

FOR SECRETARY OF STATE USE ONLY

## 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

Form 630 Rev. 12/03

4400=	2. Name of Corpo				
44967 Street Address Principal Bush		ARD MANAGEMENT, IN	<del></del>		
3 Ocean Avenue	iles Office		Block Island	State RI	<i>Σιρ</i> 02807
Business Phone No.		5 State of Incorporate			6. SIC Code
01 -466 -8883	<u> </u>	RHODE ISLA	ND		5520
ENGAGING IN ANY	icter of Business Conducte AND ALL ACTIVITIES	ed in Rhode Island S RELATING TO THE REI	NTAL/ MANAGEMENT AND SALE	ES OF REAL ESTATE	
	SES OF THE OFFIC	ERS: ("X" BOX FOR A	TTACHMENT)   FILL IN S	PACES BEFORE USING	ATTACHMENTS
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ret Address			Gail Patricia Ba	allard Hall	
same as above			same as above		
ı.	State	Zip	City	State	Zip
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rei Address	-		Street Address		
ame as above	State	Zip	same as above	Te	
	Sine	2.97	City	State	Zip
ctor Name Gail Patricia I et Address	Ballard Hall		Director Name Street Address		
same as above					
•	State	Zip	City	State	Zip
rctor Name	·····	J	Director Name		
net Address			Street Address	<u> </u>	
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thorized shares ther of Shares ,000 \$10.00 PAR VALL	JE	either the President, Vid			<u> </u>
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THORIZED SHARES  There of Shares  This report must	JE be signed in ink by	either the President, Vid	ce President, Secretary, Assistan	nt Secretary, Treasurer, larger, large	Receiver or Trustee
THORIZED SHARES inher of Shures  8,000 \$10.00 PAR VALL  This report must	JE be signed in ink by	either the President, Vid	Under penalty of perjincluding any accomponing description	nt Secretary, Treasurer, larger, large	Receiver or Trustee
THORIZED SHARES  mber of Shures  3,000 \$10.00 PAR VALL  This report must	JE	either the President, Vid	ce President, Secretary, Assistar  Under penalty of perjincluding any accomp	nt Secretary, Treasurer, I dury, I declare and affirm the panying schedules and stature and correct.	Receiver or Trustee



FOR SECRETARY OF STATE USE ONLY

#### 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

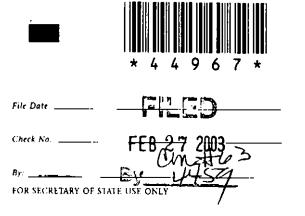
2004 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR \_\_\_\_ Filing Period: January 1 - March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) 1. Corporate ID No 2. Name of Corporation 44967 GAIL BALLARD MANAGEMENT, INC. 3. Street Address Principal Business Office State Block Island RΙ 02807 123 Ocean Avenue 4 Business Phone No 5. State of Incorporation 6. SIC Code 401-466-8883 RHODE ISLAND 5520 7. Brief Description of the Character of Business Conducted in Rhode Island ENGAGING IN ANY AND ALL ACTIVITIES RELATING TO THE RENTAL/ MANAGEMENT AND SALES OF REAL ESTATE 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name Gail Patricia Ballard Hall Gail Patricia Ballard Hall Street Address Street Address same as above same as above State Ζip City State Zip Secretary Name Treasurer Name Gail Patricia Ballard Hall <u>Gail Patricia Ballard Hall</u> Street Address same as above same as above State State City Ζip 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name Gail Patricia Ballard Hall Street Address Street Address same as above City State 7.0 State Ζip Director Name Director Name Street Address Street Address City State Ζф State Zф 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value 8,000 \$10.00 PAR VALUE 100 \$10.00 common 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 Dale - RECEIVED MAR 3 1 SAIL P. Print or Type Name of Officer

