



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 02903-1355
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)

Form with sections 1-11 containing corporate information, officer and director details, and share data.

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.

Signature of Officer: Lawrence D. Bonoff
Date: 1/29/05

Lawrence D. Bonoff
Print or Type Name of Officer

President
Title of Officer

File Date: 2-22-05
Check No: 189
By: [Signature]

FOR SECRETARY OF STATE USE ONLY



**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. <b>114066</b>		2. Name of Corporation <b>WMT, Inc.</b>			
3. Street Address Principal Business Office <b>585 Jefferson Boulevard</b>			City <b>Warwick</b>	State <b>RI</b>	Zip <b>02886</b>
4. Business Phone No. <b>(401) 739-9900</b>		5. State of Incorporation <b>RHODE ISLAND</b>		6. SIC Code <b>5553</b>	
7. Brief Description of the Character of Business Conducted in Rhode Island <b>HOLDING, OWNING, BUYING, SELLING, LEASING, MORTGAGING AND OPERATING 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>Lawrence D. Bonoff</b>			Vice President Name <b>Betsy Bonoff Menders</b>		
Street Address <b>66 Spinnaker Lane</b>			Street Address <b>95 Shady Hill Drive</b>		
City <b>Warwick</b>	State <b>RI</b>	Zip <b>02886</b>	City <b>West Warwick</b>	State <b>RI</b>	Zip <b>02893</b>
Secretary Name <b>Betsy Bonoff Menders</b>			Treasurer Name <b>Lawrence D. Bonoff</b>		
Street Address <b>95 Shady Hill Drive</b>			Street Address <b>66 Spinnaker Lane</b>		
City <b>West Warwick</b>	State <b>RI</b>	Zip <b>02893</b>	City <b>Warwick</b>	State <b>RI</b>	Zip <b>02886</b>
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <b>Lawrence D. Bonoff</b>			Director Name <b>Betsy Bonoff Menders</b>		
Street Address <b>66 Spinnaker Lane</b>			Street Address <b>95 Shady Hill Drive</b>		
City <b>Warwick</b>	State <b>RI</b>	Zip <b>02886</b>	City <b>West Warwick</b>	State <b>RI</b>	Zip <b>02893</b>
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>100,000 \$01 PAR VALUE</b>			<b>70,443</b>	<b>Common</b>	<b>\$.01</b>

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



\* 1 1 4 0 6 6 \*

File Date 3/26/04  
Check No. 171  
By: LS  
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.

Lawrence D. Bonoff, pres 3/1/04  
Signature of Officer Date  
**Lawrence D. Bonoff**  
Print or Type Name of Officer  
**President**  
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: **114066**      2. Name of Corporation: **WMT, Inc.**  
 3. Street Address Principal Business Office: **585 Jefferson Boulevard**      City: **Warwick**      State: **RI**      Zip: **02886**  
 4. Business Phone No: **(401) 739-9900**      5. State of Incorporation: **RHODE ISLAND**      6. SIC Code: **5553**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Holding, owning, buying, selling and leasing real estate**

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

President Name <b>Lawrence D. Bonoff</b> Street Address <b>66 Spinnaker Lane</b> City      State      Zip <b>Warwick      RI      02886</b>	Vice President Name <b>Betsy Bonoff Menders</b> Street Address <b>95 Shady Hill Drive</b> City      State      Zip <b>West Warwick      RI      02893</b>
Secretary Name <b>Betsy Bonoff Menders</b> Street Address <b>95 Shady Hill Drive</b> City      State      Zip <b>West Warwick      RI      02893</b>	Treasurer Name <b>Barbara Bonoff</b> Street Address <b>2201 North Central</b> City      State      Zip <b>Phoenix      AZ      85004</b>

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

Director Name <b>Lawrence D. Bonoff</b> Street Address <b>66 Spinnaker Lane</b> City      State      Zip <b>Warwick      RI      02886</b>	Director Name <b>Betsy Bonoff Menders</b> Street Address <b>95 Shady Hill Drive</b> City      State      Zip <b>West Warwick      RI      02893</b>
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RECEIVED  
 SECRETARY OF STATE  
 CORPORATIONS DIV.  
 MAR 13 12 22 PM '03

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

AUTHORIZED SHARES  
 Number of Shares      Class/Series      Par Value  
**100,000 \$0.01 PAR VALUE**

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

ISSUED SHARES  
 Number of Shares      Class/Series      Par Value  
**70,443      Common      \* .01**

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



\* 1 1 4 0 6 6 \*

File Date: **FILED**  
 Check No: **MAR 13 2003**  
 By: **By [Signature] 314490**  
 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.

