

Matthew A. Brown, Secretary of State Corporations Division

100 North Main Street, Providence, RI 02903-1335 401.222 3640

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

| Street Address Principal Busine<br>5853 POST ROAD<br>Business Phone No. | ss Office  |   |   |                       |                      |  |  |
|---|--|---|---|-----------------------|----------------------|--|--|
| Business Phone No.  | * **   |   |   | State                 | Zip                  |  |  |
|   |  |   | EAST GREENWICH  | EAST GREENWICH RI 028 |                      |  |  |
|   |  | 5. State of Incorporat  | tion  | 6. SIC Code           |                      |  |  |
| 4018852990  |  | RHODE ISLAN   | ND  |                       | 5520                 |  |  |
| TAKE-LICENSES-IN-RES  | R BROKER A   | ND ON COMMISSION OR<br>IMPROVEDEVELOPR                                      | OTHERWISE TO BUY, SELL LEPAIR. MANAGE. MAINTAIN ATTACHMENT) FILL IN SPACE Vice President Name | _AND_OPERATE RE       | EALPROPERTY_OF-      |  |  |
| Robert C. Cressman,   | , Jr.  |   | .Caroline Cressman  | i                     |                      |  |  |
| ireet Address   |  |   | Street Address  |                       |                      |  |  |
| . Ashbrook Run  |  |   | .34 Tanglewood Drive  |                       |                      |  |  |
| dy  | State  | Zφ  | City  | State                 | Zip                  |  |  |
| East Greenwich  | RI   | 02818   | East Greenwich  | RI                    | 02818                |  |  |
| cretary Name  |  |   | Treasurer Name  |                       |                      |  |  |
| obert C. Cressman,  | , Sr.  |   | Robert C. Cressman, Sr.   |                       |                      |  |  |
| treet Address   |  |   | 'Street Address   |                       |                      |  |  |
| 34 Tanglewood Drive   |  |   | .34 Tanglewood Drive  |                       |                      |  |  |
| ;<br>ity  | State  | Zip   | City  | State                 | Zip                  |  |  |
| ast Greenwich   | RI   | 02818   | .East Greenwich   | RI                    | 02818                |  |  |
| reet Address  |  |   | Street Address  |                       |                      |  |  |
| Hy  | State  | Zip   | ·City·  | State                 | !Zip                 |  |  |
| nector Name   |  |   | Director Name   | Director Name         |                      |  |  |
| reet Address  | ter Stilled Steerner - Auch de Steern Steerner - Auch de Steerner Steerner - Auch de Stee | rus y ministratury i y mit y materiar arranment distantativa di ny beliatat | Strect Address  |                       |                      |  |  |
| ily   | State  | Zıp   | .City   | State                 | Ζιφ                  |  |  |
| 0. SHARES AUTHORIZED UTHORIZED SHARES                                   | ) ("X" BOX FO  | DR ATTACHMENT)  | 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)  |                       |                      |  |  |
| Tanber of Chares  | Cluss/Series   | Por Value   | Number of Shares  | Cluss Series          | Par Vaine            |  |  |
| 600 NO PAR VALUE  |  |   | 600   | Common                | No Par               |  |  |
|   |  |   |   |                       |                      |  |  |
| his report must be signed   | in ink by eit  | her the President, Vice   | President, Secretary, Assistar  | it Secretary, Treasi  | urer, Receiver or To |  |  |
|   |  |   |   |                       |                      |  |  |
| DU BUIDU HBUID KERRA 16   | 18/1 !!8   |   |   |                       |                      |  |  |
|   |  |   |   |                       |                      |  |  |

\*58972 DBC 01/27/05 02:02:51 PM\*

this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Robert C. Cressman,
Print or Type Name of Officer Jr.