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

401-222-3040

PROFIT CORP Filing Period: January		ANNUAL REP	ORT FOR THI	E YEAR <u>20</u>	03 PHASE READ EXTRECTIONS
CORM MUST BE TYPED OR PRIN	TED IN BLACK)				
1. Corporate ID No.	2 Name of Corpora	tion			
44967	GAIL BALL	ARD MANAGEMENT, INC.			
3. Street Address Principal Business		·	City	State	Zıp
123 Ocean Avenu 4. Business Phone No.	ne	5 State of Incorporation	Block Island	RI	02807 6 MC Cade
401–466–8883 7 Brief Description of the Characte	er of Business Conducted i	RHODE ISLAND	•		5520
engaging in any 8. NAMES AND ADDRES President Name	y and all act SSES OF THE OFFI	ivities relating ICERS ("X" BOX FOR ATTACH	to the rental/mand MENT) FILL IN SPACES I Vice President Name	agement and sa BEFORE USING ATTA	les of real estate CHMENTS
Gail Patricia I Street Address	Ballard Hall		Gail Patricia Ba	allard Hall	
same as above	State	Zip	same as above	State	Zip
Secretary Name			Iteasurer Name		
Gail Patricia I Street Address	Ballard Hall		Gail Patricia Ba Street Address	allard Hall	
same as above	State	Zip	same as above	State	Ζιρ
9. NAMES AND ADDRES	SSES OF THE DIRI	ECTORS ("X" BOX FOR ATTA	CHMENT) FILL IN SPACE Director Name	ES BEFORE USING AT	TACHMENTS
Gail Patricia E Street Address	Ballard Hall		Street Address		
same as above	_	_			
City	State	Zıp	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZE AUTHORIZED SHARES	D ("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED (* ISSUED SHARES	X" BOX FOR ATTACHMEN	(Ti
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000 \$10.00 PAR VALUE	Ē		100	commn	\$10.00

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



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

Sanature of Officer

Form 630 12/02

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 2002 Filing Period: January 1-March 1 • Filing Fee: \$50.00

401-722-3040

FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 4967 GAIL BALLARD MANAGEMENT, INC. 3 Street Address Principal Business Office State Zip 123 Ocean Avenue Block Island RI 02807 4. Business Phone No. 5. State of Incorporation 6 SIC Code 401-466-8883 **RHODE ISLAND** 5520 7. Brief Description of the Character of Business Conducted in Rhode Island management and sales engaging in any and all activities relating to the rental/of real estate 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Gail Patricia Ballard Hall Gail Patricia Ballard Hall Street Address Street Address same as above same as above City State City State Zip Secretary Name - Treasurer Name Gail Patricia Ballard Hall Gail Patricia Ballard Hall Street Address Street Address same as above same as above State Zip 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name Gail Patricia Ballard Hall Street Address Street Address same as above State City State Director Name Director Name Street Address Street Address City City State 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Series Par Volue Number of Shares Class/Series Par Value 8,000 \$10.00 PAR VALUE 100 common \$10.00

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



File Date \_ 3**bg**/02 \_

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.

Gignature of Officer P. 1-level 3/2/02

Print or Type Name of Officer

Owner / president

Form 630 12/01

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 BLACK) 1. Corporate ID No. 2. Name of Corporation GAIL BALLARD MANAGEMENT, INC. 44967 3. Street Address Principal Business Office State Zip 123 Ocean Avenue Block Island RΙ 02807 5 State of Incorporation 6 SIC Code RHODE ISLAND 5520 401-466-8883 7. Brief Description of the Character of Business Conducted in Rhode Island engaging in any and all activities relating to the rental/management and sales of real estate 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Gail Patricia Ballard Hall Gail Patricia Ballard Hall Street Address Street Address same as above same as above State Zip Secretary Name Treasurer Name Gail Patricia Ballard Hall Gail Patricia Ballard Hall Street Address Street Address same as above same as above City State Zip City Zip 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name Gail Patricia Ballard Hall Street Address Street Address same as above City State State Zip Director Name Director Name Street Address Street Address City Zip City State Zip 10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Senes Par Value Number of Ch 8,000 SHS \$10.00 PAR VAL 100 \$10.00 common

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

* 4 4 9 6 7 *	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and
File Date:	that all statements contained herein are true and correct.
Check No : 3553	Signature of Offset P. 1 July Date
By:	Print or Type Name of Officer B. 1-14LC
FOR SECRETARY OF STATE USE ONLY	CLEREN / Dre si dem t

sumes in Lungevin, secretary of state Corporations Division 100 North Main Street, Providence, RI 02903-133: 401-222-3040

#### ANNUAL REPORT FOR THE YEAR 2000

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(FORM MUST BE TYPED IN BLACK)			

