

FOR SECRETARY OF STATE USE ONLY

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RJ 02903-1335 401.222.3040

Form 630 12/01

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1		Filing Fee: \$50.00			
(FORM MUST BE TYPED IN L	LACK) 2. Name of Corp.	Novation			
40363		Corporation			
3. Street Address Principal Busin		Corporation	Total	16	7:-
2970 MENDON ROAD,			City CUMBERLAND	State RI	<i>Zip</i> 02864
4. Business Phone No.		5. State of Incorpora			6. SIC Code
4016584963		RHODE ISLAN			8839
7. Brief Description of the Char-	acter of Business C	t	_ 		
8. NAMES AND ADDRES	SES OF THE O	FFICERS ("X" BOX FOR	ATTACHMENT) FILL IN SP	ACES BEFORE USING AT	TACHMENTS
President Name James F. Gilbert			Vice President Name		
Street Address			* Street Address		
PO Box 206					
City	State	Zip	City	State	Zip
Manville	RI	02838			
Secretary Name			Treasurer Name		
James F. Gilbert		<u></u>	James F. Gilber	: t	
Street Address			* Street Address		
PO Box 206			.PO Box 206		
City	State	Zip	City	State	Zip
Manville	RI	02838	.Manville	RI	02838
9. NAMES AND ADDRES Director Name	SES OF THE DI	RECTORS ("X" BOX FO	RATTACHMENT) FILL IN	SPACES BEFORE USING	ATTACHMENTS
James F. Gilbert			•		
Street Address			Street Address		
PO Box 206			•		
City Manville	State RI	Zip 02838	·Ciry	State	Zip
Director Name	. J.::•		Director Name		
		· · · · · · · · · · · · · · · · · · ·		<u> </u>	
Street Address			·Street Address		
City	State	Zip	.City	State	Zip
,			•		
10. SHARES AUTHORIZ	ED ("X" BOX FO	R ATTACHMENT)	11. SHARES ISSUED ("	X" BOX FOR ATTACHMEN	<u> </u>
AUTHORIZED SHARES	· · · · · · · · · · · · · · · · · · ·	:• <u>_</u> _	ISSUED SHARES	<u> </u>	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
9 000 COMM \$1 00 DA			100	Common	\$1
8,000 COMM \$1.00 PA			100	Common	31
This report must be sign	ed in ink by eit	her the President. Vice	President, Secretary, Assi	stant Secretary, Treas	urer. Receiver or Truste
	,				1
		I			ł .
	 				
4 0 3	6 3			crjury, I declare and affirm	
	14 CMC			g any accompanying scho	
40363 DBC 02/15/95	1251.41 PM		and that all stateme	nts contained herein are tr	uc and correct.
File Date MAD	A 0 200F	1	Vian di -	J August	2/25/65
WAN	U. Z. 2003	112,25	Signature of Officer	//	Date
Check No.	wh	<u> </u>	James F. C	٠ کــا ٠	
Ву	147	- .	Print or Type Name o		
Ву;		—	President	-	
		ı	i i colucit		



Check No

FOR SECRETARY OF STATE USE ONLY

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

 ∇

Form 630 12/01

James F. Gilbert
Print or Type Name of Officer

President

Title of Officer

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. 2. Name of Corporation *40363* Gil Parking Corporation 3. Street Address Principal Business Office State Zip 2970 MENDON ROAD, UNIT 131 CUMBERLAND RI 02864 4. Business Phone No. 6. SIC Code 5. State of Incorporation 4016584963 8839 **RHODE ISLAND** 7. Brief Description of the Character of Business Conducted in Rhode Island 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL" IN SPACES BEFORE USING ATTACHMENTS Vice President Name James F. Gilbert Street Address Street Address PO Box 206 City Sinte City Manville RΙ 02838 Secretary Name Treasurer Name James F. Gilbert James F. Gilbert Street Address Street Address As above As above City State Zip City State Zip '9. 'NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name James F. Gilbert Street Address Street Address As above City State City State Director Name Director Name Street Address Street Address City State Ciry Zip State 10. SHARES AUTHORIZED 11. SHARES ISSUED **AUTHORIZED SHARES** ISSUED SHARES Number of Shares Par Value Number of Shares Par Value Class/Series Class/Series \$1 100 Common 8,000 COMM \$1.00 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 this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct. **40363* 2/6/0311:39:12 AM*



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 2003 Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BI	LACK) 12. Name of Corporation				
40363	; Gil Parking Corp	oration			
3. Street Address Principal Busine 2970 MENDON ROAD,			City CUMBERLAND	State R I	Zip 02864
4 Business Phone No.		5 State of Incorporation		1	6. SIC Code
4016584963		RHODE ISLAND			8839
7. Brief Description of the Charac PARKING LOT	cter of Business Conducte	d in Rhode Island			,
8. NAMES AND ADDRESS President Name	es of the office	RS CX BOX FOR ATTA	CHMENT) FILL IN SPACES	BEFORE USING ATTAG	HMENTS
James F. Gilbert					i
Sireei Address			Street Address		
PC Box 206					
City	State	Žφ	Ciry	State	Zip
Manville	ļRI	02838	•		
Secretary Name		•••••	Treasurer Name		
James F. Gilbert			James F. Gilbert		
Street Address			Street Address		1
As above			.As above		
City	State	Zıp	City	State	Zip
9. NAMES AND ADDRESS Director Name	ES OF THE DIRECT	ORS ("X" BOX FOR AT	TACHMENT) FILL IN SPACE	SBEFORE USING ATTA	CHMENTS
James F. Gilbert			•		
Street Address			Street Address		
As above			•		!
City	State	Zip	City	State	Zip
Director Name	•		Director Name		
Street Address		** ** **	Street Address	<u></u>	
City	State	Zip	CONT	State	Zip
10. SHARES AUTHORIZE	TI WYPROV EOD YN	ACUIENT THE	THE WADES ISSUED WAS BUT	VEOR ATTACUMENT	
AUTHORIZED SHARES	m (v DOV LOKAL)		ISSUED SHARES ISSUED ("X" BOX	ATOWN INGIMENTY	医发展数据 10% 10% 10%
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000 COMM \$1.00 PAF	R VALUE		100	! Common	\$1
					1
This can be seen to be		man ar a gama a managa a manag	1	C	Russian at Territor
This report must be signe	a in ink by either th	ie President, Vice Pre	sident, Secretary, Assistant	Secretary, Treasurer,	Receiver or trustee
			•		
	O HITS CHEN HIS TOOL				
	i iiii i ii i				
	O TINKO OTIOODA JANA 1881		Under penalty of perjury,	I declare and affirm that I	i have examined
* 4 U	3 6 5 *		this report, including any		
****************	2.414	ר	and that all statements cor		
**40363* 2/6/0311:39:1	£ 247		10 7	- 2111 L	8/silor
File Date O.	2 US		Hornes 1	/Whit	
4507			Signature of Officer ;	Date	
Check No. 1001			James F. Gilber	t	
110			Print or Type Name of Office		
$B_{Y'}$		_	<u></u>		
FOR SECRETARY OF STATE	USE ONLY		President	 .	
		J	Title of Officer		Form 630 12/01