President

Title of Officer

Form 630 12/01



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

| Sept 2 CRESS & CO, INC.  Sept addron Prince of division of Office 1 South 1 So | Corporate ID No   | 2. Name of Corpor | <b>กบ</b> ่อน             |  |                                       |  |  |  |
|--|---|-------------------|---------------------------|--|---------------------------------------|--|--|--|
| Some Address   Some   | 58972   | CRESS & C         | O., INC.                  |  |                                       |  |  |  |
| 1 Author Name   1 Author Nam   | <del></del>   |                   |                           | City                                   | State                                 | Zip  |  |  |
| ## S20 NOT A PRINCIPLY AGENCY OF STATE USE ONLY  ## STATE OF THE DIRECTORS OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT)   State   State  |   |                   | <del></del>               |  | RI                                    | 02818                                      |  |  |
| Post of the Common of Ministry Commission of Ministry Common of the Common of Ministry of Min |   |                   | 5. State of Incorporation | DII                                    |                                       | 6 SIC Gode                                 |  |  |
| AS PRINCIPAL AGENT OR BROKER AND ON COMMISSION OR OTHERWISE TO BUY, SELL, EXCHANGE, LEASE, LET, GRANT OR REAL PROPERTY. PERSON ON COMMISSION OR OTHERWISE TO BUY, SELL, EXCHANGE, LEASE, LET, GRANT OR REAL PROPERTY. PERSON OF THE DESCRIPTION OF THE PROPERTY. SELECTION STATES AND STATEMENTS. SELECTION SELECTION SELECTION. SELECTION SELECTION SELECTION. SELECTION SELECTION SELECTION. SELECTIO | 401-885-2990  |                   | RHODEISLA                 | ND                                     |                                       | 5520                                       |  |  |
| Ashbrook Run  As | . NAME LICENSES IN RESSE<br>resident Name<br>Robert C. Cressman | SPAFATE OF THE    | D ON COMMISSION OR C      | Vice President Name Caroline Cressman  | HANGE, LEASE, LET,                    | GRANT OR<br>RTY OF EVERY<br>TATTACTISTENTS |  |  |
| Source State   Source   Source |   |                   |                           | •                                      |                                       |  |  |  |
| Robert C. Cressman, Sr.  Robert C. Cressman, Sr.  Sinva didative  34 Tanglewood Drive  34 Tanglewood Drive  35 Tanglewood Drive  36 Tanglewood Drive  36 Tanglewood Drive  37 Tanglewood Drive  38 Tanglewood Drive  39 Tanglewood Drive  19 O2818  10 |   | State             | Zip                       |  |                                       | Zip  |  |  |
| State   Stat   | ****************************                                    | RI                | 02818                     | ·····[································ | RI                                    | 02818                                      |  |  |
| A Tanglewood Drive  A Tang | Robert C. Cressman  | , Sr.             |                           | Robert C. Cressman, Sr.                |                                       |  |  |  |
| Suppose   Supp   |   |                   |                           |  |                                       |  |  |  |
| East Greenwich RI 02818  Dast Greenwich Riman RI 02818  Dast Greenwich RI 02818  Dast Greenwich Riman  |   |                   | ····                      | <del>*</del>                           | · · · · · · · · · · · · · · · · · · · | <u> </u>                                   |  |  |
| Director Name    Director Name | •   |                   |                           | :                                      |                                       | '  |  |  |
| Director Name    Director Name   |   |                   |                           |  |                                       | •  |  |  |
| Director Name  State   Zip   |   |                   | TONS. ( X BOX TON         | · · ·                                  | TAGES BELVIE COM                      | NO MARCHINA.                               |  |  |
| Director Name  Director Name  Director Name  State  State  Zap  10. SHARES AUTHORIZED ("X" HOX FOR ATTACHMENT)  INITIONIZED SHARES  State  State  11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)  INITIONIZED SHARES  State  State  State  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 the including any accompanying schedules and statements, and that all state copation degen any use and correct.  Signature of Officer  Robert C. Cressman, Jr.  Print or Type Name of Officer  President  Title of Officer  Title of Officer  Title of Officer   | itreet Address  |                   |                           | Street Address                         |                                       |  |  |  |
| Sincy Address  Sincy Address  Sincy Address  Sincy Address  State  Sincy State  Sincy State  13. Shares issued ("X" BOX FOR ATTACHMENT)   13. Shares issued ("X" BOX FOR ATTACHMENT)   13. Shares  Sincy Shares  Sincy Address  13. Shares issued ("X" BOX FOR ATTACHMENT)   13. Shares  Sincy Address  Sincy Address  13. Shares issued ("X" BOX FOR ATTACHMENT)   13. Shares  Chas/Sories  Per Value  600 NO PAR VALUE  14. Secretary, Assistant Secretary, Treasurer, Receiver or Trustee  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 the including any accompanying schedules and statements, and that all state copartify herein are true and correct.  ***Signature of Officer**  Robert C. Cressman, Jr.  **Print or Type Name of Officer**  President  Title of Officer  **President  Title of Officer**  **President  **President  Title of Officer**  **President  Title of Offic | Äty.  | State             | Zip                       | Chy                                    | State                                 | Zip  |  |  |
| 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 the including any accompanying schedules and statements, and that all state copartfield legels are good correct.  File Date  Check No. 24989  For SECRETARY OF STATE, USE ONLY  State  249  11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)   ISSUED SHARES  ISSUED SHARES  ISSUED SHARES  1SUED S | Director Name   |                   |                           | Director Name                          | Director Name                         |  |  |  |
| 11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)   ISSUED SHARES   I | Street Address  |                   |                           | Since Address                          |                                       |  |  |  |
| 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 the including any accompanying schedules and statements, and that all state copanied herein are true and correct.  When the Date Check No. 24989  Robert C. Cressman, Jr.  Print or Type Name of Officer  President  Title of Officer  President  Title of Officer  | Жу  | State             | Zip                       | City                                   | State                                 | Zip  |  |  |
| 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 the including any accompanying schedules and statements, and that all state copartion herein any true and correct.    Check No.   |   | (*X* BOX FOR      | ATTACHMENT)               |  | " BOX FOR ATTACH                      | IMENT)                                     |  |  |
| 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 the including any accompanying schedules and statements, and that all state constituted begin are true and correct.  Signature of Officer  Print or Type Name of Officer  President  Title of Officer  Title of Officer   | Sumber of Shares  | Glass/Series      | Par Value                 | Number of Shares                       | ClassSeries                           | Par Value                                  |  |  |
| Under penalty of perjury. I declare and affirm that I have examined this including any accompanying schedules and statements, and that all state coparind herein are true and correct.    Check No.   24989  | 600 NO PAR VALUE  |                   |                           | 600                                    | Common                                | No Par                                     |  |  |
| Under penalty of perjury. I declare and affirm that I have examined this including any accompanying schedules and statements, and that all state coparind herein are true and correct.    Check No.   24989  |   |                   |                           |  |                                       |  |  |  |
| including any accompanying schedules and statements, and that all statements and correct.    Check No.   | This report must be   | signed in ink by  | either the President, Vic | e President, Secretary, Assistant      | Secretary, Treasurer.                 | Receiver or Trustee                        |  |  |
| Check No   |   |                   |                           |  |                                       |  |  |  |
| By: Robert C. Cressman, Jr.  Print or Type Name of Officer  President  Title of Officer  | 7UAG  | ) <del>0</del>    | <del>- *</del> ,<br>      | contained herein any tru               | e and correct.                        | 1 - 12-                                    |  |  |
| Title of Officer   | . 18  | <b>-</b>          | _<br>_                    | Print or Type Name of O                |                                       |  |  |  |
|  | FOR SECRETARY OF ST   | TATE USE ONLY     |                           | Title of Officer                       |                                       | Form 630 Rev. 12                           |  |  |



