



**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>87267</b>		2. Name of Corporation <b>Providence Tanner, Inc.</b>			
3. Street Address Principal Business Office <b>439 Pine Street</b>			City <b>Providence</b>	State <b>RI</b>	Zip <b>02907</b>
4. Business Phone No. <b>(410) 272-0526</b>		5. State of Incorporation <b>RHODE ISLAND</b>		6. SIC Code <b>5710</b>	

Brief Description of the Character of Business Conducted in Rhode Island  
**TO ENGAGE IN THE REAL ESTATE BUSINESS.**

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

President Name <b>Richardson Ogidan</b>			Vice President Name <b>Jeffrey Austin</b>		
Street Address <b>439 Pine Street</b>			Street Address <b>439 Pine Street</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02907</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02907</b>
Secretary Name <b>Andrea Jones</b>			Treasurer Name <b>Andrew Deluski</b>		
Street Address <b>439 Pine Street</b>			Street Address <b>439 Pine Street</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02907</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02907</b>

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

Director Name			Director Name		
Street Address			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)  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
<b>8,000</b>	<b>\$1.00 PAR VALUE</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 1/14/05  
Check No. 9370  
By: D.  
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.

Andrew Deluski  
Signature of Officer  
**Andrew Deluski**  
Date  
Print or Type Name of Officer  
**Treasurer**  
Title of Officer



**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. 87267		2. Name of Corporation Providence Tanner, Inc.					
3. Street Address Principal Business Office 439 Pine Street				City Providence		State RI	Zip 02907
4. Business Phone No. (401) 272-0526			5. State of Incorporation RHODE ISLAND			6. SIC Code 5710	
7. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN THE REAL ESTATE BUSINESS.							
President Name Richard Ogidan				Vice President Name Jeff Austin			
Street Address 439 Pine Street				Street Address 439 Pine Street			
City Providence		State RI	Zip 02907		City Providence		State RI
Secretary Name Andrea Jones				Treasurer Name Andrew Deluski			
Street Address 439 Pine Street				Street Address 439 Pine Street			
City Providence		State RI	Zip 02907		City Providence		State RI
Director Name				Director Name			
Street Address				Street Address			
City		State	Zip		City		State
Director Name				Director Name			
Street Address				Street Address			
City		State	Zip		City		State

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000	\$1.00 PAR VALUE		100	Common	\$1.00

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

File Date 3.8.04  
Check No. 8724  
By: 1UP  
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 3-4-04  
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. **87267**  
2. Name of Corporation **Providence Tanner, Inc.**  
3. Street Address Principal Business Office  
**439 Pine Street**  
4. Business Phone No. **(401) 272-0526**  
5. State of Incorporation **RHODE ISLAND**  
7. Brief Description of the Character of Business Conducted in Rhode Island  
**real estate**

City **Providence** State **RI** Zip **02907**  
6. SIC Code **5710**

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

President Name **Richardson Ogidan**  
Street Address **439 Pine Street**  
City **Providence** State **RI** Zip **02907**

Vice President Name **Jeff Austin**  
Street Address **439 Pine Street**  
City **Providence** State **RI** Zip **02907**

Secretary Name **Andrea Jones**  
Street Address **439 Pine Street**  
City **Providence** State **RI** Zip **02907**

Treasurer Name **Andrew Deluski**  
Street Address **439 Pine Street**  
City **Providence** State **RI** Zip **02907**

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

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 \$1.00 PAR VALUE**

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

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

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



\* 8 7 2 6 7 \*

File Date: 3.3.03  
Check No.: 7615  
By: ICP

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.

Andrew Deluski 2/19/03  
Signature of Officer Date

ANDREW DELUSKI  
Print or Type Name of Officer

TREASURER  
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. **87267**  
2. Name of Corporation **Providence Tanner, Inc.**  
3. Street Address Principal Business Office  
**439 Pine Street**  
4. Business Phone No.  
5. State of Incorporation  
**RHODE ISLAND**  
7. Brief Description of the Character of Business Conducted in Rhode Island  
**real estate**

City **Providence** State **RI** Zip **02907**  
6. SIC Code **5710**

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

President Name  
~~Michael Viveiros~~ **RICHARDSON OGIDAN**  
Street Address  
**439 Pine Street**  
City **Providence** State **RI** Zip **02907**

Vice President Name  
~~Richardson Ogidan~~ **JEFF AUSTIN**  
Street Address  
**439 Pine Street**  
City **Providence** State **RI** Zip **02907**

Secretary Name  
**Andrea Jones**  
Street Address  
**439 Pine Street**  
City **Providence** State **RI** Zip **02907**

Treasurer Name  
~~John Cooper~~ **ANDREW DELUSKI**  
Street Address  
**439 Pine Street**  
City **Providence** State **RI** Zip **02907**

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

Director Name  
**none**  
Street Address  
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 \$1.00 PAR VALUE**

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

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

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



File Date: 4/5/02  
Check No.: 6544  
By: COM

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.

