



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

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

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005**

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 86165		2. Name of Corporation EHI Holdings, Inc.			
3. Street Address Principal Business Office 1140 RESERVOIR AVENUE			City CRANSTON	State RI	Zip 02920
4. Business Phone No. 401-946-4600		5. State of Incorporation RHODE ISLAND			6. SIC Code 5710
7. Brief Description of the Character of Business Conducted in Rhode Island TO OWN, BUILD UPON, DEVELOP, ALTER, REPAIR, SELL, RENT, LEASE AND OTHERWISE DEAL WITH REAL AND PERSONAL PROPERTY.					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Elizabeth Procaccianti			Vice President Name		
Street Address 1140 Reservoir Avenue			Street Address		
City Cranston	State RI	Zip 02920	City	State	Zip
Secretary Name Elizabeth Procaccianti			Treasurer Name Elizabeth Procaccianti		
Street Address 1140 Reservoir Avenue			Street Address 1140 Reservoir Avenue		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Elizabeth Procaccianti			Director Name		
Street Address 1140 Reservoir Avenue			Street Address		
City Cranston	State RI	Zip 02920	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000	COMM	\$1.00 PAR VALUE	100.00	Common Stock	\$1.00

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



8 6 1 6 5

\*86165 DBC 02/25/05 10:34:36 AM\*

File Date 5/31/05

Check No. 10955

By: DA

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 \_\_\_\_\_

Elizabeth Procaccianti

Print or Type Name of Officer

President

Title of Officer



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

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

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004**

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No 86165		2. Name of Corporation EHI Holdings, Inc.			
3. Street Address Principal Business Office 1140 RESERVOIR AVENUE			City CRANSTON	State RI	Zip 02920
4. Business Phone No 401-946-4600		5. State of Incorporation RHODE ISLAND		6. SIC Code 5710	
7. Brief Description of the Character of Business Conducted in Rhode Island TO OWN, BUILD UPON, DEVELOP, ALTER, REPAIR, SELL, RENT, LEASE AND OTHERWISE DEAL WITH REAL AND PERSONAL PROPERTY					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Elizabeth Procaccianti			Vice President Name		
Street Address 1140 Reservoir Avenue			Street Address		
City Cranston	State RI	Zip 02920	City	State	Zip
Secretary Name Elizabeth Procaccianti			Treasurer Name Elizabeth Procaccianti		
Street Address 1140 Reservoir Avenue			Street Address 1140 Reservoir Avenue		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Elizabeth Procaccianti			Director Name		
Street Address 1140 Reservoir Avenue			Street Address		
City Cranston	State RI	Zip 02920	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000	COMM \$1.00 PAR VALUE		100.00	Common Stock	\$1.00

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



8 6 1 6 5

\*86165 DBC 02/26/04 12:06:21 PM\*

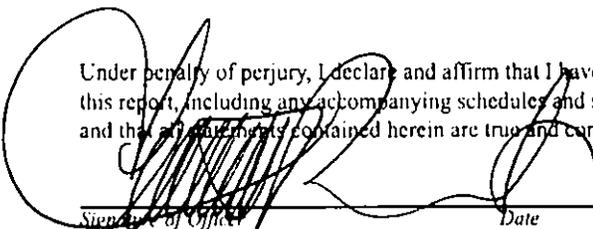
File Date 5.3.04

Check No. 10013

By: UP

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 \_\_\_\_\_

Print or Type Name of Officer \_\_\_\_\_

Title of Officer \_\_\_\_\_



**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. **86165** 2. Name of Corporation **EHI Holdings, Inc.**  
3. Street Address Principal Business Office **1140 Reservoir Avenue** City **Cranston** State **RI** Zip **02920**  
4. Business Phone No. 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **5710**  
7. Brief Description of the Character of Business Conducted in Rhode Island  
**Real estate**

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

President Name **Elizabeth Procaccianti**  
Street Address **1140 Reservoir Avenue**  
City **Cranston** State **RI** Zip **02920**

Vice President Name  
Street Address  
City State Zip

Secretary Name **Elizabeth Procaccianti**  
Street Address **1140 Reservoir Avenue**  
City **Cranston** State **RI** Zip **02920**

