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect. Form 9 must be filed

TIMOTHY T. MORE 2700 HOSPITAL TRUST TOWER PROVIDENCE RI 02903 Filing Fee \$50.00 Payable to: Secretary of State

#### PLEASE TYPE or PRINT

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

#### 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

| Corporate ID:  | Annual Report for the year: 1994  |
|--|---|
| Name of Business Entity: BEACHMOUND CORPORATION  |   |
| Business entity organized under the laws of the State ofRhode_Island  Federal Taxpayer Identification Number:  | Business Entity is (check one):   |
|  | Name, title and mailing address of contact person to whom communications may be directed:  Timothy T. Mose, Esq.  2700 Hospital Trust Tower |
| Phone: ()  |   |
| Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):  | Brief statement of the character of business conducted in Rhode Island  |
| 2700 Hospital Trust Tower  |   |
| Providence, RI 02903   | Date of Organization: 9/5/86 Date of Qualification to do husiness in Rhode Island (if foreign entity):                                      |
| CHIEF EXECUTIVE OFFICER OR XX PRESIDENT (Check Oct) STREET AD  | e Avenue, Newport, RI 02840   |
| CUSTODIAN OF RECORDS OR STREET ARY (Check One)  Florence S. McDonough as ab CHIFF FINANCIAL OFFICER OR XX TREASURER (Check One)  STREET AR   | ove   |
| Plorence S. HeDonough  THE NAMES OF THE NAME | DIRECTORS ARE:  CITY/STATE  ZIP CC  |
| Florence S. McDonough - as a street al   | bove  |
| NAME: STREET A   | DÖRESS ÇITY/STATE VIP CC  |
| NUMBER OF SHARES AUTHORIZED (If Applicable) 8,000  | NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)   |
| NUMBER 8,000 CLASS Common SERIES   | NUMBER 100  CLASS common  SERIES  PAR VALUE OR \$1.00 par value   |
| PAR VALUE OR WITHOUT PAR \$1.00 par_value  BE Date December 13   | PAR VALUE OR \$1.00 par value  WITHOUT PAR  |
|  | resident — — — — — — — — — — — — — — — — — — —  |
| 717LF CF   | resident  |

Filing Fee \$50.00

001 902

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                    | 0039962  |             | Annual Report for the year                               | r1993   |
|---------------------------------|--|-------------|--|---|
| FIRST: The na                   | ame of the corporation is                          |             | Beachmound Componet:                                     | ion   |
|                                 | -  | of          | Rhode Island<br>real estate                              |   |
| Fourth: If fo                   | oreign corporation, address of                     | its princ   | N/A<br>cipal office                                      |   |
| FiFTH: Busine<br>2700 Hospit    | ess address in Rhode Island<br>al Trust Tower, Pro | viden       | ce, Rhode Island 029                                     | 03  |
| Florence S.                     |  | ffice<br>Of | ficers:  Address (including number, 729 Bellevue Ave., N | ewport, RI  |
| Florence S.                     | McDonough Preside                                  | or          | As above   |   |
| Florence S.                     | McDonough Secreta                                  | iry         | As above   |   |
|                                 | mber of Shares authorized:  (Class  COmmon         | FEE         | PAID<br>B 1 9 1993<br>POFSTATE                           | Par Value or statement that shares are without par value \$1.00 par value |
| EIGHTH: Num  No. of Shares  100 | nber of Shares issued:  Class Common               | ÷           | Series   | Par Value or statement that shares are without par value \$1.00 par value |
| Dated                           | 19   | (Nan        | BEACHMOUND CORPORATIOne of Corporation) Florence S. 119  | n   |
| (Report mi                      | ust be signed by an officer)                       | Title       | President  | Ú   |