1. Corporate ID No.	2 Name of Corporation	n			
44967	GAIL BALLA	RD MANAGEMENT,	INC.		
3. Street Address Principal Business		_	City	State	Zip
123 Ocean Avenue		5. State of Incorporation	Block Island	RI	02807 6. SIC Code
401-466-8883 7. Brief Description of the Character	of Business Conducted in	RHODE ISLA			5520
engaging in any 8. NAMES AND ADDRES President Name	and all activ SES OF THE OFFIC	ities relating ERS (*x* BOX FOR ATT	to the rental/mana; ACHMENT) FILL IN SPACES Vice President Name	gement and sale BEFORE USING ATTA	
Gail Patricia Ba	llard Hall		Gail Patricia B	allard Hall	
same as above .	1 State	Zip	same as above	State	Zip
Secretary Name			Treasurer Name		
Gail Patricia B	a <u>l</u> lard Hall		Gail Patricia Ba	llard Hall	
same as above	State	Zıp	same as above	State	Zip
9. NAMES AND ADDRESS	SES OF THE DIREC	CTORS ("X" BOX FOR A	ITACHMENT) FILL IN SPACI	ES BEFORE USING ATT	FACHMENTS
Gail Patricia Ba Street Address	llard Hall		Street Address		
same as above	State	Zip	City	State	Zip
Director Name	•		Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZE AUTHORIZED SHARES	D ("X" BOX FOR ATTAC	THMENT)	11. SHARES ISSUED (	"X" BOX FOR ATTACHMEN	T)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000 SHS \$10.00	PAR VAL		100	common	\$10.00

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

File Date:	* 4 4 9 6 7 * 
Check No.	31112
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.



FOR SECRETARY OF STATE USE ONLY

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 (FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation GAIL BALLARD MANAGEMENT, INC. 44967 rzip 3. Street Address Principal Business Office T City State Block Island 02807 123 Ocean Avenue 6. SIC Code 5. State of Incorporation 4. Business Phone No. RHODE ISLAND 401-466-8883 7. Brief Description of the Character of Business Conducted in Rhode Island engaging in any and all activities relating to the rental/management and sales of real estate 8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS : Vice President Name Gail Patricia Ballard Hall Gail Patricia Ballard Hall Street Address Street Address same as above 123 Ocean Avenue 1 State 02807 Block Island, RI Treasurer Name Secretary Name Gail Patricia Ballard Hall Gail Patricia Ballard Hall Street Address Street Address same as above same as above State State Zip Zio Clly City 9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X" BOX FOR ATTACHMENT) . FILL IN SPACES BEFORE USING ATTACHMENTS. Director Name Director Name Gail Patricia Ballard Hall Street Address Street Address same as above City Director Name Director Name Street Address . Street Address State City Zip 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES AUTHORIZED SHARES Par Value Number of Shares Par Value Number of Shares Class/Series Class/Series 8,000 SHS \$10.00 PAR VAL 100 common 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. Signatury of Officer DAIL P. B. Print or Type Name of Officer

000,00

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

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

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t	Carporate	m	N/a	

2. Name of Corporation

44967

GAIL BALLARD MANAGEMENT, INC.

3. Street Address Principal Business Office	City	State	Zip
123 Ocean Avenue	Block Island State of Incorporation	RI	02807 6. SIC Code
401 466-8883	RHODE ISLAND		
7. Brief Description of the Character of Business Conducted in Rho.			
Engaging in any and all	activities relating to th	e rental/mgm	tand sale

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) President Name Vice President Name Gail Patricia Ballard Hall Gail Patricia Ballard Hall Street Address Street Address same 123 Ocean Avenue State ZipBlock Island RΙ 02807 Secretary Name Gail Patricia Ballard Hall Gail Patricia Ballard Hall Street Address Street Address

Street Address

same same City City State State Zip

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

Gail Patricia Ballard Hall

same as above City State Zip

Director Name Director Name

Street Address Street Address Zip Zip State

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

AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series

8,000 SHS \$10.00 PAR VAL

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

У

Title of Officer

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File Date	2/0/10/8	
Check No :	228	
Ву:	UP	
FOR SECRETARY O	OF STATE USE ONLY	

Under penalty of perjury, I declare as	nd affirm that I have examined
this report, including any accompan	ying schedules and statements, and
that all statements contained herein	are true and correct.
2 - A	3/, /= 5

-	Herri	3	3/6/98	
Signature of Officer			Date	Ċ
GAIL	Patricia	BALLARIO	Hall	
Print or Type Name of C	)fficer			•
<u> </u>	_			

Form 31 12/96

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

### PROFIT CORPORATION ANNUAL REPORT 1997

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

(FORM MUST BE TYPED IN BLACK) 1. Corporate ID No.

2. Name of Corporation

44967

GAIL BALLARD MANAGEMENT, INC.