Treasurer Name **Elizabeth Procaccianti**  
Street Address **1140 Reservoir Avenue**  
City **Cranston** State **RI** Zip **02920**

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

Director Name **Elizabeth Procaccianti**  
Street Address **1140 Reservoir Avenue**  
City **Cranston** State **RI** Zip **02920**

Director Name  
Street Address  
City State Zip

Director Name  
Street Address  
City State Zip

Director Name  
Street Address  
City State Zip

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

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
**8,000 COMM \$1.00 PAR VALUE**

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

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**100.00 Common Stock \$1.00**

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



\* 8 6 1 6 5 \*

3. 1203

File Date: \_\_\_\_\_

Check No.: 10206

By: OC

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

*[Signature]*  
Signature of Officer \_\_\_\_\_ Date \_\_\_\_\_

Print or Type Name of Officer

Title of Officer

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002**

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

(FORM MUST BE TYPED IN BLACK)



1. Corporate ID No. <b>86165</b>		2. Name of Corporation <b>EHI Holdings, Inc.</b>		
3. Street Address Principal Business Office <b>1140 Reservoir Avenue</b>		City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>
4. Business Phone No.		5. State of Incorporation <b>RHODE ISLAND</b>		6. SIC Code <b>5710</b>
7. Brief Description of the Character of Business Conducted in Rhode Island <b>Real estate</b>				
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name <b>Elizabeth Procaccianti</b>		Vice President Name		
Street Address <b>1140 Reservoir Avenue</b>		Street Address		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>		
Secretary Name <b>Elizabeth Procaccianti</b>		Treasurer Name <b>Elizabeth Procaccianti</b>		
Street Address <b>1140 Reservoir Avenue</b>		Street Address <b>1140 Reservoir Avenue</b>		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>	City <b>Cranston</b>	State <b>RI</b>
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name <b>Elizabeth Procaccianti</b>		Director Name		
Street Address <b>1140 Reservoir Avenue</b>		Street Address		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>		
Director Name		Director Name		
Street Address		Street Address		
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
<b>8,000 COMM</b>	<b>\$1.00 PAR VALUE</b>		<b>100.00</b>	<b>Common Stock</b>
				<b>\$1.00</b>

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



\* 8 6 1 6 5 \*

File Date: 3-14-02  
Check No.: 15715  
By: [Signature]

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] Date: 2/27/02  
Elizabeth Procaccianti  
President  
Title of Officer



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

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **86165** 2. Name of Corporation **EHI Holdings, Inc.**  
3. Street Address Principal Business Office **1140 Reservoir Avenue** City **Cranston** State **RI** Zip **02920**  
4. Business Phone No. 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **5710**  
7. Brief Description of the Character of Business Conducted in Rhode Island  
**Real estate**

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

President Name			Vice President Name		
Elizabeth Procaccianti					
Street Address			Street Address		
1140 Reservoir Avenue					
City	State	Zip	City	State	Zip
Cranston	RI	02920			
Secretary Name			Treasurer Name		
Elizabeth Procaccianti			Elizabeth Procaccianti		
Street Address			Street Address		
1140 Reservoir Avenue			1140 Reservoir Avenue		
City	State	Zip	City	State	Zip
Cranston	RI	02920	Cranston	RI	02920

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

Director Name			Director Name		
Elizabeth Procaccianti					
Street Address			Street Address		
1140 Reservoir Avenue					
City	State	Zip	City	State	Zip
Cranston	RI	02920			
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
<b>8,000</b>	<b>COMM</b>	<b>\$1.00</b>

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
100.00	Common Stock	\$1.00

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



\* 8 6 1 6 5 \*

File Date: 5-1-01

Check No.: 14707

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

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

Signature of Officer: \_\_\_\_\_ Date: \_\_\_\_\_

Print or Type Name of Officer: \_\_\_\_\_

Title of Officer: \_\_\_\_\_



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 2000

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 86165 2. Name of Corporation EHI Holdings, Inc.  
3. Street Address Principal Business Office 1140 Reservoir Avenue City Cranston State RI Zip 02920  
4. Business Phone No. \_\_\_\_\_ 5. State of Incorporation Rhode Island 6. SIC Code 5710