Filing Fee \$15.00

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 00399                     | 62                              | Annual Report for the year   | 1992   |
|--|---------------------------------|--|--|
| FIRST: The name of                     | of the corporation isBeac       | hmound Corporation   |  |
| SECOND: It is incom                    | rporated under the laws of      | Rhode Island   |  |
| THIRD: Character                       | of business, briefly stated, is | To own, manage, hold, rer  | nt. lease and  |
| пну be organized under                 | r the Rhode Island Business C   | ions and any other lawful act or acti<br>Corporations Act<br>rincipal office | •  |
| FIFTH: Business ad                     | dress in Rhode Island27.0       | OHospitalTrustTower  | Providence, RI 02                                    |
| SIXTH: Names and                       | addresses of its directors and  | l officers: Address (including number, sta                                   | (Attach rider if necessary)                          |
|  | Director                        |  |  |
| ······································ | Director                        |  |  |
| ······································ | Director                        |  |  |
| Florence S. McDe                       | onough President                | 130 E.67th Street, New   | York, NY 10012                                       |
| ······································ | Vice Preside                    | ent  |  |
| Timothy T. More                        | Secretary                       | 2700 Hospital Trust To   | ower, Prov., R1 0                                    |
| Florence S. McDo                       | onoughTreasurer                 | 130 E 67th Street, New   | YorkNY10021  |
| SEVENTH: Number                        | of Shares authorized:           |  | Par Value<br>or statement that                       |
| No. of Shares                          | Class                           | Series   | shares are without par value                         |
| 8,000                                  | Common                          | PAID   | \$1.00 par valu                                      |
| EіGнтн: Number o                       | of Shares issued:               | JUN 2 5 1832   | D V-1  |
|  |                                 | SECTION OF COME  | Par Value<br>or statement that<br>shares are without |
| No of Shares                           | Class                           | Series   | par value  |
| Dated/ une /                           |                                 | BEACHMOUND CORPORATION  (Marine on Corporation)  By Tauty Music              | \$1.00 par value                                     |
| (Report must be storm 31 - 1/85        | signed by an officer)           | Title Secretary  |  |

Filing Fee \$50.00

# 39359 %. 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 0039362

| Corporate ID.                          | 0033895                              | Annual Report for the year   | 1991   |
|--|--------------------------------------|--|--|
| First:                                 | The name of the corporation is       | F 1 1 5 1  | /  |
| Second:                                | It is incorporated under the laws    | of Rhode Island  |  |
| real e                                 | state of all kinds and descr         | l,is To own, manage, hold, rent,<br>iptions and any other lawful act<br>d under the Hhode Island Busines | or activity for                                      |
| Fourth:                                | If foreign corporation, address of   | its principal office   |  |
| <b>Г</b> іғтн:                         | Business address in Rhode Island 2   | 700 Hospital Trust Tower, Provid   | ence, RI 02903                                       |
| Ѕіхтн:                                 | Names and addresses of its directors | s and officers: Tice Address (including number,  | (Attach rider if necessary)                          |
| >************************************* | Directo                              | or   |  |
| ,                                      | Directo                              | or   | ······   |
| •••••                                  | Directo                              | or   |  |
| Florence S                             | . McDonough Preside                  | ent 130 E 67th Street, New Yo  | rk, N.Y. 10012                                       |
| *********************                  | Vice Pi                              | resident   |  |
| Timothy T.                             | More Secreta                         | Mry 2700 Hospital Trust Tower,   | Prov., R.I. 02903                                    |
| .Florence_S                            | McDonough Treasu                     | rer 130 E 67th Street. New Yor   | k, N.Y. 10021  |
| SEVENTH                                | : Number of Shares authorized:       | p. · · ·   | Par Value<br>or statement that<br>shares are without |
| 8,000                                  |                                      | Series   | \$1.00 par value                                     |
| 0,000                                  | Compi                                | 393.2 5 300  | varue  |
| EIGHTH: Number of Shares issued:       |                                      | SECTION STATE  | Par Value<br>or statement that                       |
| No. of Shi                             | ares Class                           | Series   | shares are without<br>par value                      |
| 100                                    | Common                               | •  | \$1.00 par value                                     |
| Dated Rebru                            | ory May 29 19 92                     | BEACHMOUND CORPORATION (Name of Corporation)   |  |
|  |                                      | Title Secretary  | · · · · · · · · · · · · · · · · · · ·                |
| (Ri<br>Form 31 - 1/85                  | eport must be signed by an officer)  | Title Scar Floar y   | ······································               |