3. Street Address Principal Business Office

BLOCK ISLAND

State

Zip

OLD TOWN ROAD 4. Business Phone No.

5. State of Incorporation

RI

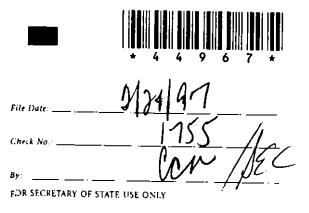
02807 6. SIC Code

401-466-2816

RHODE ISLAND

7. Brief Description of the Characte	er of Business Conducted	in Rhode Island	DLAND		
engaging in any 8. NAMES AND ADDRES President Name	and all act	ivities relati ICERS (*X* BOX FOR A		management	of real estate.
Gail Patricia H	all		Vice President Name		
Old Town Road			Street Address		
City	State	Zip	City	State	. Zip
Block Island Secretary Name	RI	02807	Treasurer Name		
Gail Patricia H Street Address	all		Gail Patricia Hall		
same as above			same as above		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRES	SES OF THE DIR	ECTORS ("X" BOX FOR	ATTACHMENT) Director Name		
Gaile Patricia	Hall		Street Address		
same as above			SHIP MADES		
City	State	Zip	City	· State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	Cuy	State	Zip
10. SHARES AUTHORIZE	D AND ISSUED (	"X" BOX FOR ATTACHME!			:
Number of Shares	Class/Series	Par Value	ISSUED SHARES		
9 000 CUC 646 55 5		r w. THENC	Number of Shares	Class/Series	Par Value
8,000 SHS \$10.00 P	AR VAL		100	Common	\$10.00

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



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

### **ANNUAL REPORT**

1996



#### State of Rhode Island and Providence Plantation James R. Langevin, Secretary of State

Corporations Division 100 North Main Street Providence, Rhode Island 02903-1335 • (401) 277-304

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

2. NAME OF CORPORATION  GAIL BA	LLARD MANAGEM			
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and all activ	ities relatin	g to the rental an	d/or managemen	t of real estate
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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: Signature of Office Check No: By: Title of Office 2/6/96 Date

DETACH BOTTOM REFORE DE

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

FILED

ANNUAL REPORT

Please Type or Print File Annually – Jan. 1 - March 1

Filing Fee \$50.00 Make Checks Payable to: Secretary of State

## JAN 17 1995

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

Corporate ID:		Annual Report for the v	1995			
	NO MANAGEMEN	T, INC.				
Business entity organized under the laws of the State of: _R  For foreign entity, address and telephone number of principa N/A	hode Island Loffice:	Business Entity is (cf [X] Business Corpo	Entity is (check one): ness Corporation (See RIGL Chapter 7-1.1) essional Service Corporation (See RIGL Chapter 7-5.1)			
Phone: (	ity in Rhode	engaging in to the rent estate.	character of business conducted in F any and all activities al and/or management o	s_relating f_real		
Phone: (401) 466-2816						
T	HE NAMES OF TH	E OFFICERS ARE:	·	· · · · - —		
PRESIDENT	STREET ADDR	UESS	CHY/STATE.	ZIP CODE		
Gail Ballard VICE PRESIDENT	Old Tow STREET ADDR		Block Island, RI	02807 ZIP CODE		
SECRETARY	STREET ADDR	RESS	CITY/STATE	ZIP CODE		
Gail Ballard	Same as	above				
TREASURER Gail Ballard	STREET ADDR		CITY/STATE	ZIP CODE		
	· · - — — — — — — — — — — — — — — — — —	E DIRECTORS ARE:				
NAME	STREET ADDE		CITY STATE	ZIP CODE		
Gail Ballard	Same as		CITY/STATE	ZIP CODE		
	3764.7 400	(1.55)	CHASIAIE	ZIF CODE		
NAME.	STREET ADDR	RESS	CITY/STATE	ZIP CODE		
NUMBER OF SHARES AUTHORIZED (Rider may be attached	(1)	NUMBER OF SHARES IS	SUED AND OUTSTANDING (Rider m	ay be attached)		
Number of Shares Class / Series		Number of Shares	Class / Series			
8,000 Common	,   	100	Common			
Par Value: \$10.00		Par Value:	\$10.00			
Date	By:	Jan P. 1 GAIL P. BO	Salland			
Form 31 1/95	PRINT OR TYPE	CER STONING				
DESIGNATED R	EGISTERED AGE	NT FOR SERVICE O	OF PROCESS:			