**Lawrence D. Bonoff**      2/19/03  
 Signature of Officer      Date

**Lawrence D. Bonoff**  
 Print or Type Name of Officer

**President**  
 Title of Officer



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

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 2. Name of Corporation

114066

WMT, Inc.

3. Street Address Principal Business Office

522 Quaker Lane

City

Warwick

State

RI

Zip

02886

4. Business Phone No.

401-453-0550

5. State of Incorporation

RHODE ISLAND

6. SIC Code

5553

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

Holding, owning, buying, selling, leasing real estate

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

President Name

Lawrence D. Bonoff

Vice President Name

Betsy Bonoff Menders

Street Address

66 Spinnaker Lane

Street Address

95 Shady Hill Drive

City

Warwick

State

RI

Zip

02886

City

West Warwick

State

RI

Zip

02893

Secretary Name

Betsy Bonoff Menders

Treasurer Name

Barbara Bonoff

Street Address

95 Shady Hill Drive

Street Address

2201 North Central

City

West Warwick

State

RI

Zip

02893

City

Phoenix

State

AZ

Zip

85004

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

Director Name

Lawrence D. Bonoff

Director Name

Betsy Bonoff Menders

Street Address

66 Spinnaker Lane

Street Address

95 Shady Hill Drive

City

Warwick

State

RI

Zip

02886

City

West Warwick

State

RI

Zip

02893

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

100,000 \$.01 PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

70,443

Common

\$.01 Par Value

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



\* 1 1 4 0 6 6 \*

File Date: 2-15-02

Check No.: 141

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] 2/16/02  
Signature of Officer Date

Lawrence D. Bonoff

Print or Type Name of Officer

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. **114066** 2. Name of Corporation **WMT, Inc.**  
3. Street Address Principal Business Office **522 Quaker Lane** City **Warwick** State **RI** Zip **02886**  
4. Business Phone No. **401-453-0550** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Holding, owning, buying, selling, leasing real estate**

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

President Name <b>Lawrence D. Bonoff</b>	Vice President Name <b>Betsy Bonoff Menders</b>
Street Address <b>66 Spinnaker Lane</b>	Street Address <b>95 Shady Hill Drive</b>
City <b>Warwick</b> State <b>RI</b> Zip <b>02886</b>	City <b>West Warwick</b> State <b>RI</b> Zip <b>02893</b>
Secretary Name <b>Betsy Bonoff Menders</b>	Treasurer Name <b>Barbara Bonoff</b>
Street Address <b>95 Shady Hill Drive</b>	Street Address <b>2201 North Central</b>
City <b>West Warwick</b> State <b>RI</b> Zip <b>02893</b>	City <b>Phoenix</b> State <b>AZ</b> Zip <b>85004</b>

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

Director Name <b>Lawrence D. Bonoff</b>	Director Name <b>Betsy Bonoff Menders</b>
Street Address <b>66 Spinnaker Lane</b>	Street Address <b>95 Shady Hill Drive</b>
City <b>Warwick</b> State <b>RI</b> Zip <b>02886</b>	City <b>West Warwick</b> State <b>RI</b> Zip <b>02893</b>
Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip

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

AUTHORIZED SHARES	Class/Series	Par Value
<b>100,000 NO PAR VALUE</b>		

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

ISSUED SHARES	Class/Series	Par Value
<b>70,443</b>	<b>Common</b>	<b>No Par Value</b>

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



\* 1 1 4 0 6 6 \*

**FILED**

File Date: **FEB 28 2001**

Check No. **2597**  
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.

**Lawrence D. Bonoff** 2/20/01  
Signature of Officer Date

**Lawrence D. Bonoff**  
Print or Type Name of Officer

**President**  
Title of Officer