## State of Rhode Island and Frovidence Plantations Corporations division 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

| Corporate ID 003995                    | 2                           | Annual Report for  | the year 1990  |  |
|--|-----------------------------|--|--|--|
| FIRST: The name of the corporation is  |                             | Donates and Donates and Mark   |  |  |
| SECOND: It is incorpor                 | rated under the laws of.    | Rhode Island   |  |  |
|  |                             | To own, manage, hold,<br>any other lawful act or<br>sland Business Corporati | rent, lease and maintain r<br>activity for which corpora<br>ons Act. |  |
| FOURTH: If foreign co                  | rporation, address of its   | principal office   |  |  |
| FIFTH: Business address                | ss in Rhode Island270       | O Hospital Trust Tower,  | Providence, RI 02903   |  |
| SIXTH: Names and add                   | dresses of its directors ar |  | (Attach rider if necessary) ng number, street, zip code)             |  |
| ······································ | Director                    |  |  |  |
|  | Director                    |  |  |  |
|  | Director                    |  |  |  |
| Florence S. McDonough                  | President                   | 130 E 67th Street, N   | lew York, NY 10012-6136  |  |
| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | Vice Presi                  | dent   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,                              |  |
| Timothy T. More                        | Secretary                   | 2700 Hospital Trust  | Tower, Prov., RI 02903   |  |
| Florence S. McDonough                  | Treasurer                   | 130 E 67th Street, A   | lew York, NY 10021-6136  |  |
| SEVENTH: Number of                     | Shares authorized:          |  | Par Value  |  |
| No. of Shares                          | Class                       | Senes  | or statement that<br>shares are without<br>par value                 |  |
| 8,000                                  | Common                      | <b>D</b>   | \$1.00 par value   |  |
|  |                             | nac'd & Filed  |  |  |
| EIGHTH: Number of Shares issued:       |                             | Rec'd & Filed FEB  |  |  |
| No of Shares<br>100                    | Class<br>Common             | Series   | par value<br>\$1.00 par value  |  |
| Dated February                         | 19 90                       | BEACHMOUND CORPORAT  | `LON   |  |
|  |                             | Ву   |  |  |
| (Report must be sign                   | ed by an officer)           | Title Secretary  | ······   |  |
| Form 31 - 1/85                         |                             |  |  |  |

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

# State of Rhode Island and Brovidence Plantations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

| orporate ID 0039962   | ************************************ | Annual Report       | for the year 1989   |
|---|--------------------------------------|---------------------|---|
| FIRST: The name of the c  | orporation is Beach                  | nmound Corporatio   | ori   |
| SECOND: It is incorporate   | d under the laws of                  | Rhode Island        |   |
| THIRD: Character of businestate of all kinds and tions may be organized | d descriptions and                   | any other lawful ac | d, rent, lease and maintain out of activity for which corporations Act. |
| FOURTH: If foreign corpo  | ration, address of its pr            | incipal office      |   |
| FIFTH: Business address in  | Rhode Island 2700                    | Hospital Trust Tow  | er, Providence, RI 02903  |
| SIXTH: Names and address  | sses of its directors and            |                     | (Attach rider if necessary)   |
|   | Director                             |                     |   |
|   | Director                             |                     |   |
| ······  | Director                             |                     |   |
| Florence S. McDonough   | President                            | 130 E 67th Street   | , New York, NY 10012-6136   |
|   | Vice Preside                         | nt                  |   |
| Timothy T. More   | Secretary                            | 2700 Hospital Tr    | ust Tower, Prov., RI 02903  |
| Florence S. McDonough   | Treasurer                            | 130 E 67th Street   | , New York, NY 10021-6136   |
| SEVENTH: Number of Sha  | res authorized:                      |                     | Par Value<br>or statement that  |
| No of Shares  | Class                                | Series              | shares are without<br>par value   |
| 8,000   | Common                               |                     | \$1.00 par  |
| EIGHTH: Number of Share   | es issued:                           |                     | Par Value   |
| No. of Shares   | Class                                | Series              | or statement that shares are without par value                          |
| 100   | Common                               | •                   | 1089<br>\$1.00 par value  |
| ted June 28   |                                      | BEACHMOUND CORPOR   | A   |
|   | В                                    | y finitey 1 1       | me  |
| (Report must be signed b  | y an officer) T                      | itle Secretary      |   |