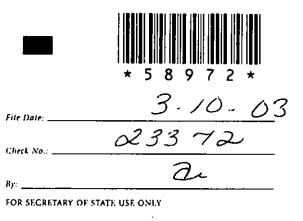
Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003 Filing Period: January 1-March 1 • Filing Fee: \$50.00

STOP
PLEASE READ
INSTRUCTIONS

IFORM MUST BE TITED OR PRINTED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 58972 CRESS & CO., INC. 3. Street Address Principal Business Office City State Zip 5853 Post Road East Greenwich RI 02818 4. Business Phone No. 5. State of Incorporation 6. SIC Code 401-885-2990 RHODE ISLAND 5520 7. Brief Description of the Character of Business Conducted in Rhode Island See attached description 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Robert C. Cressman, Jr. Caroline Cressman Street Address Street Address l Ashbrook Run 34 Tanglewood Drive City East Greenwich RI 02818 East Greenwich RI 02818 Secretary Name Treusurer Name Robert C. Cressman, Sr. Robert C. Cressman, Sr. Street Address Street Address 34 Tanglewood Drive 34 Tanglewood Drive Zip East Greenwich RI 02818 East Greenwich RI 02818 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 Ζp City ZIp State State Director Name Director Name Street Address Street Address Zip State City State Zip 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Cluss/Serles Por Value Number of Shares Class/Seiles Par Value **600 NO PAR VALUE** 600 Common No Par

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.

| Companying | Contained herein | Contained

Robert C. Cressman, Jr.

Print or Type Name of Officer

President

Title 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

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

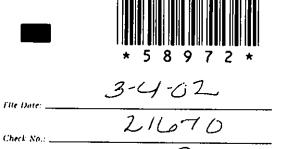
| Filing Period: Januar                                    | ry 1-March 1                        | • Filing Fee: \$50.00                  |  | <del></del>      |                            |
|--|-------------------------------------|--|--|------------------|----------------------------|
| GORM MUST BE TYPED IN BE                                 | LACK)                               |  |  |                  |                            |
| I. Corporate ID No.                                      | 2. Name of Corp                     | oration                                | • • •  |                  | •                          |
| 58972  | CRESS &                             | CO., INC.                              |  |                  |                            |
| 3. Street Address Principal Busine<br>5853 Post Road     | ss Office                           |  | <sub>Cuy</sub><br>East Greenwich                     | State<br>RI      | <sup>Հեր</sup><br>02818    |
| 4. Rusiness Phone No.<br>401-885-2990                    |                                     | 5. State of Incorporation RHODE ISLANI |  |                  | 6. SIC Code<br><b>5520</b> |
| 7. Brief Description of the Charact<br>See attached desc | ter of Business Conducti<br>ription |  |  |                  |                            |
| 8. NAMES AND ADDRE                                       | SSES OF THE O                       | FICERS ("X" BOX FOR ATTA               |  | FORE USING AT    | TACHMENTS                  |
| Robert C. Cressma  | n, Jr.                              |  | Vice President Name Caroline Cressmar Street Address | ı                |                            |
| l Ashbrook Run   |                                     |  | 34 Tanglewood Dri                                    | .ve              |                            |
| City   | State                               | Zip                                    | City   | State            | ZIp                        |
| East Greenwich Secretary Nume                            | RI                                  | 02818                                  | East Greenwich                                       | RI               | 02818                      |
| Robert C. Cressma<br>Street Address                      | n, Sr.                              |  | Robert C. Cressma                                    | ın, Sr.          |                            |
| 34 Tanglewood Dri  | ve                                  |  | 34 Tanglewood Dri                                    | .ve              |                            |
| City   | State                               | Zip                                    | City   | State            | Zip                        |
| East Greenwich   | RI                                  | 02818                                  | East Greenwich                                       | RI               | 02818                      |
| 9. NAMES AND ADDRE                                       | SSES OF THE DI                      | RECTORS ("X" BOX FOR AT.               | FACHMENT) FILL IN SPACES Director Name               | BEFORE USING A   | TTACHMENTS                 |
| Street Address   |                                     |  | Street Address                                       |                  |                            |
| City   | State                               | Zip                                    | City   | State            | Zip                        |
| Director Name  |                                     |  | Director Name  |                  |                            |
| Street Address   |                                     |  | Street Address                                       |                  |                            |
| City   | State                               | ΧΙŗ                                    | Сиу  | State            | Zip                        |
| 10. SHARES AUTHORIZE                                     | ED (*x* box for at                  | TACHMENT) _                            | 11. SHARES ISSUED ("X"                               | BOX FOR ATTACHME | ENT)                       |

