



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. <b>44967</b>		2. Name of Corporation <b>GAIL BALLARD MANAGEMENT, INC.</b>			
3. Street Address Principal Business Office <b>23 Ocean Avenue</b>			City <b>Block Island</b>	State <b>RI</b>	Zip <b>02807</b>
4. Business Phone No. <b>401-466-8883</b>		5. State of Incorporation <b>RHODE ISLAND</b>			6. SIC Code <b>5520</b>
7. Brief Description of the Character of Business Conducted in Rhode Island <b>ENGAGING IN ANY AND ALL ACTIVITIES RELATING TO THE RENTAL/ MANAGEMENT AND SALES OF 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>Gail Patricia Ballard Hall</b>			Vice President Name <b>Gail Patricia Ballard Hall</b>		
Street Address <b>same as above</b>			Street Address <b>same as above</b>		
City	State	Zip	City	State	Zip
Secretary Name <b>Gail Patricia Ballard Hall</b>			Treasurer Name <b>Gail Patricia Ballard Hall</b>		
Street Address <b>same as above</b>			Street Address <b>same as above</b>		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <b>Gail Patricia Ballard Hall</b>			Director Name		
Street Address <b>same as above</b>			Street Address		
City	State	Zip	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</b>	<b>\$10.00</b>	<b>PAR VALUE</b>	<b>100</b>	<b>common</b>	<b>\$10.00</b>

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



File Date	<b>2-22-05</b>
Check No.	<b>5240</b>
By:	<b>LB</b>
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.

**Gail P. Hall** **2/12/05**  
Signature of Officer Date  
**Gail P. Hall**  
Print or Type Name of Officer  
**Owner / 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. <b>44967</b>		2. Name of Corporation <b>GAIL BALLARD MANAGEMENT, INC.</b>			
3. Street Address Principal Business Office <b>123 Ocean Avenue</b>		City <b>Block Island</b>	State <b>RI</b>	Zip <b>02807</b>	
4. Business Phone No. <b>401-466-8883</b>		5. State of Incorporation <b>RHODE ISLAND</b>		6. SIC Code <b>5520</b>	
7. Brief Description of the Character of Business Conducted in Rhode Island <b>ENGAGING IN ANY AND ALL ACTIVITIES RELATING TO THE RENTAL/ MANAGEMENT AND SALES OF 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>Gail Patricia Ballard Hall</b>		Vice President Name <b>Gail Patricia Ballard Hall</b>			
Street Address <b>same as above</b>		Street Address <b>same as above</b>			
City	State	Zip	City	State	Zip
Secretary Name <b>Gail Patricia Ballard Hall</b>		Treasurer Name <b>Gail Patricia Ballard Hall</b>			
Street Address <b>same as above</b>		Street Address <b>same as above</b>			
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <b>Gail Patricia Ballard Hall</b>		Director Name			
Street Address <b>same as above</b>		Street Address			
City	State	Zip	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 \$10.00 PAR VALUE</b>			<b>100</b>	<b>common</b>	<b>\$10.00</b>

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 \*

File Date	<b>RECEIVED</b>
Check No.	<b>MAR 31 2004</b>
By:	<b>BY [Signature]</b>
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.

**Gail P. Hall** 3/21/04  
Signature of Officer Date  
**Gail P. Hall**  
Print or Type Name of Officer  
**owner / president**  
Title of Officer





STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the 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.

44967

2. Name of Corporation

GAIL BALLARD MANAGEMENT, INC.

3. Street Address Principal Business Office

123 Ocean Avenue

City

Block Island

State

RI

Zip

02807

4. Business Phone No.

401-466-8883

5. State of Incorporation

RHODE ISLAND

6. SIC Code

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

Street Address

same as above

City

State

Zip

Vice President Name

Gail Patricia Ballard Hall

Street Address

same as above

City

State

Zip

Secretary Name

Gail Patricia Ballard Hall

Street Address

same as above

City

State

Zip

Treasurer Name

Gail Patricia Ballard Hall

Street Address

same as above

City

State

Zip

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

Director Name

Gail Patricia Ballard Hall

Street Address

same as above

City

State

Zip

Director Name

Street Address

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

8,000 \$10.00 PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

100

commn

\$10.00

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 \*

File Date

FILED

Check No.