Richardson J. Ogidan 4/1/02  
Signature of Officer Date

Print or Type Name of Officer

Title of Officer  
5



**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. **87267** 2. Name of Corporation **Providence Tanner, Inc.**

3. Street Address Principal Business Office **439 Pine Street** City **Providence** State **RI** Zip **02907**

4. Business Phone No. **401-272-0526** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **5710**

7. Brief Description of the Character of Business Conducted in Rhode Island  
to engage in the real estate business

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

President Name **Richardson Ogidan**  
Street Address **439 Pine Street**  
City **Providence** State **RI** Zip **02907**

Vice President Name **Andrea Jones**  
Street Address **439 pine Street**  
City **Providence** State **RI** Zip **02907**

Secretary Name **Joyce O'Connor**  
Street Address **439 Pine Street**  
City **Providence** State **RI** Zip **02907**

Treasurer Name **James DeRentis**  
Street Address **439 Pine Street**  
City **Providence** State **RI** Zip **02907**

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

Director Name **none**  
Street Address  
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	Class/Series	Par Value
8,000 SHS		\$1.00 PAR VALUE

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

ISSUED SHARES	Class/Series	Par Value
100	Common	\$1.00

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



\* 8 7 2 6 7 \*

File Date: 5-30-01  
Check No.: 5769  
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] 5/30/01  
Signature of Officer Date  
Andrea Jones  
Print of Type Name of Officer  
Vice President  
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. **87267**  
2. Name of Corporation **Providence Tanner, Inc.**  
3. Street Address Principal Business Office  
**439 Pine Street**  
4. Business Phone No. **272-0526**  
5. State of Incorporation **Rhode Island**  
7. Brief Description of the Character of Business Conducted in Rhode Island

City State Zip  
**Providence RI 02907**  
6. SIC Code  
**5710**

To engage in the real estate business

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

President Name  
**Andrea Jones**  
Street Address  
**439 Pine Street**  
City State Zip  
**Providence RI 02907**

Vice President Name  
**Richardson Ogidan**  
Street Address  
**439 Pine Street**  
City State Zip  
**Providence RI 02907**

Secretary Name  
**Joyce O' Connor**  
Street Address  
**439 Pine Street**  
City State Zip  
**Providence RI 02907**

Treasurer Name  
**Jim DeRentis**  
Street Address  
**439 Pine Street**  
City State Zip  
**Providence RI 02907**

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

Director Name  
**None**  
Street Address  
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	Class/Series	Par Value
8,000.00	Common	\$1.00

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

ISSUED SHARES	Class/Series	Par Value
100.00	Common	\$1.00

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

File Date: 5/24/00  
Check No: 4957  
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: Richardson D. Ogidan Date: 5/24/00  
Print or Type Name of Officer: RICHARDSON D. OGIDAN  
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. **87267** 2. Name of Corporation **Providence Tanner, Inc.**

3. Street Address Principal Business Office **439 Pine Street** City **Providence** State **Rhode Island** Zip **02907**  
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 business

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

President Name <b>Michael Viveiros</b> Street Address <b>439 Pine Street</b> City <b>Providence</b> State <b>Rhode Island</b> Zip <b>02907</b>	Vice President Name <b>Richardson Ogidan</b> Street Address <b>439 Pine Street</b> City <b>Providence</b> State <b>Rhode Island</b> Zip <b>02907</b>
Secretary Name <b>Andrea Jones</b> Street Address <b>439 Pine Street</b> City <b>Providence</b> State <b>Rhode Island</b> Zip <b>02907</b>	Treasurer Name <del>James Waterman</del> <b>James Waterman</b> Street Address <b>439 Pine Street</b> City <b>Providence</b> State <b>Rhode Island</b> Zip <b>02907</b>

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

Director Name <b>None</b> Street Address  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	Class/Series	Par Value
<b>8,000 SHS</b>		<b>\$1.00 PAR VALUE</b>

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

ISSUED SHARES	Class/Series	Par Value
<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



**FILED**

File Date: **AUG 24 1999**  
Check No.: **CC 17594**  
By: \_\_\_\_\_  
By: \_\_\_\_\_

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.

*James Waterman* **3-9-99**  
Signature of Officer Date  
**James Waterman**  
Print or Type Name of Officer  
**Treasurer**  
Title of Officer

Providence Tanner, Inc.  
Annual Report

(Officers, cont.)