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

ESSUED SHARES

600

Number of Shares



Class/Series

Par Value

Number of Shares

600 NO PAR VALUE

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 conjugined herein are true and correct. Robert C. Cressman, Jr. Print or Type Name of Officer

Class/Series

Common

President

Title of Officer

-C-- 5

Form 630 12/01

Par Value

No Par

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: | <b>\$</b> 50. | 00 |
|--------|---------|---------|---------|-----|--------|------|---------------|----|
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|---|-----|------|----|-------|----|-------|
|   |     |      |    |       |    |       |

2. Name of Corporation

CRESS & CO., INC.

3. Street Address Principal Rusiness Office 5853 Post Road

City

East Greenwich

RI

4. Business Phone No.

S. State of Incorporation

401-885-2990

RHODE ISLAND

5520

02818

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

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

President Name

Robert C. Cressman, Jr.

Street Address

l Ashbrook Run

Cltv

Street Address

Treasurer Name

Street Address

Director Name

34 Tanglewood Drive

Robert C. Cressman, Sr.

Caroline Cressman

East Greenwich

RI

02818

East Greenwich

RI

02818

Street Addréss

Secretary Name

City

34 Tanglewood Drive

Robert C. Cressman, Sr.

City East Greenwich

RI

02818

34 Tanglewood Drive East Greenwich

RI

02818

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

Director Name

Street Address

Street Address

City

State

State

Zip

City

Zip

Director Name

Director Name Street Address

Street Address

City

City

State

ZIp

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

ISSUED) SHARES

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

Par Value

600 SHS NO PAR VAL

600

Number of Shates

Common

no par value

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



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 systements, and that all statemosts contained herein are true and correct

Signature of Officer

Robert C. Cressman, Jr. Print or Type Name of Officer

President

Title of Officer

Form 630 12/00

(FORM MUST BE TYPED IN BLACK)

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

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000\_Filing Period: January 1-March 1 • Filing Fee: \$50.00

401-222-3040

| 1 Corporate ID No.  | 2. Name of Corporation | •                                      |  |                         |                          |
|---|------------------------|--|--|-------------------------|--------------------------|
| 58972 3 Street Address Principal Business Of 5853 Post Road                 | CRESS & CO.,           | INC.                                   | <sup>City</sup><br>East Greenwich  | State<br>R I            | <sup>Zip</sup> 02818     |
| 4 Business Phone No<br>401-885-2990   |                        | S State of Incorporation  RHODE ISLAND |  |                         | 6 MC Code<br><b>5520</b> |
| 7 Brief Description of the Character of<br>See attached d                   |                        |  |  |                         |                          |
| 8. NAMES AND ADDRESSI<br>President Name<br>Robert C. Cres<br>Street Address | ES OF THE OFFICE       | RS ("x" box for attach:                | MENT) FILL IN SPACES BEF<br>Vice President Name<br>Caroline Cressm<br>Street Address | ore using attachn<br>an | AENTS                    |
| l Ashbrook Run  |                        |  | 34 Tanglewood D  | rive                    |                          |
| Cay East Greenwich  | State<br>RI            | zir<br>02818                           | cay<br>East Greenwich  | State<br>R I            | չւր<br>02818             |
| Secretary Name Robert C. Cres   | sman, Sr.              |  | Robert C. Cressn   | nan, Sr.                |                          |
| Street Address 34 Tanglewood  |                        |  | Street Address 34 Tanglewood D   |                         |                          |
| cus<br>East Greenwich   | State<br>RI            | <sup>Zup</sup> 02818                   | City<br>East Greenwich   | State<br>RI             | 71p<br>02818             |
| 9. NAMES AND ADDRESSI Duestor Name  | ES OF THE DIRECT       | ORS ("X" BOX FOR ATTAC                 | THMENT) FILL IN SPACES B   | EFORE USING ATTAC       | HMENTS                   |
| Street Address  |                        |  | Street Address   |                         |                          |
| City  | State                  | Zip                                    | City   | State                   | Z (p                     |
| Director Name   |                        |  | Director Name  |                         |                          |
| Street Address  |                        |  | Street Address   |                         |                          |
| t, ay   | State                  | Zip                                    | City   | State                   | Ziţ                      |
| 10. SHARES AUTHORIZED AUTHORIZED SHARES                                     | (*X* BOX FOR ATTACH    | MENT)                                  | 11. SHARES ISSUED ("X" B   | OX FOR ATTACHMENT)      |                          |
| Number of Shates  | Class/Series           | Par Value                              | Number of Shares   | Cluss/Scries            | Par Value                |
| 600 SHS NO PAR VA   | L                      |  | 600  | Common                  | No par value             |
|   |                        |  |  |                         |                          |
| This report must be signed  | d in ink by either     | the President. Vice Pi                 | resident. Secretary, Assistar  | nt Secretary, Treasure  | r. Receiver or Trust     |