FEB 27 2003

By

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] 2/4/03  
Signature of Officer Date

Gail P. Hall  
Print or Type Name of Officer

Owner / 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 2002

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

4967

2. Name of Corporation

GAIL BALLARD MANAGEMENT, INC.

3. Street Address Principal Business Office

123 Ocean Avenue

City

Block Island

State

RI

Zip

02807

4. Business Phone No.

401-466-8883

5. State of Incorporation

RHODE ISLAND

6. SIC Code

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

Gail Patricia Ballard Hall

Street Address

same as above

City

State

Zip

Vice President Name

Gail Patricia Ballard Hall

Street Address

same as above

City

State

Zip

Secretary Name

Gail Patricia Ballard Hall

Street Address

same as above

City

State

Zip

Treasurer Name

Gail Patricia Ballard Hall

Street Address

same as above

City

State

Zip

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

Director Name

Gail Patricia Ballard Hall

Street Address

same as above

City

State

Zip

Director Name

Street Address

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

8,000 \$10.00 PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

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



\* 4 4 9 6 7 \*

File Date: 3/20/02

Check No.: 4104

By: TB

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.

Gail P. Hall 3/2/02  
Signature of Officer Date

GAIL P. HALL  
Print or Type Name of Officer

Owner / president  
Title of Officer





STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the 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 BLACK)

1. Corporate ID No. **44967** 2. Name of Corporation **GAIL BALLARD MANAGEMENT, INC.**  
3. Street Address Principal Business Office **123 Ocean Avenue** City **Block Island** State **RI** Zip **02807**  
4. Business Phone No **401-466-8883** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **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 <b>Gail Patricia Ballard Hall</b> Street Address <b>same as above</b> City _____ State _____ Zip _____	Vice President Name <b>Gail Patricia Ballard Hall</b> Street Address <b>same as above</b> City _____ State _____ Zip _____
Secretary Name <b>Gail Patricia Ballard Hall</b> Street Address <b>same as above</b> City _____ State _____ Zip _____	Treasurer Name <b>Gail Patricia Ballard Hall</b> Street Address <b>same as above</b> City _____ State _____ Zip _____

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

Director Name <b>Gail Patricia Ballard Hall</b> Street Address <b>same as above</b> City _____ State _____ Zip _____	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
<b>8,000 SHS</b>	<b>\$10.00</b>	<b>PAR VAL</b>

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
<b>100</b>	<b>common</b>	<b>\$10.00</b>

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 \*

File Date: 1/16  
Check No: 3553  
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 Gail P. Hall Date 1/9/00  
Print or Type Name of Officer Gail P. B. Hall  
Title of Officer Owner / president





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

James N. Lungevin, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1331  
401-222-3041



**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. **44967** 2. Name of Corporation **GAIL BALLARD MANAGEMENT, INC.**  
3. Street Address Principal Business Office City 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

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
City State Zip	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
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
Gail Patricia Ballard Hall	
Street Address	Street Address
same as above	
City State Zip	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  
**8,000 SHS \$10.00 PAR VAL**

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

ISSUED SHARES  
Number of Shares Class/Series 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



\* 4 4 9 6 7 \*

File Date: 4/12/00

Check No. 3112

By: KID

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 Gail P. Hall Date 2/4/00

Print or Type Name of Officer GAIL P. HALL

Title of Officer Owner / president





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

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



File Date: 16-30-99  
Check No.: 2706  
By: AMF  
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: Gail P.B. Hall Date: 3/1/99  
Print or Type Name of Officer: Gail P.B. Hall  
Title of Officer: owner / president





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

Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-277-3040



**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.

44987

2. Name of Corporation

GAIL BALLARD MANAGEMENT, INC.

3. Street Address Principal Business Office

City

State

Zip

123 Ocean Avenue

Block Island

RI

02807

4. Business Phone No.

401 466-8883

5. State of Incorporation

RHODE ISLAND

6. SIC Code

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

Engaging in any and all activities relating to the rental/mgmt and sales of real estate.