VICTOR J. ORSINGER 53 HIGH STREET

WESTERLY

RI 02891

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

### State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID	044967	Annual Report for the	year 1993
FIRST: The name	of the corporation is	GAIL BALLARD MANA	GEMENT, INC.
SECOND: It is inc	orporated under the laws o	f Rhode Island	
	of business, briefly stated, and/or management of	is engaging in any and all a real estate.	ctivities relating
FOURTH: If foreign	n corporation, address of i	ts principal officeN/A	
FIFTH: Business a	ddress in Rhode Island	.O. Box 90, Block Island, Rh	ode Island 02807
SIXTH: Names an	d addresses of its directors		(Attach rider if necessary)
Gail Ballard	Director	P.O. Box 90, Old Town Ro	ad, Block Island, RI 02807
	Director		
•••••	Director		
Gail Ballard	Presiden	t Same	······································
	Vice Pre	sident	
Gail Ballard	Secretar	y Same	
Gail Ballard	Treasure	Same	
	er of Shares authorized:		Par Value or statement that shares are without
No. of Shares 8,000	Common	Series	par value
8,000	Common		\$10.00
Еіднтн: Number	of Shares issued:	FEB 22 1993	Par Value
No. of Shares	Class	Series	or statement that shares are without par value
100	Common		\$10.00
Dated 2119	19 <u>~i.3</u>	GAIL BALLARD MANAGEMENT, (Name of Corporation)	·
		By Law Buck	ــ ک
(Report must be	signed by an officer)	Title Drendent	

### State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903 566 au

Corporate ID	0944957	Annual Report for the y	ear 1990		
FIRST: The name	of the corporation is	CAIL EALLARD MGMASEMENT, INC.			
SECOND: It is inco	orporated under the laws of	Rhode Island			
THIRD: Character	of business, briefly stated, is	engaging in any and all ac	tivities relating		
	and/or management of r				
FOURTH: If foreign	n corporation, address of its	principal office. N/A			
FIFTH: Business ac	ddress in Rhode Island P.O	. Box 90, Block Island, RI (	02807		
SIXTH: Names and	d addresses of its directors a	Address (including num	(Attach rider if necessary) ber, street, zip code)		
Gail Ballard	Director	P.O. Box 90 Old Town Road, Block	Island, RI 02807		
	Director				
	Director				
Gail Ballard	President	Same			
	Vice Pres	ident			
Gail Ballard	Secretary	Same			
Gail Ballard	Treasurer	Same			
SEVENTH: Number	er of Shares authorized:		Par Value or statement that shares are without		
No. of Shares	Class	Senes	par value		
8,000	Common	PAID	\$1.0,00		
Danier N. ote	of Charles to	FEB 2 4 1992	Par Value		
Eighth: Number	of Shares issued:	SECY OF STATE	or statement that shares are without		
No. of Shares	Class	Series	par value		
100	Common		\$10.00		
Dated 2/10	19 9.2	Sail Ballard M (Name of Corporation)	Š		
		By Jan Bal Title Dress dent	land		
(Report must b	e signed by an officer)	Title President	/ Denor		

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

Corporate ID	0044967	Annual Rep	ort for the year	1991
First: The	e name of the corporation is	GAIL BALL	ARD MANAGEMEN	IT, INC.
SECOND: I	it is incorporated under the laws	<del>-</del> .		
THIRD: C	naracter of business, briefly stated	l, is Engaging in an	y and all activ	ities relating
to the rent	al and/or management of re	al estate.		
Fourth: 1	If foreign corporation, address of	its principal office	/ <u>A</u>	
Fінтн: Ви	siness address in Rhode Island	P.O. Box 90, Block	Island, RI 028	07
Sixth: Na	mes and addresses of its director		( A	Attach rider if necessary)
Gail Ballar	d Directo	or Old Town Road	, PO Box 90, B1	ock Island, RI 02807
••••	Directo	or		•••••••••••••••••••••••••••••••••••••••
•	Directo	or		
Gail Ballard	dPreside	ent Same	•••••	
1	Vice P	resident	····	
Gail Ballard	Secreta	ry Same		
Gail Ballard	l Treasu	rer Same	•••••	
SEVENTH:	Number of Shares authorized:			Par Value or statement that lares are without
No. of Shares	Class	Scnes	3.	par value
8,000	Common	A TA	N.	\$10.00
Еіднтн: Л	lumber of Shares issued:	Scries A	5 65 65	Par Value or statement that
No of Shares	Class	Series 3	.sr	par value
100	Common		'n	\$10.00
Dated	19 .91.	GAIL BALLARD MA (Name of Corporation)  By		
(Repor	t must be signed by an officer)	By Scar	deut	