ee

|              | * 5 8 9 7 2 *       |
|--------------|---------------------|
| Tile Date    | 214100              |
| Check No.:   | 18530               |
|              | 2                   |
| Ry:          |                     |
| FOR SECRETAR | Y OF STATE USE ONLY |

| <ul> <li>Under penalty of perjury, I declar</li> </ul> | e and affirm that I have examined   |
|--|-------------------------------------|
| this report, including any accomp                      | anying schedules and statements, an |
| that all state nights contained here                   | on are true and Arrect.             |
|  | 1 , 2, 42                           |
| /  | smap 1-21-60                        |
| Signatules of Officer                                  | Date                                |
| Robert C. Cressman,                                    | Jr.                                 |
| Print or Type Name of Officer                          |                                     |

489P

#### CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND



James R. Langevin, Secretary of State Carporations 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 BLAC | F |
|----------------------------|---|
|----------------------------|---|



| 1. Corporate ID No.                      | 2. Name of Corporation                      | <u></u>                   | <del></del>                  | - <del></del>            |                      |
|--|---|---------------------------|------------------------------|--------------------------|----------------------|
| 58972                                    | CRESS & CO.,                                | INC.                      |                              |                          |                      |
| 3. Street Address Principal Business Of  |   |                           | City                         | State                    | Z.Ip                 |
| 5853 Post Road                           |   |                           | East Greenwich               | RI                       | 02818                |
| 4. Business Phone No.                    |   | 5. State of Incorporation |                              |                          | 6. SIC Code          |
| 401-885-2990                             |   | RHODE ISLAND              |                              |                          | 5520                 |
| 7. Brief Description of the Character of | Rusiness Conducted in Rh                    | ode Island                | •                            |                          |                      |
| See attached de                          | escription                                  |                           |                              |                          |                      |
| 8. NAMES AND ADDRESSE                    | -   | RS (*X * BOX FOR ATTACH)  | GENT) FILL IN SPACES BEF     | DRE USING ATTACHME       | ENTS                 |
| President Name                           |   | •                         | Vice President Name          | مساها ماست               | <del></del>          |
| Robert C. Cress                          | sman, Jr.                                   |                           | . Caroline Cress             | man                      |                      |
| Street Address                           |   |                           | Street Address               |                          |                      |
| l Ashbrook Run                           |   |                           | 34 Tanglewood                | Drive                    |                      |
| City                                     | State                                       | ZIP                       | City                         | State                    | Zip                  |
| East Greenwich                           | RI  | 02818                     | East Greenwich               | RI                       | 02818                |
| Secretary Name                           |   |                           | Treasurer Name               | -                        |                      |
| Robert C. Cress                          | sman, Sr.                                   |                           | : Robert C. Cres             | sman, Sr.                |                      |
| Street Address                           |   |                           | Street Address               |                          |                      |
| 34 Tanglewood I                          | Orive                                       |                           | 34 Tanglewood                | Drive                    |                      |
| City                                     | State                                       | Zip                       | City                         | State                    | 7ip                  |
| East Greenwich                           | RI  | 02818                     | East Greenwich               | RI                       | 02818                |
| 9. NAMÉS AND ADDRESSE                    | S OF THE DIRECT                             | ORS (*X* BOX FOR ATTAC    | THMENT) - FILL IN SPACES BI  | EFÖRE USING ATTACHI      | MENTS                |
| Director Nume                            |   |                           | Director Name                | - ,                      |                      |
|  |   |                           |                              |                          |                      |
| Street Address                           |   |                           | Street Address               |                          |                      |
|  |   |                           |                              |                          |                      |
| City                                     | State                                       | Zip                       | City                         | State                    | Zip                  |
|  |   | •                         |                              |                          | <br>                 |
| Director Name                            |   |                           | Director Name                |                          |                      |
|  |   |                           |                              |                          |                      |
| Street Address                           |   |                           | Street Address               |                          |                      |
|  |   |                           |                              | _                        |                      |
| City                                     | State                                       | Zip                       | City                         | State                    | Zip                  |
|  |   |                           |                              | <u> </u>                 |                      |
| 10. SHARES AUTHORIZED                    | ("X" BOX FOR ATTACH                         | MENT)                     | 11. SHARES ISSUED (*X* B     | OX FOR ATTACHMENT)       |                      |
| AUTHORIZED SHARES                        |   |                           | , ISSUED SHARES              |                          |                      |
| Number of Shares                         | Class/Series                                | Par Value                 | Number of Shares             | Class/Series             | Par Value            |
| 600 SHS NO PAR VAL                       |   |                           | , 600                        | Common                   | No par value         |
|  |   |                           |                              | J                        | and grade the second |
|  |   |                           | •                            |                          |                      |
|  |   | _                         | <del> </del>                 | ·- · · · ·               | <del></del>          |
| This report must be <mark>signed</mark>  | in ink by either                            | the President, Vice Pr    | esident, Secretary, Assistan | it Secretary, Treasurer, | Receiver or Trustee  |
|  |   |                           |                              |                          |                      |
|  | <b>                                    </b> |                           |                              |                          |                      |
|  |   | I E I                     |                              |                          |                      |

|              | * 5 8 9 7 2 *     |
|--------------|-------------------|
| File Date:   | Pah 24,99         |
| Theck No.:   | 17137             |
| Ву:          | SP.               |
| OR 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 liabements contained begin are true and correct.

that all tatements contained herein are true and correct.