Edward S. Inman, 111, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

STOP PILASE READ INSTRUCTIONS

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

FIII	ng Period: Januar	y 1-March 1 •	Filing Fec: \$50.00			INSTRUC
	M MUST BE TYPED IN BL parate ID No.	ACK) 2. Name of Corpora	tion			
. Stre	0040363 eet Address Principal Busines	G:	il Parking Corpo	oration CHy	State	Zip
. Bus	2970 Mendon R siness Phone No.	d	5. State of Incorporati	Cumberland	RI	02864 6. SIC Code
. Brie	(401) 658-496 of Description of the Characte		Rhode :	Island		8839
	Parking Lot AMES AND ADDRES ent Name	SSES OF THE OFF	ICERS ("X" BOX FOR ATT	FACHMENT) FILL IN SPACES B Vice President Name	EFORE USING ATTAC	HMENTS
treet	James F. Gilb	ert		Street Address		
lty	PO Box 206	State	Zip	City	State	Zip
ecreti	Manville,	RI	02838	Treasurer Name		
treet	James F. Gilb	ert		James F. Gil Street Address	bert	
lty	As above	State	Zip	As above	State	Zip
	AMES AND ADDRES	SSES OF THE DIR	ECTOR\$ (*x* BOX FOR A	ATTACHMENT) FILL IN SPACES Director Name	BEFORE USING ATTA	CHMENTS
treet	James F. Gilb	ert		Street Address		
lty	As above	State	Zip	City	State	Zip
irect	or Name		·• ·• •	Director Name		
treet	Address			Street Address		
lty		State	Zip	City	State	Zip
	SHARES AUTHORIZE	ED (*x* box for att	ACHMENT)	11. SHARES ISSUED (*X	* BOX FOR ATTACHMENT)
lumb	er of Shares	Closs/Series	Par Value	Number of Shares	Class/Series	Par Value
	8000	Common	\$1	100	Common	\$1

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

File Date:	2-12-02			
Check No.: _	3862			
Ву:	Zi .			
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.

James F. Gilbert

Print or Type Name of Officer

President



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 2001 Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN B	LACK)				
1. Corporate ID No.	2 Name of Corporat	ion			
0040363 3 Street Address Principal Busine		RKING CORPORAT	ION:	: State	Zip
2970 MENDON RO	<u> </u>	5. State of Incorporal	CUMBERLAND	RI	02864 6 SIC Code
(401) 658-439 7 Biref Description of the Charac		·	RHODE ISLAND		8839
PARKING LOT		n knoae isiana			
	SSES OF THE OFFI	CERS ("X" BOX FOR AT	TACHMENT) LI FILL IN SPACES B	EFORE USING ATTAC	HMENTS.
President Name	77.00		Vice President Name		
JAMES F. GILB	ERT _	·	Street Address		
PO BOX 206		·····	<u>i</u>	·	
City	State	Zip	City	State	Zip
MANVILLE,	RI	02838	**************************************	·	
JAMES GILBERT			JAMES GILBERT		
Street Address			Street Address		·
AS ABOVE			AS ABOVE		
City	State	Zip	City	State	Zip
9 NAMES AND ADDR	ESSECTOR THE DIDE	CTOPS (everage versib	ATTACHMENT) FILL IN SPACES	PERADE HEDICANT	
Director Name	· · · · · · · · · · · · · · · · · · ·	CTOKS (X POX FOR	Director Name	BEFORE USING A117	CHMENIS
JAMES F. GILB Street Address	EKI	·	Street Address		
AS ABOVE	State	Zip	City	State	Zip
Director Name	······································	•••••••••••••••••••••••••••••••••••••••	Director Name	· ······	Ì
Street Address			Street Address	· —————	 -
City		. 2.6			
	State	_L Zip L	City	State	Zip
10. SHARES AUTHORIZ	ED ("X" BOX FOR ATTA	ACHMENT)	11. SHARES ISSUED (*x	BOX FOR ATTACHMEN	
AUTHORIZED SHARES Number of Shares	Class (Caria)		ISSUED SHARLS	1-2	i
Number of States	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8000	COMMON	\$1	100	COMMON	\$1
	•				i
This report must be sis	zned in ink by eith	er the President. V	ice President, Secretary, Assist	tant Secretary Treasi	irer Receiver or Truste
,	,		ter President, bettetaty, rissis.	ium marcius, musi	area, receiver or reases
				ury, I declare and affire	
21	,				edules and statements, and
Τά	28		that all statements co	ntained herein are true	and correct Z
File Date: $\frac{\int \alpha}{37\alpha}$	_ · · · ···		Varies 1	- Miller!	
Check No.: _ 37a	చ్		Signature of Officer		Date
7		_	JAMES F. GII	BERT	
Ву:		_	Print or Type Name of Offi	ce:	
EON CRONETING OF CO.		-	PRESIDENT	•••	