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

|   | 14   |
|---|--|
| chmound Corporation   | <u> </u>   |
| Rhode Island  | ~  |
| To own, manage, hold, rent<br>nd any other lawful act of a<br>Island Business Corporation | activity for which corp  |
| principal office  |  |
| 700 Hospital Trust Tower, P   | rovidence, RI 02903  |
| nd officers: Address (including nur   | (Attach rider if necessary)  |
|   |  |
|   |  |
|   |  |
| 130 E 67th Street, New  | York, NY 10012-6136  |
| ident   |  |
| 27.00 Hospital Trust Tow  | veryProv.,,RI02903   |
| 130 E 67th Street, New  |  |
|   | Par Value<br>or statement that   |
| Series  | shares are without<br>par value  |
|   | \$1.00 par value   |
| (1899   | Par Value<br>or statement that   |
| Series  | shares are without<br>par value  |
|   | \$1.00 par value   |
| BFACI MOUND CORPORATION (Name of Corporation)   |  |
| By Mulley ! . In  | ne   |
| Title Secretary   |  |
|   | Rhode Island  To own, manage, hold, rend any other lawful act of Island Business Corporation principal office.  700 Hospital Trust Tower, Principal officers:  Address (including numbers)  130 E 67th Street, New dent  2700 Hospital Trust Towardent  2700 Hospital Trust Towardent  Series  Series  BEACI MOUND CORPORATION  (Name of Corporation)  By Munday |

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

# State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 270 WESTMINSTER MALL PROVIDENCE, RHODE ISLAND 02903

| Corporate ID 39962     |                                | Annual Report for the year1987  |  |  |
|------------------------|--------------------------------|---|--|--|
| FIRST: The name of     | of the corporation isbear      | hmound Corporation  |  |  |
| <u> </u>               |                                |   |  |  |
| SECOND: It is inco     | rporated under the laws of     | Rhode Island  |  |  |
| estate of all kings    | and descriptions and an        | to own, manage, hold, ren<br>y other lawful act or act<br>de Island Business Corpor | ivity for which                                      |  |
|                        |                                | incipal office  |  |  |
| FIFTH: Business ad     | dress in Rhode Island 2700     | Hospital Trust Tower, Pro   | vidence, Rhode Island 0                              |  |
|                        | addresses of its directors and | officers: Address (including num  | (Attach rider if necessary)                          |  |
| Florence S. McDonoug   | hDirector                      | 729 Bellevue Avenue, Ne   | wport, Rhode Island 0284                             |  |
|                        | Director                       |   |  |  |
|                        | Director                       |   |  |  |
| Florence S. McDor      | nough President                | 729 Bellevue Avenue   | , Newport, RI 02840                                  |  |
|                        | Vice Preside                   | nt  |  |  |
| Steven M. McInnis      | S Secretary                    | 26.00HospitalTrust  | Twr, ProvRI029                                       |  |
| Florence S. McDor      | nough Treasurer                | 729 Bellevue Avenue,  | Newport, RI 02840                                    |  |
| Seventh: Number        | of Shares authorized:          |   | Par Value or statement that                          |  |
| No. of Shares<br>8,000 | Class<br>Common                | Senes   | shares are without par value \$1.00                  |  |
| Eighth: Number o       | of Shares issued: Rec'd.       | FEB 18 1987<br>SECY. OF STAT  | Par Value<br>or statement that<br>shares are without |  |
| No. of Shares          | Class                          | SEC'Y OF an   | par value  |  |
| 100                    | common                         | OF STAT   | <b>\$1.</b> 00                                       |  |
| Dated February         |                                | EACHMOUND CORPORATION  Name of Corporation)  y  M  M  M  M  M  M  M  M  M  M  M  M  | M(T _ ' .  |  |
|                        | В                              | ille Secretary  |  |  |
| (Report must be s      | signed by an officer) T        | itle secretary  |  |  |