Signature of Officer Cressman Juste 2-7-9

Robert C. Cressman, Jr.

President

Title of Officer

# CRESS & CO. Inc.

#### CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND

James R. Langevin, 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                              | O)                                  |                                 |                   |                     |                    |                      |
|---|-------------------------------------|---------------------------------|-------------------|---------------------|--------------------|----------------------|
| 1. Corporate ID No. <b>58972</b>                          | 2. Name of Corporation CRESS & CO., | INC.                            | •                 | •                   | • •                |                      |
| 3. Street Address Principal Business Of                   | fic <b>e</b>                        | •                               | City              | •                   | State              | Zip                  |
| 5853 POST ROAD  |                                     | S. State of Incorporation       | EAST              | GREENWICH           | RI .               | 02818<br>6. SIC Code |
| (401) 885-2990<br>7. Nief Description of the Character of | Business Conducted in Rho           | RHODE ISLAND                    |                   |                     |                    | 5520                 |
| SEE ATTACHED DE<br>8. NAMES AND ADDRESSE                  |                                     | RS (*X* BOX FOR ATTACHN         | AENT)             |                     |                    |                      |
| President Name  |                                     |                                 | Vice Prest        | dent Name           |                    |                      |
| ROBERT C. CRESS   | SMAN, JR.                           | •                               | CAE<br>Street Add | ROLINE CRESS        | MAN                |                      |
| 1 ASHBROOK RUN  | State                               | Zip                             | 34<br>City        | TANGLEWOOD          | DRIVE<br>State     | Zip                  |
| EAST GREENWICH Secretary Name                             | RI                                  | 02818                           | EAS               | ST GREENWICH        | RI                 | 02818                |
| ROBERT C. CRESS   | SMAN, SR.                           |                                 | ROE<br>Street Add |                     | SMAN, SR.          |                      |
| 34 TANGLEWOOD D   | RIVE<br>State                       | Zip                             | 34<br>City        | TANGLEWOOD          | DRIVE<br>State     | Zip                  |
| EAST GREENWICH 9. NAMES AND ADDRESSE Director Name        | RI<br>S OF THE DIRECT               | 02818<br>ORS (*X* BOX FOR ATTAC |                   | ST GREENWICH        | RI                 | 02818                |
| Street Address  |                                     |                                 | Street Add        | ress                |                    |                      |
| City  | State                               | Zip                             | City              |                     | State              | Zip                  |
| Director Name   |                                     |                                 | Director N        | ame                 |                    |                      |
| Street Address  |                                     |                                 | Street Add        | ress                |                    |                      |
| Chy   | State                               | Zip .                           | City              |                     | State              | ZIP                  |
| 10. SHARES AUTHORIZED AUTHORIZED SHARES                   | (*X* BOX FOR ATTACHN                | (ENT)                           | 11. SHA           | ARES ISSUED (*X* BO | DX FOR ATTACHMENT) |                      |
| Number of Shares  | Class/Series                        | Par Value                       | Number of         | Shares              | Class/Series       | Par Value            |
| 600 SHS NO PAR VAL  |                                     |                                 | 600               |                     | COMMON             | NO PAR VALUE         |
|   |                                     |                                 |                   |                     |                    |                      |

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

|            | * 5 8 9 7 2 *     |
|------------|-------------------|
| File Date: | 2/25/98           |
| Check No.: | 14855             |
| By:        | DE 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 stay menty contained herein are true and correct.

JΚ. ROBERT C. CRESSMAN,

Print or Type Name of Officer

PRESIDENT

Title of Officer



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

58972

4. Business Phone No.

CRESS & CO., INC.

3. Street Address Principal Business Office 5853 POST ROAD

Cliv

State

Zip

RI

6. SIC Gode

02818

(401)885 - 2990

5. State of Incurporation RHODE ISLAND

5520

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

#### SEE ATTACHED DESCRIPTION

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

State

President Name

Vice President Nume

ROBERT C. CRESSMAN, JR.

ROBERT C. CRESSMAN, SR.