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



Number of Shares	COMMON	\$1	100	COMMON	\$1
	Ciussystines				
	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
10. SHARES AUTHORIZED AUTHORIZED SHARES) ("X" BOX FUR ATTACH	IMENT)	11. SHARES ISSUED ISSUED SHARES	("X" BOX FOR ATTACHMENT	r)
City	State	<i>Z</i> ıp	City	State	Zip
Street Address			Street Address		
			Director Name		
Director Name					-4
AS ABOVE	State	Zip	City	State	Zip
JAMES F. GILBER'S	ľ		Street Address		
9. NAMES AND ADDRESS Director Name		TORS ("X" BOX FOR	ATTACHMENT) FILL IN SPA	CES BEFORE USING ATT	ACHMENTS
City	State	Zip	City	State	Zip
AS ABOVE			: AS ABOVE		
JAMES F. GILBER?	Γ		JAMES F. GILB	ERT	
Secretary Name	KI	02030	Treasurer Name		
MANVILLE,	State RI	zφ 02838	* City	State	Zip
PO BOX 206	_		:		
JAMES F. GILBER? Street Address	r		Street Address		
8. NAMES AND ADDRESS President Name		.KS (*X* BOX FOR AT	TACHMENT) FILL IN SPACE Vice President Name	S BEFORE USING ATTAC	CHMENTS
PARKING LOT					
(401) 658-4393 7. Brief Description of the Character	of Business Conducted in RI	RHODE	ISLAND		8839
2970 MENDON ROAI)	5. State of Incorpora		RI	02864 6. SIC Code
3. Street Address Principal Business (Office		City	! State	Zip
0040363	2. Name of Corporation CTI PA	RKING CORPOR	ATION		
1. Corporate ID No.	CK)		•		

	2/2/
File Date	<u> 3/20/00</u>
Check No :	3582
Bv·	de.
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