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

President Name

Gail Patricia Ballard Hall

Street Address

123 Ocean Avenue

City

State

Zip

Block Island RI

02807

Secretary Name

Gail Patricia Ballard Hall

Street Address

same

City

State

Zip

Vice President Name

Gail Patricia Ballard Hall

Street Address

same

City

State

Zip

Treasurer Name

Gail Patricia Ballard Hall

Street Address

same

City

State

Zip

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

Director Name

Gail Patricia Ballard Hall

Street Address

same as above

City

State

Zip

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 SHS \$10.00 PAR VAL

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

ISSUED SHARES

Number of Shares

Class/Series

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

3/4/98

Check No.

228

By:

GP

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.

Y

Signature of Officer

Gail Ballard

Date

3/6/98

Print or Type Name of Officer

Gail Patricia Ballard Hall

Title of Officer

Owner





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

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.

44967

2. Name of Corporation

GAIL BALLARD MANAGEMENT, INC.

3. Street Address Principal Business Office

OLD TOWN ROAD

City

State

Zip

BLOCK ISLAND

RI

02807

4. Business Phone No.

401-466-2816

5. State of Incorporation

RHODE ISLAND

6. SIC Code

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

engaging in any and all activities relating to the rental and/or management of real estate.

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

President Name

Gail Patricia Hall

Vice President Name

Street Address

Old Town Road

Street Address

City

State

Zip

Block Island

RI

02807

City

State

Zip

Secretary Name

Gail Patricia Hall

Treasurer Name

Gail Patricia Hall

Street Address

same as above

Street Address

same as above

City

State

Zip

City

State

Zip

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

Director Name

Gaile Patricia Hall

Director Name

Street Address

same as above

Street Address

City

State

Zip

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)**

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

8,000 SHS \$10.00 PAR VAL

ISSUED SHARES

Number of Shares

Class/Series

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



\* 4 4 9 6 7 \*

File Date: 2/24/97

Check No.: 1755

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.

Gail P. Hall 2/17/97

GAIL P. HALL 2/17/97

president / owner



# 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) 277-304

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

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. 44967		2. NAME OF CORPORATION GAIL BALLARD MANAGEMENT, INC.	
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE Old Town Road		CITY Block Island	STATE RI
4. BUSINESS PHONE NO. 401 466-2816		5. STATE OF INCORPORATION RHODE ISLAND	
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND engaging in any and all activities relating to the rental and/or management of real estate.		6. SIC CODE 8888	

B. NAMES AND ADDRESSES OF THE OFFICERS			
PRESIDENT NAME Gail Patricia Hall		VICE PRESIDENT NAME	
STREET ADDRESS Old Town Hall		STREET ADDRESS	
CITY Block Island	STATE RI	ZIP CODE 02807	
SECRETARY NAME Gail Patricia Hall		TREASURER NAME Gail Patricia Hall	
STREET ADDRESS same as above		STREET ADDRESS same as above	
CITY	STATE	ZIP CODE	

C. NAMES AND ADDRESSES OF THE DIRECTORS			
DIRECTOR NAME Gail Patricia Hall		DIRECTOR NAME	
STREET ADDRESS same as above		STREET ADDRESS	
CITY	STATE	ZIP CODE	
DIRECTOR NAME		DIRECTOR NAME	
STREET ADDRESS		STREET ADDRESS	
CITY	STATE	ZIP CODE	

10. SHARES AUTHORIZED AND ISSUED				
AUTHORIZED SHARES			ISSUED SHARES	
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	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

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: 2/21/96  
Check No: 1444  
By: CS /JP  
For Secretary of State Use Only

Signature of Officer: Gail P. Hall  
Print or Type Name of Officer: GAIL P. HALL  
Title of Officer: President  
Date: 2/6/96

DETACH BOTTOM BEFORE RETURNING



## 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

JAN 17 1995

## ANNUAL REPORT

Please Type or Print

File Annually - Jan. 1 - March 1

Filing Fee \$50.00

Make Checks Payable to: Secretary of State

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

Corporate ID: 0044967 Annual Report for the year: 1995

Name of Corporation: GAIL BALLARD MANAGEMENT, INC.