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

orporate ID 44967		Annual Report for	the year 1990
FIRST: The name of	the corporation is	GAIL BALLARD MANAGEMENT	, INC.
SECOND: It is incorp	porated under the laws of	Rhode Island	
	f business, briefly stated, is /or management of r/e		all activities relating to
FOURTH: If foreign	corporation, address of its	principal officeN/A	
Fifth: Business add	lress in Rhode Island	O, Box 90, Block Island	1, RI 02807
SIXTH: Names and	addresses of its directors ar		(Attach rider if necessary) ing number, street, zip code)
Gail Ballard	Director	Old Town Rd., P.O.	Box 90, Block Island, RI 0280
	Director		
	Director		
	President		same
		dent	
Gail Ballard	Secretary Treasurer		same
Seventh: Number	of Shares authorized:		Par Value or statement that
No of Shares	Class	Series	shares are without par value
8,000	common		\$10.00
Еівнтн: Number o	f Shares issued:		Par Value or statement that shares are without
No. of Shares	Class	Series	par value
100	common		\$10.00
Dated 6/5	1990	GAIL BALLARD MANAGE	
(Report must be s	signed by an officer)	By Carolia Title Preside	iccid

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

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

ΩΩ.		TH MAIN STREET , RHODE ISLAND 02903	1000
Corporate ID	**************************************	Annual Report for the y	year 1989 W
FIRST: The name	of the corporation is	GAIL BALLARD MANAGE	MENT, INC.
SECOND: It is inco	orporated under the laws of	Rhode Island	
THIRD: Character	of business, briefly stated, is	Engaging in any and all a	ctivities relating to
the rental and/or m	nanagement of R/E.		
		principal officeN/A	
		p	
FIFTH: Business ac	ddress in Rhode Island	P.O. Box 90, Block Island	
SIXTH: Names and	d addresses of its directors a	nd officers: Address (including num	(Attach rider if necessary)
	Director	Old Town Road, P.O. Box	·
•	Director	same	
			•••••••••••••••••••••••••••••••••••••••
	Director	same	***************************************
	President	same	
Gail Ballard	Vice Presi	dent same	2
Gail Ballard	Secretary	samo	2
Gail Ballard	Treasurer	samo	2
SEVENTH: Number	r of Shares authorized:		Par Value or statement that
No. of Shares	Class	Senes	shares are without par value
8,000	commom		\$10.00
		PAID	
EIGHTH: Number	of Shares issued:	MAR 2 1989	Par Value or statement that
No. of Shares	Class	SECTOF STATE	shares are without par value
100	common		\$10.00
Dated February	98 وا ﴿ ﴿ ﴿ ﴿ اِ	GAIL BALLARD MANAGEMENT (Name of Corporation)	NT, INC.
		By /- sin Trace	<i>b</i>
(Report must be	signed by an officer)	Title Doubor	

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

Corporate ID 4494	2	. Annual Report for t	he year	<b>់ភភ</b> ភិ
FIRST: The name of	the corporation is	GALL BOLLARD MAN	agenent, inc.	•
SECOND: It is incorpo	orated under the laws o	of Rho	de leland	
Shoreham, Rhode Isla Corporations can be	and, together with organized.	is Engaging in any and a al estate, particularly wi all other lawful purposes its principal office.	for which Rhode Island	
	ess in Rhode Island			
SIXTH: Names and ac	ddresses of its directors		(Attach rider if necessary)	
Gail Ballard	Director	Center Road, P.O. B	ox 90, Block Island, RI	028
	Directo	r		
	Director	r	······································	
Gail Ballard	Presider	nt Same as above		
	Vice Pro	esident		
Gail Ballard	Secretar	y Same as above	••••••	
Gail Ballard	Treasure	er Same as above		=
SEVENTH: Number of	f Shares authorized:	Series	Par Value or statement that shares are without par value	
8,000	Common	PAID	\$10.00	
Eighth: Number of S	Shares issued:	MAR U7 1988	Par Value or statement that	
No. of Shares	Class	SECY OF STATE	shares are without par value	
100	Common		\$10.00	
ated Tebrusay 10	19 &	GAIL BALLARD MANAGEME		
		By Carl Su	ووديد ک	-
(Report must be sign	ned by an officer)	Title Director	President	