Signature of Officer

JAMES F. GILBERT Print or Type Name of Officer

PRESIDENT

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

	OP \
TELEVI	
EVSTRU	HOZS

GEORM WINST RETYPEID IN BLACK! 1 Composed 10 No. 1 Composed 10 No. 2 Name of Corporation 0040363 GIL PARKING CORPORATION 3 State Address Principal Business Office 2970 MERDON ROAD RI 02866. 4 Business Principal Business Office (401) 658–4393 RHODE ISLAND RI 02866. (401) 658–4393 RHODE ISLAND RHODE ISLAND RI 02868. 8839 7 Burel Description of the Character of Business Conducted in Roads Island PARKING LOT R. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) PRILLIN SPACES BEFORE USING ATTACHMENTS PRILLIN SPACES BEFORE USING ATTACHME	riting relibut jumuny i					
3. Street Address Street Address Street Address AS ABOVE City State Street Address Street Address AS ABOVE City State S						
3. Steer Address Principal Business Office 2970 MENDON ROAD CUMBERLAND RI 02864 4. Business Phone No (401) 658–4393 RHODE ISLAND RI 02865 (401) 658–4393 RHODE ISLAND RI 02866 R839 7. Bread Description of the Canacter of Business Conducted in Binder Island PARKING LOT RNAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) Street Address PO BOX 206 City MANVILLE, RI 02838 Street Address AS ABOVE City State JAMES F. GILBERT Street Address AS ABOVE City State JAMES F. GILBERT Street Address AS ABOVE City State JAMES F. GILBERT Street Address AS ABOVE City State JAMES F. GILBERT Street Address AS ABOVE City State JAMES F. GILBERT Street Address AS ABOVE City State JAMES F. GILBERT Street Address AS ABOVE City State Zip City City State Zip City City State Zip City City City City City City City City				· ^ 12		
2970 MENDON ROAD 2970 MENDON ROAD 3. State of Incorporation 4. Business Phone No 3. State of Incorporation RHODE ISLAND 8839 7. Brief Description of the Character of Business Conducted in Rhode island PARK ING LOT 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name JAMES F. GILBERT Street Address PO BOX 206 City State Zip City State Zip MANVILLE, RI 02838 Serestary Name JAMES F. GILBERT Street Address AS ABOVE City State Zip City State Zip 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) WILL IN SPACES BEFORE USING ATTACHMENTS Director Name JAMES F. GILBERT Street Address AS ABOVE City State Zip 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) WILL IN SPACES BEFORE USING ATTACHMENTS Director Name JAMES F. GILBERT Street Address Street Address AS ABOVE City State Zip City State Zip Director Name Street Address S			ING CORPORATI			7 in
6. Siction of Incorporation (401) 658-4393 RHODE ISLAND RHODE ISLAND 8839 2 Breit Description of the Character of Business Conducted in Rhode Island PARK ING LOT 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL INSPACES BEFORE USING ATTACHMENTS President Name JAMES F. GILBERT Street Address Seretaly Name JAMES F. GILBERT Street Address AS ABOVE City State 7-19 City State AS ABOVE City State P. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name JAMES F. GILBERT Street Address AS ABOVE City State 7-19 City State 7-19 City State 7-19 City State 7-29 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name JAMES F. GILBERT Street Address AS ABOVE City State 7-29 City Stat	•			•		•
(401) 658-4393 RHODE ISLAND 8839 7. Breet Description of the Character of Business Gonducted in Roade Island PARK ING LOT 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name JAMES F. GILBERT Steer Address PO BOX 206 City State 2p City State 2p AMNVILLE, RI 02838 Secretary Name JAMES F. GILBERT Steer Address AS ABOVE City State 7p 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name JAMES F. GILBERT 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name JAMES F. GILBERT Street Address AS ABOVE City State 2p City State 2		ט			RI	
7. Brief Description of the Character of Business Conducted in Rhode Island PARKING LOT 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name JAMES F. GILBERT Street Address PO BOX 206 GID State Zip MANVILLE, RI O2838 Secretary Name JAMES F. GILBERT Street Address AS ABOVE City State 7 ip 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name JAMES F. GILBERT Street Address AS ABOVE City State Zip 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name JAMES F. GILBERT Street Address AS ABOVE City State Zip Director Name Street Address AS ABOVE City State Zip Director Name Street Address City State Zip Director Name Street Address Street Address City State Zip Director Name Street Address Street Address City State Zip Director Name Street Address City State Zip 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) AITHORIZID SHORES Number of Shares Class/Series Par Value Par Value			•			
PARKING LOT 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name JAMES F. GILBERT Street Address PO BOX 206 City State Zip City State Zip MANVILLE, RI 02838 Secretary Name JAMES F. GILBERT Street Address AS ABOVE City State Zip 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name JAMES F. GILBERT Street Address AS ABOVE City State Zip 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name JAMES F. GILBERT Street Address AS ABOVE City State Zip Director Name Street Address AS ABOVE City State Zip City State Zip Director Name Street Address Street Address Street Address AS ABOVE City State Zip City State Zip City State Zip City State Zip Director Name Street Address Street Address Street Address Street Address Street Address City State Zip City State Zip City State Zip 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) AITHORIZED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value				SLAND		. 8839
President Name JAMES F. GILBERT Street Address PO BOX 206 Gity State Zip City State Zip MANVILLE, RI 02838 Secretary Name JAMES F. GILBERT Street Address AS ABOVE City State Zip State Zip City State AS ABOVE City State Zip 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name JAMES F. GILBERT Street Address AS ABOVE City State Zip City State Director Name JAMES F. GILBERT Street Address Street Address AS ABOVE City State Zip City State Zip Director Name JAMES F. GILBERT Street Address AS ABOVE City State Zip City State Zip Director Name Director Name Director Name Street Address Street Address Street Address Street Address City State Zip Director Name	PARKING LOT					
JAMES F. GILBERT Street Addiess PO BOX 206 City State 21p City State 21p MANVILLE, RI 02838 Secretary Name JAMES F. GILBERT JAMES F. GILBERT Street Addiess AS ABOVE City State 21p City State 21p 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACE'S BEFORE USING ATTACHMENTS Director Name JAMES F. GILBERT Street Address AS ABOVE City State 21p City State 21p Director Name Director Name Street Address AS ABOVE City State 21p City State 21p Director Name Street Address Street Address AS ABOVE City State 21p Director Name Street Address City State 21p Director Name Street Address City State 21p City State 21p Director Name Street Address City State 21p Til. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AITHOROLUDI SHARES Number of Shares Class/Senes Far Value Par Value	8. NAMES AND ADDRESSE	ES OF THE OFFICE	RS ("X" BOX FOR AT		ES BEFORE USING ATTACH	MENTS
Street Address PO BOX 206 City State Zip City State Zip MANVILLE, RI O2838 Secretary Name JAMES F. GILBERT JAMES F. GILBERT Street Address AS ABOVE City State Zip State Zip 9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACE'S BEFORE USING ATTACHMENTS Director Name JAMES F. GILBERT Street Address AS ABOVE City State Zip City State Zip Director Name Street Address AS ABOVE City State Zip City State Zip Director Name Street Address Street Address Street Address Street Address AS ABOVE City State Zip City State Zip Director Name Street Address City State Zip City State Zip Director Name Street Address City State Zip City State Zip 10. SHARES AUTHORIZED (*X* ROX FOR ATTACHMENT) HIL SHARES ISSUED (*X* BOX FOR ATTACHMENT) AITHORIZED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value Par Value Par Value Par Value Par Value Par Value		_		: Vice President Name		
PO BOX 206 City State Zip City State Zip MANVILLE, RI 02838 Secretary, Name JAMES F. GILBERT Street Address AS ABOVE City State Zip Other State Zip MANUSER F. GILBERT Street Address AS ABOVE City State Zip Po NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name JAMES F. GILBERT Street Address AS ABOVE City State Zip City State Zip Director Name Street Address Street Address Street Address City State Zip City State Zip City State Zip City State Zip Director Name Street Address City State Zip City State Zip City State Zip Director Name Street Address City State Zip City State Zip City State Zip Director Name Street Address City State Zip City State Zip City State Zip Director Name Street Address City State Zip City State Zip City State Zip Director Name Street Address City State Zip City State Zip Director Name Street Address City State Zip City State Zip City State Zip Director Name Street Address City State Zip City State Zip Director Name Street Address City State Zip Par Value Par Value		T				
MANVILLE, RI 02838 Secretary Name JAMES F. GILBERT SITER Address AS ABOVE City State 7-19 State 7-19 State 7-19 State 7-19 State 7-19 State STREET Address AS ABOVE City State 7-19 State 7-10 S				Street Address		
MANVILLE, RI 02838 Secretary Name JAMES F. GILBERT Street Address AS ABOVE City State Zip State City State Street Address AS ABOVE City State Street Address AS ABOVE City State Zip Street Address Director Name JAMES F. GILBERT Street Address Street Address AS ABOVE City State Zip 10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) AITHORIZID SHARES Number of Shares Class/Series Par Value	PO BOX 206			:	· · ·	
Secretary Name JAMES F. GILBERT Street Address AS ABOVE City State Zip 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name JAMES F. GILBERT Street Address AS ABOVE State Zip City State	•		•	* City	State	z. ip
JAMES F. GILBERT Street Address AS ABOVE City State Zip City State Zip 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name JAMES F. GILBERT Street Address AS ABOVE City State Zip City State Zip Director Name Street Address AS ABOVE City State Zip City State Zip Director Name Street Address City State Zip City State Zip Director Name Street Address City State Zip City State Zip 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) AITHORIZID SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value	MANVILLE,	R1	02838			
Street Address AS ABOVE City State Tip Ourector Name JAMES F, GILBERT Street Address AS ABOVE City State Director Name JAMES F, GILBERT Street Address AS ABOVE City State City State Zip City State Zip City State Zip Director Name Street Address AS ABOVE City State Zip 10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) AITHORIZID SHARES Number of Shares Par Value Par Value		Tr.		•	i n r n m	
AS ABOVE City State 7:p City State 7:p 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name JAMES F. GILBERT Street Address AS ABOVE City State Zip City State Zip Director Name Street Address City State Zip City State Zip 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) AITHORIZID SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value		1			FREKL	— —
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name JAMES F. GILBERT Street Address AS ABOVE City State Zip City State Zip Director Name Street Address City State Zip City State Zip Director Name 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) AITHORIZID SHARES Number of Shares Class/Series Par Value Par Value Par Value						
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name JAMES F. GILBERT Street Address AS ABOVE City State Zip City State Zip Director Name Street Address City State Zip 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) AITHKRUZID SHARES Number of Shares Class/Senes Par Value Number of Shares Class/Senes Par Value	AS ABOVE			•	.	
Director Name JAMES F. GILBERT Street Address AS ABOVE City State Zip City State Zip Director Name Director Name Street Address Street Address City State Zip City State Zip City State Zip City State Zip 10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) ALTHORIZID SHARES Number of Shares Class/Series Par Value Director Name Street Address Street Address Street Address Street Address City State Zip 11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) ALTHORIZID SHARES Number of Shares Class/Series Par Value Director Name Zip City State Zip	City	State	Zip	· City	State	Σ.Ψ i
City State Zip City State Zip City State Zip Director Name Street Address City State Zip City State Zip 10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) AUTHORIZED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value	JAMES F. GILBER' Street Address			Director Name		
Street Address City State Zip City State Zip 10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) AUTHORIZED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value		State	Zip	City	State	Zip
City State Zip City State Zip 10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) ALTIHORIZED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value	Director Name			Director Name		
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) AUTHORIZED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value	Street Address			Street Address		
AUTHORIZED SHARES Sumber of Shares Class/Series Par Value Number of Shares Class/Series Par Value	City	State	Zip	City	State	l Zip
Summer of Shares Classy series / W. Yand.) (*X* BOX FOR ATTAC	HMENT)		ED ("X" BOX FOR ATTACHMENT)	
8,000 COMMON NONE 100 COMMON NONE		Class/Series	Par Value	Number of Shares	Class/Senes	Par Value
	8,000	COMMON	NONE	100	COMMON	NONE
This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver o	This report must be signe	ed in ink by eithe	r the President, V	 Tice President, Secretary,	Assistant Secretary, Treasu	rer, Receiver or Tru
		٠				