Business entity organized under the laws of the State of: Rhode Island

For foreign entity, address and telephone number of principal office: N/A

Business Entity is (check one): [X] Business Corporation (See RIGL Chapter 7-1.1)

[ ] Professional Service Corporation (See RIGL Chapter 7-5.1)

Brief statement of the character of business conducted in Rhode Island:

engaging in any and all activities relating

to the rental and/or management of real

estate.

Address and telephone of the principal office of business entity in Rhode

Island (Provide street address - Not P.O. Box): Old Town Road

Block Island, RI 02807

Phone: (401) 466-2816

## THE NAMES OF THE OFFICERS ARE:

PRESIDENT STREET ADDRESS CITY/STATE ZIP CODE

Gail Ballard Old Town Road Block Island, RI 02807

VICE PRESIDENT STREET ADDRESS CITY/STATE ZIP CODE

SECRETARY STREET ADDRESS CITY/STATE ZIP CODE

Gail Ballard Same as above

TREASURER STREET ADDRESS CITY/STATE ZIP CODE

Gail Ballard Same as above

## THE NAMES OF THE DIRECTORS ARE:

NAME STREET ADDRESS CITY/STATE ZIP CODE

Gail Ballard Same as above

NAME STREET ADDRESS CITY/STATE ZIP CODE

NAME STREET ADDRESS CITY/STATE ZIP CODE

NUMBER OF SHARES AUTHORIZED (Rider may be attached)

NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)

Number of Shares Class / Series

8,000 Common

Number of Shares Class / Series

100 Common

Par Value: \$10.00

Par Value: \$10.00

Date 1/10, 1995

By: Gail P. Ballard

GAIL P. BALLARD

PRINT OR TYPE NAME OF OFFICER SIGNING

TITLE OF OFFICER SIGNING president

## DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:

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

VICTOR J. ORSINGER

53 HIGH STREET

WESTERLY

RI 02891



Filing Fee \$50.00

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

734

Corporate ID 0044957 Annual Report for the year 1993

FIRST: The name of the corporation is GAIL BALLARD MANAGEMENT, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is engaging in any and all activities relating to the rental and/or management of real estate.

FOURTH: If foreign corporation, address of its principal office N/A

FIFTH: Business address in Rhode Island P.O. Box 90, Block Island, Rhode Island 02807

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Gail Ballard	Director	P.O. Box 90, Old Town Road, Block Island, RI 02807
	Director	
	Director	
Gail Ballard	President	Same
	Vice President	
Gail Ballard	Secretary	Same
Gail Ballard	Treasurer	Same

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
8,000	Common		\$10.00

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	Common		\$10.00

FEB 22 1993

Dated 2/19 19 93

GAIL BALLARD MANAGEMENT, INC.  
(Name of Corporation)

By Gail Ballard

Title President

(Report must be signed by an officer)



# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

566 CW

Corporate ID 0244357 Annual Report for the year 1992

FIRST: The name of the corporation is GAIL BALLARD MANAGEMENT, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is engaging in any and all activities relating to the rental and/or management of real estate.

FOURTH: If foreign corporation, address of its principal office N/A

FIFTH: Business address in Rhode Island P.O. Box 90, Block Island, RI 02807

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Gail Ballard	Director	P.O. Box 90 Old Town Road, Block Island, RI 02807
	Director	
	Director	
Gail Ballard	President	Same
	Vice President	
Gail Ballard	Secretary	Same
Gail Ballard	Treasurer	Same

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
8,000	Common	PAID	\$10.00

FEB 24 1992

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	Common	SECY OF STATE	\$10.00

Dated 2/10 19 92

Gail Ballard Management, Inc.  
(Name of Corporation)

By Gail Ballard

Title President / Director

(Report must be signed by an officer)



Filing Fee \$50.00

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

Corporate ID 0044967 Annual Report for the year 1991

FIRST: The name of the corporation is GAIL BALLARD MANAGEMENT, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Engaging in any and all activities relating to the rental and/or management of real estate.