Executive Director: Carla Young  
439 Pine Street  
Providence, Rhode Island 02907



**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. 87257  
2. Name of Corporation Providence Tanner, Inc.  
3. Street Address Principal Business Office 439 Pine Street City Providence, State RI Zip 02907  
4. Business Phone No.  
5. State of Incorporation Rhode Island  
6. SIC Code  
7. Brief Description of the Character of Business Conducted in Rhode Island To engage in the real estate business

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

President Name Andrea Jones Street Address 439 Pine Street City Providence State RI Zip 02907	Vice President Name Richardson Ogidan Street Address 439 Pine Street City Providence State RI Zip 02907
Secretary Name Gerry Turbeville Street Address 439 Pine Street City Providence State RI Zip 02907	Treasurer Name James Waterman Street Address 439 Pine Street City Providence State RI Zip 02907

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

Director Name None	Director Name
Street Address	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)**

AUTHORIZED SHARES		
Number of Shares	Class/Series	Par Value
8000.00	Common	\$1.00

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

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

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

Providence Tanner, Inc.

**FILED**

File Date: MAY 22 1998  
Check No.:  
By: [Signature] 549

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.

X [Signature] 5/11/98  
Signature of Officer Date  
Andrea Jones  
Print or Type Name of Officer  
President  
Title of Officer

87267

PROVIDENCE TANNER, INC.

Additional Officer

Executive Director

Carla Young  
439 Pine Street  
Providence, RI 02907

#229986



**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 **37267** 2. Name of Corporation **Providence Tanner, Inc.**  
3. Street Address Principal Business Office **439 Pine Street** City **Providence,** State **RI** Zip **02907**  
4. Business Phone No **(401) 272-0526** 5. State of Incorporation **Rhode Island** 6. SIC Code **5710**  
7. Brief Description of the Character of Business Conducted in Rhode Island  
**To engage in the real estate business**

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

President Name <b>James DeRentis</b>	Vice President Name <b>Andrea Jones</b>
Street Address <b>439 Pine Street</b>	Street Address <b>439 Pine Street</b>
City <b>Providence</b> State <b>RI</b> Zip <b>02907</b>	City <b>Providence</b> State <b>RI</b> Zip <b>02907</b>
Secretary Name <b>Michael Viveiros</b>	Treasurer Name <b>Richardson Ogidan</b>
Street Address <b>439 Pine Street</b>	Street Address <b>439 Pine Street</b>
City <b>Providence</b> State <b>RI</b> Zip <b>02907</b>	City <b>Providence</b> State <b>RI</b> Zip <b>02907</b>

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

Director Name <b>None</b>	Director Name
Street Address	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			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8000.00	Common	\$1.00	100.00	Common	\$1.00

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

Providence Tanner, Inc.  
File Date: 5/9/97  
Check No: 360  
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: 5/7/97  
Print or Type Name of Officer: Carla Young  
Title of Officer: Executive Director

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Providence Tanner, Inc.

Additional Officers

Executive Director

Carla Young  
439 Pine Street  
Providence, RI 02903

# PROFIT CORPORATION ANNUAL REPORT



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. 87267  
2. NAME OF CORPORATION Providence Tanner, Inc.  
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 439 Pine Street  
CITY Providence, STATE RI ZIP CODE 02907  
4. BUSINESS PHONE NO. (401) 272-0526  
5. STATE OF INCORPORATION Rhode Island  
6. SIC CODE 8880  
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND  
To engage in the real estate business

### 8. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME			VICE PRESIDENT NAME		
Michael Viveiros			Richardson Ogidan		
STREET ADDRESS			STREET ADDRESS		
439 Pine Street			439 Pine Street		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
Providence	RI	02907	Providence	RI	02907
SECRETARY NAME			TREASURER NAME		
Andrea Jones			John Cooper		
STREET ADDRESS			STREET ADDRESS		
439 Pine Street			439 Pine Street		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
Providence	RI	02907	Providence	RI	02907

### 9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME			DIRECTOR NAME		
None					
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	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
8000.00	Common	\$1.00	100.00	Common	\$1.00

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.

Providence Tanner, Inc.

File Date: 8/9/96  
Check No: 100519  
By:

Signature of Officer  
CARLA YOUNG  
Print or Type Name of Officer  
EXECUTIVE DIRECTOR 8/6/96  
Title of Officer Date

For Secretary of State Use Only

047358/084349  
#87267

PROVIDENCE TANNER, INC.

ADDITIONAL OFFICER

EXECUTIVE DIRECTOR

Carla Young  
439 Pine Street  
Providence, RI 02907