the Date Uffav L QQ Theck No.: 900 OR SECRETARY OF STATE USE ONLY	Under penalty of perjuty, 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 JAMES F. GILBERT 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
401-277-3040

STOP

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998

Filing Perioa: Januar (FORM MUST BE TYPED IN BL		iling ree: \$50.00			1771.8
1 Corporate ID No 0040363	2. Name of Corporation	NG CORPORATION		•	
3. Street Address Principal Busines 2970 MENODN R			city CÚMBERLAND	State RI	- zip 02864
4. Business Phone No (401) 658–439	3	5. State of Incorporation RHODE ISLAI	ND		6 SIC Code 8839
7 Brief Description of the Charact PARKING LOT	er of Business Conducted in R	hode Island		· -	•
8. NAMES AND ADDRE President Name JAMES F. GILB		ERS ("X" BOX FOR ATTAC	HMENT) Vice President Name	· • · • • •	· · · · · · · · · · · · · · · · · · ·
Street Address PO BOX 206			Street Address		
City MANVILLE,	State RI	^{Zip} 02838	City	State	Zip
Secretary Name JAMES F. GILB Street Address AS ABOVE	ERT		Treasurer Nume JAMES F. GILB Street Address AS ABOVE	ERT	
City	State	Zip	City	State	Zip
9. NAMES AND ADDRE Director Name	SSES OF THE DIREC	TORS ("X" BOX FOR ATT	FACHMENT) Director Name		
JAMES F. GILE Street Address AS ABOVE	BERT		Street Address		
City	State	Zip	City	State	Zıp
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZ AUTHORIZED SHARES	ED ("X" BOX FOR ATTAC	HMENT)	11. SHARES ISSUED (*	"X" BOX FOR ATTACHMEN	T)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000	COMMON	NONE	100	COMMNO	NONE

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

20.00	
3.37.48	
File Date: 2783	
Check No.:	
By	
FOR SECRETARY OF STATE USE ONLY	/ 1

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/tsue and/correct.

Signature of Officer

JAMES F. GILBERT

Print or Type Name of Officer

PRESIDENT

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

PROFIT CORPORATION ANNUAL REPORT 1997

ling Period: Janua	y 1-March 1 🔹	Filing Fee:	\$50.00
--------------------	---------------	-------------	---------