FOURTH: If foreign corporation, address of its principal office N/A

FIFTH: Business address in Rhode Island P.O. Box 90, Block Island, RI 02807

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Gail Ballard	Director	Old Town Road, PO Box 90, Block Island, RI 02807
	Director	
	Director	
Gail Ballard	President	Same
	Vice President	
Gail Ballard	Secretary	Same
Gail Ballard	Treasurer	Same

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
8,000	Common		\$10.00

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	Common		\$10.00

PAID  
FEB 27 1991  
REC'D OF STATE

Dated 2/1/91 19 91

GAIL BALLARD MANAGEMENT, INC.  
(Name of Corporation)

By Gail Ballard

Title President

(Report must be signed by an officer)



Filing Fee \$15.00

JUN 8 1990  
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

Corporate ID 44967 Annual Report for the year 1990

FIRST: The name of the corporation is GAIL BALLARD MANAGEMENT, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Engaging in any and all activities relating to the rental and/or management of r/e.

FOURTH: If foreign corporation, address of its principal office N/A

FIFTH: Business address in Rhode Island P.O. Box 90, Block Island, RI 02807

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
<u>Gail Ballard</u>	<u>Director</u>	<u>Old Town Rd., P.O. Box 90, Block Island, RI 02807</u>
	<u>Director</u>	
	<u>Director</u>	
<u>Gail Ballard</u>	<u>President</u>	<u>same</u>
	<u>Vice President</u>	
<u>Gail Ballard</u>	<u>Secretary</u>	<u>same</u>
<u>Gail Ballard</u>	<u>Treasurer</u>	<u>same</u>

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>8,000</u>	<u>common</u>		<u>\$10.00</u>

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>100</u>	<u>common</u>		<u>\$10.00</u>

Dated 6/5 19 90 GAIL BALLARD MANAGEMENT, INC.  
(Name of Corporation)

By Gail Ballard  
Title President

(Report must be signed by an officer)



Filing Fee \$15.00

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

Corporate ID 0044967

Annual Report for the year 1989

FIRST: The name of the corporation is GAIL BALLARD MANAGEMENT, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Engaging in any and all activities relating to the rental and/or management of R/E.

FOURTH: If foreign corporation, address of its principal office N/A

FIFTH: Business address in Rhode Island P.O. Box 90, Block Island

SIXTH: Names and addresses of its directors and officers:

(Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Gail Ballard	Director	Old Town Road, P.O. Box 90 Block Island RI 0280
Gail Ballard	Director	same
Gail Ballard	Director	same
Gail Ballard	President	same
Gail Ballard	Vice President	same
Gail Ballard	Secretary	same
Gail Ballard	Treasurer	same

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
8,000	common		\$10.00

PAID

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	common		\$10.00

MAR 2 1989

SECRET OF STATE

Dated February 22 19 89

GAIL BALLARD MANAGEMENT, INC.

(Name of Corporation)

By Gail Ballard

Title Director

(Report must be signed by an officer)



Filing Fee \$15.00

UNIT 0 1000  
To be filed annually between  
January 1st and March 1st

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
270 WESTMINSTER MALL  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 44967 Annual Report for the year 1988

FIRST: The name of the corporation is GAIL BALLARD MANAGEMENT, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Engaging in any and all activities relating to the rental and/or management of real estate, particularly within the Town of New Shoreham, Rhode Island, together with all other lawful purposes for which Rhode Island Corporations can be organized.

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island P.O. Box 90, Block Island, RI 02807

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Gail Ballard	Director	Center Road, P.O. Box 90, Block Island, RI 02807
	Director	
	Director	
Gail Ballard	President	Same as above
	Vice President	
Gail Ballard	Secretary	Same as above
Gail Ballard	Treasurer	Same as above

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
8,000	Common	<i>DB</i>	\$10.00

PAID

MAR 07 1988

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	Common		\$10.00

SECY OF STATE

Dated February 10 19 88

GAIL BALLARD MANAGEMENT, INC.  
(Name of Corporation)

By Gail Ballard  
Title Director, President

(Report must be signed by an officer)