34 TANGLEWOOD DRIVE

Street Address

CAROLINE CRESSMAN

EAST GREENWICH

Street Address

TANGLEWOOD DRIVE City

Zip

EAST GREENWICH Secretary Nume

ASHBROOK RUN

RI

02818

EAST GREENWICH

RI

02818

Treasurer Name

ROBERT C. CRESSMAN, SR. Street Address

34 TANGLEWOOD DRIVE

City EAST GREENWICH

RI

02818

City EAST GREENWICH

RI

02818

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

Director Name

Street Address

Director Name

Street Address

Street Address

City

City

State

Ζiρ

City

State

Zip

Director Nume

Director Name

Street Address

State

Zip

City

Street Address

State

Zip

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

AUTHORIZED SHARES Number of Shares

Class/Series

Par Value

ISSUED SHARES Number of Shares

Class/Series

Par Value

600 SHS NO PAR VAL

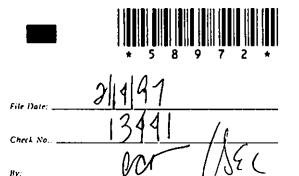
FOR SECRETARY OF STATE USE ONLY

600

COMMON

NO PAR VALUE

This report must be signed in lnk 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 statements contained herein are true and correct.

ROBERT C. CRESSMAN, JR.

Print or Type Name of Officer

PRESIDENT Title of Officer

Signature of Office

#### **PROFIT CORPORATION** ANNUAL REPORT

1996



State of Rhode Island and Providence Plantations James R. Langevin, Secretary of State Corporations Division

100 North Main Street Providence, Rhode Island 02903-1335 • (401) 277-3040

Filing Period: January 1-March 1

| Filing Fee: \$50.00                        |                                 | DI FACE TWOSE OR O                                | IDINT IN DI ACV INV   |                     |   |
|--|---------------------------------|---|---|---------------------|---|
| 1. CORPORATE ID HO                         | 2 HAIVE OF CORPORATION          | PLEASE TIPE ON P                                  | RINT IN BLACK INK.  | ····                |   |
| 58972                                      | CRESS &                         | CO., INC.   |   |                     |   |
| 3 STREET ADDRESS PARIOPAL BUSINESS OFF     | _                               |   | an  | STATE               | Z# 000€   |
| 5853 POS                                   | r ROAD                          |   | EAST GREENWICH  | RI                  | 02818   |
| 4 BUSHÆSS PHOHÆ HO                         |                                 | 5. STATE OF BICORPORATION                         |   |                     | 6. SrC 0000E  |
| (401) 885                                  | 5-2990                          | RHODE IS  | LAND  |                     | 5520  |
| 7. BAILE DESCRIPTION OF THE CHARACTER OF E | SUSPRESS COROUCTED IN REPORT SU |   |   |                     |   |
| SEE ATTAC                                  | CHED DESCRIP                    | TION REA  | L ESTATE  |                     | ,   |
|  | B. NAM                          | ES AND ADDR                                       | ESSES OF THE OFFI   | CERS                |   |
| PRESIDENT NAVE                             |                                 |   | VICE PRESIDENT NAME   |                     |   |
| ROBERT_C                                   | CRESSMAN_J                      | R   | CAROLINE CRESS STREET ADDRESS                                 | MAN                 |   |
| 1_ASHBRO                                   | OK RUN                          |   | 34 TANGLEWOOD   | DRIVE               |   |
| CUA.                                       | STATE                           | 7# C00E   | air   | STATE               | ZIP COLOR   |
| EAST GREENWIC                              | HRI                             | 02818   | EAST GREENWICH  | RI                  | 02818   |
| ROBERT C. CRE                              |                                 |   | ROBERT C. CRES  |                     |   |
| STREET ADORESS                             |                                 |   | STREET ADDRESS  | <u> </u>            |   |
| 34 TANGLEWOOD                              | DRIVE                           |   | 34 TANGLEWOOD   |                     |   |
| EAST GREENWIC                              |                                 | <sup>20° ∞0€</sup> 02818                          | EAST GREENWICH  | STATE               | 02818   |
|  | M A M                           |   | ESSES OF THE DIRE   | <u> i , . , </u>    |   |
| DIRECTOR NAME                              |                                 |   | DIRECTOR HAVE   |                     | · · · · · · · · · · · · · · · · · · ·                             |
| STREET ADDRESS                             |                                 |   | STREET ADDRESS  |                     | · · · · · · · · · · · · · · · · · · ·                             |
| isineer ruunessi                           |                                 |   | Tomac issortion   |                     |   |
| iaiy                                       | STATE                           | ZIP CÓÓE  | άτν   | STATE               | DP CODE   |
| DIRECTOR HAVE                              |                                 |   | DIRECTOR HAVE   |                     |   |
| D. HECTON MAN.E                            |                                 |   | Unit Ci On BOOKE  |                     |   |
| STREET ADDRESS                             |                                 |   | STREET ADORESS  |                     |   |
|  |                                 |   | <u> </u>  |                     |   |
| ar   | STATE                           | 71° C001  | an :  | STATE               | क्षा द्या€  |
|  | 1 0 . S H                       | A P S S A U T H O P                               | IZED AND ISSUED   | <del></del>         |   |
|  | AUTHORIZED SHARES               |   | 7   | ISSUED SHARES       |   |
| NUMBER OF SHARES                           | CLASS / SERIES                  | PAR VALUE   | HUMBER OF SHARES  | CLASS / SERTES      | PAR VALUE   |
| 600 SHS NO                                 | PAR VAL                         |   | 600   | COMMON V            | WITHOUT PAR VALU  |
|  |                                 |   |   |                     | <u> </u>  |
| ;<br><b>}</b>                              |                                 |   |   |                     | <u> </u>  |
| )  |                                 |   |   |                     |   |
|  | <del></del>                     | ·· <del>·</del> ································· |   |                     | <u></u>   |
| Pros                                       |                                 |   | <b>NED IN INK</b> by either the tant Secretary, Treasurer, Re | caiver or Truste    |   |
| Pres                                       | ident, vice Presider            | it, Secretary, Assist                             | ·   |                     |   |
|  |                                 |   | report, including any   | accompanying sch    | affirm that I have examined thi<br>edules and statements, and the |
|  |                                 | -   | ali starements contai   | ped herein are true | and correct   |
| 2 las                                      | 191                             |   | Wolent C  | Cusin               | au Mr.  |
| File Date: 2 12                            |                                 |   | Signature of Officer  |                     | V   |
| Check No: 118                              | f0                              |   | ROBERT C  | . CRESSMA           | N, JR.  |