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

2. Name of Corporation

0040363

GIL PARKING CORPORATION

3. Street Address Principal Business Office

2970 MENDON ROAD UNIT 131

CUMBERLAND

State

RI

Zip 02864

4. Business Phone No.

5. State of Incorporation

6. SIC Code

(401) 658-4393

RHODE ISLAND

8839

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

PARKING LOT

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

President Name

Secretary Name

Vice President Name

JAMES F. GILBERT

Street Address

Street Address

PO BOX 206

City

State

Zip

Zio

City

State

Zip

Zip

MANVILLE

RΙ

02838

Treasurer Name

JAMES F. GILBERT

JAMES F. GILBERT Street Address

JAMES F. GILBERT

PO BOX 206

Street Address

City

PO BOX..206

State

MANVILLE

RI

State

State

State

02838

MANVILLE

RI

02838

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

Director Name

Director Name Street Address

Street Address

PO BOX 206

Zip

City

State

MANVILLE

RI

Zip

Director Name

Director Name Street Address

Street Address

City

02838

City

State

Zip

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

AUTHORIZED SHARES Number of Shares

Class/Series

Par Value

Zip

ISSUED) SHARES Number of Shares

Class/Series

Par Value

8,000

COMMON

NONE

100

COMMON

NONE

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

FOR SECRETARY OF STATE USE ONLY

nd affirm that I have examined enules and statements, and

F. GILBERT Print or Type Name of Officer

PRESIDENT

PROFIT CORPORATION ANNUAL REPORT

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

1996



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

100 North Main Street

Providence, Rhode Island 02903-1335 • (401) 277-3040

PLEASE TYPE OR PRINT IN BLACK INK

CORPORATE ID NO	2. NAME OF CORPORATION		PRINT IN BEACK INC.		
0040363	E .	NG CORPORATION	,		
STREET ADDRESS PRINCIPAL BUSINE	SS OFFICE	 	ממ	STATE	ZIP CODE
2970 MENDON R	OAD UNIT 131	5. STATE OF INCORPORATION	CUMBERLAND	RI	02864
(401) 658-439		RHODE ISL	AND		8839
PARKING LOT	ER OF BUSINESS COMODICTED IN INFOOETS	LÁNO			
- }	8 . N A R	A'ES' AND'ADDR	ESSES OF THE OFI	FICERS	
Sident Name JAMES F. GILB	ERT		VICE PRESIDENT NAME		
PO BOX 206			STREET ADDRESS		
,	STATE	72F C00€	an	STATE	20° C000E
MANVILLE RETARY NAVE	RI	02838	TREASURER NAME		<u>l</u> ,
JAMES F. GILB	ERT		JAMES F. GILBE	RT	,
AS ABOVE			AS ABOVE		
Y	STATE	ZIP CODE	an ADOVE	, STATE	ZiP COOE
	9 4 4	A F S. A N D A D D B	LES, SES OF THE DIF	P. F. C. T. O. P. S	
ECTOR NAME			DIRECTOR HAME	THE CHI OZNICA	
JAMES F. GILB	ERT				
REET ADORESS AS ABOVE			STREET ADDRESS		
Y AS ABOVE	STATE	<i>IP</i> C005	άιγ	STATE	ZIP CODE
RECTOR NAME			DIRECTOR NAME		
REET ADORESS		·····	STREET ADDRESS		
17	STATE	ZIP COOE	atr	STATE	T 70° C000£
		}	E		
	. 10 S F	ARES AUTHOR	IZED AND ISSUED	(v	
				ISSUED SHARES	
10000	AUTHORIZED SHARES			CLASS / SERIES	PAR VALUE
MUMBER OF SHARES	AUTHORIZED SHARES CLASS / SERIES	PAR VALUE	MUMBER OF SHARES	· · · · · · · · · · · · · · · · · · ·	1.41.42
MUMBER OF SHARES		PAR VALUE NONE	100	COMMON	NONE
	CLASS / SERVES				

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

JAMES F. GILBERT

Print or Type Name of Officer

PRESIDENT

Title of Officer

Date

For Secretary of State Use Only

File Date:

Check No:

By:

DETACH ROTTOM REFORE DETHIDAINS

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 Fec \$50.00

Make Checks Payable to: Secretary of State

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

GO40 fin 5 Corporate ID: _	•	Annual Report for the ye	1995 ar;	
Gil Park:	ing Corporatio	า		
Name of Corporation: Business entity organized under the laws of the State of: For foreign entity, address and telephone number of prir			cck one): ation (See RIGL Chapter 7-1.1) rice Corporation (See RIGL Chapte	er 7-5.1)
		Brief statement of the	character of business conducted in	Rhode Island:
Phone: ()	•••	Parking Lot		
Address and telephone of the principal office of busines	s entity in Rhode	_		
Island (Provide street address - Not P.O. Box): 2970 Mendon Road Unit 131				
Cumberland, RI 02864				
Phone: (401.) 658-4393	•			
	THE NAMES OF TH	IE OFFICERS ARE:		
PRESIDENT	STREET ADD		CITY/STATE	ZJP CODE
James F. Gilbert	PO Box 206		Manville, RI	02838 ZIP CODE
vice president	STREET AIN	¥£22	CITAVALVIE	ZIP CODE
SECRETARY	STREET ADD	RESS	CITY/STATE	ZIP CODE
James F. Gilbert TREASURER	As Above STREET ADD	RESS	CITY/STATE	ZIPCODE
James F. Gilbert	As Above			
	THE NAMES OF TH	E DIRECTORS ARE:		
NAME 	STREET ADE	ORESS	CITY/STATE	ZJP CODE
James F. Gilbert	As Above STREET ADD	RESS	CITY/STATE	ZIP CODE
NAMF .	STREET ADD	ORESS	CITY/STATE	ZIP CODE
NUMBER OF SHARES AUTHORIZED (Rider may be at	tached)	NUMBER OF SHARES ISS	SUED AND OUTSTANDING (Rider r	nay be attached)
Number of Shares Class / Series		Number of Shares	Class / Series	
8,000 Common		100	Common	
Date 723 , 19 5	By: V	es F. Gilbert	Hillient-	
Form 31 1/95	TITLE OF OR	SIGENT THE SIGNING		
DESIGNATE	D REGISTERED AG	ENT FOR SERVICE O	F PROCESS:	
PLEASE NOTE: If the registered office and/or regist	ared agent indicated below	is incorrect. Form 9 must l	he filed	

BENTLEY TOBIN 1500 FLEET CENTER PROVIDENCE RI 02908 FILED FES 2 8 1995 ding Lee \$50 b0. iyable to: inetary of State