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

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

President Name <u>Procaccianti, Elizabeth</u>	Vice President Name _____
Street Address <u>1140 Reservoir Avenue</u>	Street Address _____
City <u>Cranston</u> State <u>RI</u> Zip <u>02920</u>	City _____ State _____ Zip _____
Secretary Name <u>Procaccianti, Elizabeth</u>	Treasurer Name <u>Procaccianti, Elizabeth</u>
Street Address <u>1140 Reservoir Avenue</u>	Street Address <u>1140 Reservoir Avenue</u>
City <u>Cranston</u> State <u>RI</u> Zip <u>02920</u>	City <u>Cranston</u> State <u>RI</u> Zip <u>02920</u>

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

Director Name <u>Procaccianti, Elizabeth</u>	Director Name _____
Street Address <u>1140 Reservoir Avenue</u>	Street Address _____
City <u>Cranston</u> State <u>RI</u> Zip <u>02920</u>	City _____ State _____ Zip _____
Director Name _____	Director Name _____
Street Address _____	Street Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____

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

AUTHORIZED SHARES		
Number of Shares	Class/Series	Par Value
<u>8,000.00</u>	<u>Common Stock</u>	<u>\$1.00</u>

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

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
<u>100.00</u>	<u>Common Stock</u>	<u>\$1.00</u>

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

File Date: 3/19/00  
Check No.: 13089  
By: [Signature]

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: [Signature] Date: \_\_\_\_\_  
Print or Type Name of Officer: \_\_\_\_\_  
Title of Officer: \_\_\_\_\_



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999**

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

(FORM MUST BE TYPED IN BLACK)



1. Corporate ID No. <b>86165</b>		2. Name of Corporation <b>EHI Holdings, Inc.</b>			
3. Street Address Principal Business Office <b>1140 Reservoir Avenue</b>			City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>
4. Business Phone No.		5. State of Incorporation <b>RHODE ISLAND</b>			6. SIC Code <b>5710</b>
7. Brief Description of the Character of Business Conducted in Rhode Island <b>Real Estate</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>Elizabeth Procaccianti</b>			Vice President Name		
Street Address <b>1140 Reservoir Avenue</b>			Street Address		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>	City	State	Zip
Secretary Name <b>Elizabeth Procaccianti</b>			Treasurer Name <b>Elizabeth Procaccianti</b>		
Street Address <b>1140 Reservoir Avenue</b>			Street Address <b>1140 Reservoir Avenue</b>		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>	City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <b>Elizabeth Procaccianti</b>			Director Name		
Street Address <b>1140 Reservoir Avenue</b>			Street Address		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>8,000 SHS COMM \$1.00 PAR</b>			<b>100</b>	<b>Common</b>	<b>\$1.00</b>

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



\* 8 6 1 6 5 \*

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: \_\_\_\_\_

Print or Type Name of Officer: \_\_\_\_\_

Title of Officer: \_\_\_\_\_

File Date: 3/3/99

Check No.: 11789

By:

FOR SECRETARY OF STATE USE ONLY

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



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. <b>86165</b>		2. Name of Corporation <b>EHI Holdings, Inc.</b>			
3. Street Address Principal Business Office <b>1140 Reservoir Avenue</b>			City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>
4. Business Phone No.		5. State of Incorporation <b>RHODE ISLAND</b>		6. SIC Code <b>5710</b>	
7. Brief Description of the Character of Business Conducted in Rhode Island <b>Real Estate</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
President Name <b>Elizabeth Procaccianti</b>			Vice President Name		
Street Address <b>1140 Reservoir Avenue</b>			Street Address		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>	City	State	Zip
Secretary Name <b>Elizabeth Procaccianti</b>			Treasurer Name <b>Elizabeth Procaccianti</b>		
Street Address <b>1140 Reservoir Avenue</b>			Street Address <b>1140 Reservoir Avenue</b>		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>	City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
Director Name <b>Elizabeth Procaccianti</b>			Director Name		
Street Address <b>1140 Reservoir Avenue</b>			Street Address		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>8,000 SHS COMM \$1.00 PAR</b>			<b>100</b>	<b>Common</b>	<b>\$1.00</b>

