



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State  
Matthew A. Brown, Secretary of State

Corporations Division  
100 North Main Street  
Providence, RI 02903-1335  
401.222.3040

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 126563		2. Name of Corporation SHANRI HOLDINGS CORP.			
3. Street Address Principal Business Office 401-60 BASTION SQUARE			City VICTORIA, B. C.	State CANADA	Zip V8W 1J2
4. Business Phone No (250) 477-5757		5. State of Incorporation DELAWARE			6. SIC Code 5538
7. Brief Description of the Character of Business Conducted in Rhode Island REAL ESTATE DEVELOPMENT					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name RICHARD BERLIN			Vice President Name ALTON BROWN		
Street Address 401-60 BASTION SQUARE			Street Address 917 WESTERN AMERICA CIRCLE # 503		
City VICTORIA, B. C.	State CANADA	Zip V8W 1J2	City MOBILE	State ALABAMA	Zip 36609
Secretary Name RICHARD BERLIN			Treasurer Name S. AMY BERLIN		
Street Address 401-60 BASTION SQUARE			Street Address 401-60 BASTION SQUARE		
City VICTORIA, B. C.	State CANADA	Zip V8W 1J2	City VICTORIA, B. C.	State CANADA	Zip V8W 1J2
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name RICHARD BERLIN			Director Name S. AMY BERLIN		
Street Address 401-60 BASTION SQUARE			Street Address 401-60 BASTION SQUARE		
City VICTORIA, B. C.	State CANADA	Zip V8W 1J2	City VICTORIA, B. C.	State CANADA	Zip V8W 1J2
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 COMM NO PAR VALUE			1,000 Common NO PAR VALUE		

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



File Date	2-3-05
Check No.	1574
By:	
FOR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer

Date

RICHARD BERLIN

Print or Type Name of Officer

PRESIDENT

Title of Officer



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State  
Matthew A. Brown, Secretary of State

Corporations Division  
100 North Main Street  
Providence, RI 02903-1335  
401.222.3040

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 126563		2. Name of Corporation SHANRI HOLDINGS CORP.			
3. Street Address Principal Business Office 401-60 BASTION SQUARE			City VICTORIA, B. C.	State CANADA	Zip V8W 1J2
4. Business Phone No. (250) 477-5757		5. State of Incorporation DELAWARE			6. SIC Code 5538
7. Brief Description of the Character of Business Conducted in Rhode Island REAL ESTATE DEVELOPMENT					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name RICHARD BERLIN			Vice President Name ALTON BROWN		
Street Address 401-60 BASTION SQ.			Street Address 917 WESTERN AMERICA CIRCLE # 503		
City VICTORIA, BC,	State CANADA	Zip V8W 1J2	City MOBILE	State ALABAMA	Zip 36609
Secretary Name RICHARD BERLIN			Treasurer Name S. AMY BERLIN		
Street Address 401-60 BASTION SQ.			Street Address 401-60 BASTION SQ.		
City VICTORIA, BC,	State CANADA	Zip V8W 1J2	City VICTORIA, BC,	State CANADA	Zip V8W 1J2
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name RICHARD BERLIN			Director Name S. AMY BERLIN		
Street Address BASTION 401-60 SQUARE			Street Address BASTION 401-60 SQUARE		
City VICTORIA, BC	State CANADA	Zip V8W 1J2	City VICTORIA, BC	State CANADA	Zip V8W 1J2
Director Name			Director Name		
Street Address			Street Address		
City State Zip			City State Zip		
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 COMM NO PAR VALUE			1,000 COMM NO PAR VALUE		

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



\* 1 2 6 5 6 3 \*

File Date	3/3/04
Check No.	1494
By:	SE
FOR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affirm that I have examined this report including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer

February 16, 2004  
Date

RICHARD BERLIN

Print or Type Name of Officer

PRESIDENT

Title of Officer



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

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



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.

126563

2. Name of Corporation

SHANRI HOLDINGS CORP.

3. Street Address Principal Business Office

City

State

Zip

1 WOOD AVENUE, SUITE 2101

WESTMOUNT, QUEBEC, CANADA

4. Business Phone No.

(514) 482-3460

5. State of Incorporation

DELAWARE

H3Z 3C5  
6. SIC Code

5538

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

REAL ESTATE DEVELOPMENT

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

President Name

Vice President Name

LEON A. BERLIN

Street Address

Street Address

1 WOOD AVENUE, # 2101

City

State

Zip

City

State

Zip

WESTMOUNT, QUEBEC, CANADA H3Z 3C5

Secretary Name

Treasurer Name

LEON A. BERLIN

Street Address

Street Address

SAME

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

LEON A. BERLIN

Street Address

Street Address

1 WOOD AVENUE # 2101

City

State

Zip

City

State

Zip

WESTMOUNT, QUEBEC, CANADA H3Z 3C5

Director Name

Director Name

Street Address

Street Address

City

State

Zip

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

1,000 COMM NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

1,000 COMM NO PAR VALUE

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



\* 1 2 6 5 6 3 \*

File Date: 2/5/13

Check No.: 1401

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Leon A. Berlin Jan 27/03  
Signature of Officer Date

LEON A. BERLIN

Print or Type Name of Officer

PRESIDENT

Title of Officer