PLEASE TYPE or PRINT

State of Rhode Island and Providence Plantations

Office of The Secretary of State 100 North Main Street

Tile Annually
11.0 Sept 1 Nov 1
CORP: Jan 1 - March 1
PURCH 2/19
ESD

Providence, Rhode Island 02903-1335 401-277-3040

orporate ID:	Annual Report for the year 1994
one of Business Entity GIL PARKING CORPORATION	·
usiness entity inganized under the laws of the State of RHODE_ISLAN	Husmess Littly is (check one)
ulcial Taspayer Identification Number	LXI Business Corporation (See RIG), Chapter 7 1 13
	[] Professional Service Corporation (See RIGI. Chapter 1/5.1)
n foreign entity, address and telephone number of principal office:	Limited Fability Company (See RIGI, 7-16)
	Name, title and mailing address of contact person to whom communications may be directed:
	JAMES F. GILBERT. PRESIDENT
<u> </u>	3 REGENCY PLAZA, SUITE 1
100c ()	PROVIDENCE, RI 02903
diliess and telephone of the principal office of business entity in Rhode	
land (Provide street address - Not P.O. Box)	Brief statement of the character of business conducted in Block Island
3 REGENCY PLAZA, SUITE 1	PARKING LOT
PROVIDENCE; RI 02903	
	Date of Organization: 10/9/86
мис <u>(401_)</u> 751-0670	Date of Qualification to do business in Rhode Island (if foreign entity)
THE NAMES	FOR THE OFFICERS ARE:
	ADDRESS HARVETT FEBRUARY AND ADDRESS AND A
	OX 206 MANVILLE, RI 02838
_	DELL'ADORESS CHANTAL AFTOR
	ABOVE FIRST ZIEGORIE ZIEGORIE ZIEGORIE
JAMES F. GILBERT AS A	ABOVE
THE NAMES	OF THE DIRECTORS ARE:
·	ABOVE
VIII.	TREET ABORESS CHANGES 200 CONF.
VIII	THEFT ANDRESS TO CHESTAN
<u> </u>	
UMBER OF SHARES AUTHORIZED (If Applicable)	NUMBER OF SHARES ASSUED AND OUTSTANDING (IT Applicable)
UNIBER 8,000	NUMBER 100
LASS COMMON	CLASS COMMON
ERIES	F SERUES
AR VALUE OR OO DAD MALTIE	PAR VALUE OR \$1.00 PAR VALUE
THOUTPAR \$1.00 PAR VALUE	WITHOUNIAR
<i></i>	
7/ 24 9/	
	by the state of th
_	JAMES F. GILBERT
Ē	RINT INTO NAME OF ORTHOR SEISIG
i	PRESIDENT

LEASE NOTE. If the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form LLC 3 must be filed

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

FILED MAY 12 1994 FC

Form 31 1/85

State of Rhode Island and Providence Plantations

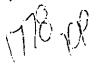
CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID 00403E3		Annual Report for the year 1993		
FIRST: The name of the corporation is		Gil Barking Corporation		
SECOND: It is incorpo	rated under the laws of	Rhode Island		
THIRD: Character of b	ousiness, briefly stated, is	Parking lot	······································	
FOURTH: If foreign co	オフク	ncipal office		
FIFTH: Business addre			uite l	
		Providence, RI 02	903	
SIXTH: Names and ad	dresses of its directors and o		(Attach rider if necessary)	
James F. Gilbert	Director	PO Box 206 Manvil	le, Ri 02838	
	Director		number, street, zip code) le, RI 02838	
	Director	MA	19 05 100	
James F. Gilbert	President	As above	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
	Vice Presiden	t	1.75	
James F, Gilbert	Secretary	As Above		
James F. Gilbert	Treasurer	As Above		
SEVENTH: Number of	Shares authorized:	Series	Par Value or statement that shares are without	
8,000	Common	in the second	par value No par value	
Еюнтн: Number of S	hares issued:		Par Value or statement that	
No. of Shares	Class	Series	shares are without par value	
100	Common		No par Value	
Dated Monch	1 19 93	Gil Parking Corpor	ation	
/	By	ame of Corporation)	7 Illust	
(Report must be sign	out has an affirmant. The	10 / Mosider	ti	

Form 31 1/85

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903



Corporate ID 40343		Annual Report for	the year 1992
FIRST: The name of the con	poration is GIL PAR	RKING CORPORATION	
SECOND: It is incorporated	under the laws of	Rhode Island	
THIRD: Character of busine	ess, briefly stated, is	to invest in and	operate real estate.
FOURTH: If foreign corpora	tion, address of its princ	cipal office. N/A	
FIFTH: Business address in	Rhode Island		
1500 Fleet Center Pro	vidence RI 029	203	
SIXTH: Names and address	es of its directors and of		(Attach rider if necessary) g number, street, zip code)
None	Director		
	Director		
	Director	385 mister	St Providence RI
James F. Gilbert	•	- · ·	loonsocket, RI 02895 <i>02</i> ,
	Vice President		
Bentley Tobin	Secretary	1500 Fleet Cente	er, Prov., RI 02903
James F. Gilbert	Treasurer	55 Fortin Dr., W	Joonsocket, RI 02895
SEVENTH: Number of Shar	es authorized:		Par Value or statement that
No. of Shares 8000	Class Common	Series	shares are without par value \$ 1.00
	PAI	1 % La	
EIGHTH: Number of Shares	s issued: MAR 19	189 2	Par Value or statement that
No. of Shares 100	Class STOY OF S	STATE Series	shares are without par value \$ 1.00
Dated March 17	7 19 9) G. (Na	I PARK ING CORPORA me of Corporation)	YION
(Report must be signed by		le (Coserei)	

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID40363		Annual Report for th	ne year ¹⁹⁷¹
FIRST: The name of	f the corporation is GIL PA	ARKING CORPORATION	
SECOND: It is incor	porated under the laws of	Rhode Island	
THIRD: Character of	of business, briefly stated, is	to invest in and	operate real estate.
FOURTH: If foreign	corporation, address of its pri	ncipal office N/A	
Fifth: Business add	dress in Rhode Island		
1500 Fleet Cente	r Providence RI O	2903	
SIXTH: Names and	addresses of its directors and o		(Attach rider if necessary)
None	Director		
	Director		
	Director		
James F. Gilbert	President	55 Fortin Dr., W	oonsocket, RI 02895
	Vice Presider	nt	
Bentley Tobin	Secretary	1500 Fleet Cente	r, Prov., RI 02903
James F. Gilbert	Treasurer	55 Fortin Dr., W	Joonsocket, RI 02895
Seventh: Number	of Shares authorized:		Par Value
No. of Shares 日〇〇〇	Class Common	Series	or statement that shares are without par value \$ 1.00
	Rec'd	& Filed LPD 1 2 1001	
Eighth: Number o	of Shares issued:	APR 12 1991	Par Value
No. of Shares	Class Common	Series	or statement that shares are without par value \$ 1 . OO
Dated		GIL PARKING CORPORA	NOI TA
	. В	150,5110.	John
(Report must be		itle Secreta	ing