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



File Date: 2/23/98  
Check No.: 010583  
By: KAP  
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: [Signature] Date: \_\_\_\_\_  
Print or Type Name of Officer: Elizabeth Procaccianti  
Title of Officer: \_\_\_\_\_

**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. <b>86165</b>		2. Name of Corporation <b>EHI Holdings, Inc.</b>			
3. Street Address Principal Business Office <b>1140 Reservoir Avenue</b>			City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>
4. Business Phone No.		5. State of Incorporation <b>RHODE ISLAND</b>			6. SIC Code <b>5710</b>
7. Brief Description of the Character of Business Conducted in Rhode Island <b>Real Estate</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
President Name <b>Elizabeth Procaccianti</b>			Vice President Name		
Street Address <b>1140 Reservoir Avenue</b>			Street Address		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>	City	State	Zip
Secretary Name <b>Elizabeth Procaccianti</b>			Treasurer Name <b>Elizabeth Procaccianti</b>		
Street Address <b>1140 Reservoir Avenue</b>			Street Address <b>1140 Reservoir Avenue</b>		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>	City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
Director Name <b>Elizabeth Procaccianti</b>			Director Name		
Street Address <b>1140 Reservoir Avenue</b>			Street Address		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED AND ISSUED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>8,000 SHS COMM \$1.00 PAR</b>			<b>100</b>	<b>Common</b>	<b>\$1.00</b>

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



File Date: 01/14/97  
 Check No.: 2625  
 By: [Signature]  
 FOR SECRETARY OF STATE USE ONLY

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

Signature of Officer: [Signature] Date: 01/14/97  
 Print or Type Name of Officer: Elizabeth Procaccianti  
 Title of Officer: Pres

**PROFIT CORPORATION  
ANNUAL REPORT**

**1996**



State of Rhode Island and Providence Plantations  
James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street  
Providence, Rhode Island 02903-1335 • (401) 277-3040

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

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. 86165		2. NAME OF CORPORATION EHI Holdings, Inc.	
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 1140 Reservoir Avenue		CITY Cranston	STATE RI
		ZIP CODE 02920	
4. BUSINESS PHONE NO.	5. STATE OF INCORPORATION RHODE ISLAND		6. SIC CODE 5710
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND Real estate			

**8. NAMES AND ADDRESSES OF THE OFFICERS**

PRESIDENT NAME Elizabeth Procaccianti			VICE PRESIDENT NAME		
STREET ADDRESS 1140 Reservoir Avenue			STREET ADDRESS		
CITY Cranston	STATE RI	ZIP CODE 02920	CITY	STATE	ZIP CODE
SECRETARY NAME Elizabeth Procaccianti			TREASURER NAME Elizabeth Procaccianti		
STREET ADDRESS 1140 Reservoir Avenue			STREET ADDRESS 1140 Reservoir Avenue		
CITY Cranston	STATE RI	ZIP CODE 02920	CITY Cranston	STATE RI	ZIP CODE 02920

**9. NAMES AND ADDRESSES OF THE DIRECTORS**

DIRECTOR NAME Elizabeth Procaccianti			DIRECTOR NAME		
STREET ADDRESS 1140 Reservoir Avenue			STREET ADDRESS		
CITY Cranston	STATE RI	ZIP CODE 02920	CITY	STATE	ZIP CODE
DIRECTOR NAME			DIRECTOR NAME		
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE

**10. SHARES AUTHORIZED AND ISSUED**

AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
8,000 SHS COMM	\$1.00 PAR		100	Common	\$1

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.

File Date: 5/2/96  
Check No: 1548  
By:

Signature of Officer  
Elizabeth Procaccianti  
Print or Type Name of Officer  
President  
Date: 2/28/96

For Secretary of State Use Only

DETACH BOTTOM BEFORE RETURNING

FORM 31 12/95