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 270 WESTMINSTER MAIL. PROVIDENCE. RHODE ISLAND 02903

Corporate ID 40343		Annual Report fo	or the year	1990
FIRST: The name of the	corporation is GIL F			
SECOND: It is incorpora	ted under the laws of			
THIRD: Character of bus	siness, briefly stated, is			
FOURTH: If foreign corp	oration, address of its pri	ncipal officeN/A	••••••	
FIFTH: Business address	in Rhode Island			
1500 Fleet Center	Providence RI 0	29 03	••••	•••••
SIXTH: Names and addr	esses of its directors and o		(Att	ach rider if necessary)
None	Director		••••••	••
	Director		• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •
	Director		•••••	
James F. Gilbert	President	55 Fortin Dr.	. Woonsock	et. Rl 028 9 5
	Vice Presiden	t		••••••
Bentlev Tobin	Secretary	1500 Fleet Ce	nter. Frov	R.(02903
James F. Gilbert	Treasurer	55 Fortan Dr.	. Woonsook	et. 83 02895
SEVENTH: Number of Sh	ares authorized:			Par Value Latement that
No. of Shares BOOC)	Class Conimoi i	Series Rec'd & Filed	share	seare without par value
Елднтн: Number of Sha	res issued:	Med MA	orsi orsi	Par Value latement that
No of Shares 1 OO	Class Cummon	Senes	1990 share	is are without nar value 1 - OO
Dated		GIL FARKING CORP	ORATION	
	Ву	Bulles Do	8/	
(Report must be signed	by an officer) Tit	le Secreta		

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION 270 WESTMINSTER MALL PROVIDENCE. RHODE ISLAND 02903

Corporate ID. 40%63		Annual Report	for the year	
First: The name of the	e corporation is	PARKIDS CORPORATION		
SECOND: It is incorpor	rated under the laws of	Phode Island	······································	
THIRD: Character of b	usiness, briefly stated, is	to invest is a	nd operato resi estate.	
FOURTH: If foreign co	rporation, address of its pr	incipal office		
Fifth: Business address	s in Rhode Island			
1500 Flegt Center	Frow dence RI 0	2903		
SIXTH: Names and add	dresses of its directors and		(Attach rider if necessary) cluding number, street, zip code)	
House	Director			
	Director			
	Director			
Pearlet F. Bkliget	President	Sid Foster Or.	. Moorsecket. 81 02895	
	Vice Preside	nt		
Bentley Tobin	Secretary	1500 Fleet Ce	mier, Prov., RI 02901	
Jones F. Gilbert	Treasurer	35 Contac De	. Woonstocker, MI 62895	
SEVENTH: Number of S	Shares authorized:		Par Value or statement that	
No. of Shares	Class Contings (Series	shares are without par value	
Eіднтн: Number of Si	nares issued:		Par Value or statement that	
No. of Shares	Class Octobracija i	Series	Shares are without par value	
Dated		å 11. FOFMAINE CORF	060T10H	
	В	y Kellly	78hi	
(Report must be signe	d by an officer)	itle		

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

Corporate ID	40363		Annual Report for the y	/ear1988
		rporation is GIL	PARKING CORPORATION	
SECOND	: It is incorporated	under the laws of	Rhode Island	
THIRD:	Character of busine	ess, briefly stated, is	to invest in and c	operate real estate
Fourth	: If foreign corpora	ition, address of its p	rincipal officeN/A	······································
Г ІГТН:			······································	
1500 FJ	leet Center F	Providence RI	02903	
Ѕіхтн:	Names and address	es of its directors and	l officers: Address (including num	(Attach rider if necessary) ber, street, zip code)
None	······	Director		
•••••	•	Director		·····
	•••••••••••••	Director		
James f	F. Gilbert	President	55 Fortin Dr., Wo	oonsocket, RI 02895
		Vice Preside	ent	
	y Tobin	Secretary		, Prov., RI 02903
James f	F. Gilbert	Treasurer	•	oonsocket, RI 02895
Seventh	i: Number of Shar			Par Value
		es addiorized.		or statement that shares are without
No. of Sh	B000	Class Common	PATD	par value \$1.00
			FEB 03 1988	
Еіднтн:	Number of Shares	s issued:	SECY. OF STATE	Par Value
No. of Sh	NO FOR	/ Class	Series	or statement that shares are without par value
	า๊ออ	Common	Sello	\$1.00
Dated			GIL PARKING CORPORA	TION
6 -		,	By Blutley To	lin
▶.		M 21 1998	Tide A Day A of A	······································
(R Form 31 1/85	eport must be signed by	an officer)	Title HEALTAN	/

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

Corporate ID	40363		Annual Report for the year	1987
First:	The name of the co	rporation is GIL PA	ARKING CORPORATION	
SECOND:	: It is incorporated	under the laws of	Rhode Island	
Third:	Character of busine	ess, briefly stated, is	to invest in and opera	te real estate
Fourth	: If foreign corpora	ation, address of its pri	ncipal officeN/A	
Г ігтн:	Business address in	Rhode Island		•••••
c/o 1500	Fleet Center	Providence i	RI 02903	
Ѕіхтн:	Names and address	es of its directors and o	officers: Address (including number, stre	(Attach rider if necessary) et, zip code)
None	•••••••	Director		
•••••	••••••	Director		•••••
•••••	•••••••••••••••••••••••••••••••••••••••	Director		
James F.	Gilbert	President	55 Fortin Dr., Woonso	cket, RI 02895
		Vice Presiden	nt	•••••
Bentley	Tobin	Secretary	1500 Fleet Center, Pro	ov., RI 02903
James F.	Gilbert	Treasurer	55 Fortin Dr., Woonso	cket, RI 02895
Seventh	: Number of Shar	es authorized:		Par Value
No. of Sh 80	ares 000	Class Common	Series	or statement that shares are without par value \$1.00
Еіснтн:	Number of Shares	03/09/87	·	Par Value or statement that shares are without
No. of Sha 1	ares 00	Class Common AAE 6	Series 1987	par value \$1.00
Dated		19 19 84A001 By	BIL PARKING CORPORATION	
·		₽ By	Deutley / This	·
(Re	eport must be signed by	an officer)	The Accretary	