For Secretary of State Use Only

By:

PRESIDENT

Title of Officer

Print or Type Name of Officer

Date

Filing Fee \$50.00 Payable to Secretary of State

#### PLEASE TYPE or PRINT

# State of Rhode Island and Providence Plantations Office of The Secretary of State

File Annually LLC, Sept. 1 - Nov. 1 CORP, Jun. 1 - March 1

100 North Main Street Providence, Rhode Island 02903-1335 401-277-3040

| Corporate ID:  | 0058972   | 277-3040<br>Anni J. Perss | ort for the year: 1995   |                                   |
|--|---|---------------------------|--|-----------------------------------|
| Name of Business Entity:   | Cress & Co., INc.   | . Trimon Repar            | actor the year.  | <del></del> -                     |
| Business entity organized under the  |   | ]<br>1<br>1               | Entity is (check one):    Massiness Corporation (See RIGL Ch.     Professional Service Corporation (Se.     Limited Liability Company (See RIGL cand mailing address of contact person   | e RIGL Chapter 7-5.1)<br>GL 7-16) |
|  |   | communic                  | cations may be directed:   | <del></del>                       |
| Phone: ( )   |   | <u></u>                   |  | * ******                          |
| Address and telephone of the principles of the p | <del>-</del>  |                           | ment of the character of husiness cond<br>attached statement   | ucted in Rhode Island:            |
|  | 1 02818   | j                         |  |                                   |
| Phone ( 401) 885-299   | 0   | 1                         | rganization:<br>pulification to do business in Rhode Isl   |                                   |
| CATCHING CRESSMAN CATCHING CRESSMAN CASTORIAN OF RECIRCION (X) OF ROBERT C. Cressman CHILLENAN OF CRESSMAN ROBERT C. Cressman  | RITARD (CRESCOSC)  D., Sr. 34 Tanglewood (CRESCOSC)  STREET | B Drive Drive Drive       | East Greenwich, RI  COMMUNICATION OF THE PROPERTY OF THE PROPE | 02818 Zircon 02818 Zircon         |
| AMI,   | MRIITA  | •                         | CHASTATI   | Zin Coń                           |
| _ <del></del>  |   | -, · · -                  |  | Zirton                            |
| UMBER OF SHARES AUTHO  | RIZEO (It Applicable)                                       | NUMBER OF                 | SHARES ISSUED AND OUTSTANI   | DING (If Applicable)              |
| UMBER 600  |   | NUMBER                    | 600  |                                   |
| LASS common  |   | CLASS                     | common   |                                   |
| ERIES without par  |   | SERIES                    | without par  |                                   |
| AR VALUE OR<br>TTHOUT PAR  | ·   | PAR VALUE WITHOUT PA      |  | responses /                       |
| utc February 22  |   | Robert C.                 | Cressman, Jr.  |                                   |
|  |   | President                 | INDIVIN  | <del></del>                       |
| rm31 - 154   |   |                           |  |                                   |
| DESIG  | GNATED REGISTERED OR RESIDE                                 | NT AGENT F                | OR SERVICE OF PROCESS:   |                                   |

Kenneth J. Rampino 615 Jefferson Boulevard Warwick, RI 02886



PLEASE NOTE: It the Corporation has changed its registered office and/or registered in resident agent. From 9 or Form LLC 3 must be filed

APR 1 7 1995 79 70783 SECRET 27 OF STATE

AS PRINCIPAL AGENT OR BROKER, AND ON COMMISSION OR OTHERWISE, TO BUY, SELL, EXCHANGE, LEASE, LET, GRANT OR TAKE LICENSES IN RESPECT OF, IMPROVE, DEVELOP, REPAIR, MANAGE, MAINTAIN AND OPERATE REAL PROPERTY OF EVERY KIND. TO ACT AS LOAN BROKER, TO DO EVERYTHING, SUITABLE PROPER AND CONDUCTIVE TO THE SUCCESSFUL CONDUCT OF A REAL SUITABLE PROPER AND BROKERAGE BUSINESS IN ALL ITS BRANCHES AND ESTATE AGENCY AND BROKERAGE BUSINESS IN ALL ITS BRANCHES AND DEPARTMENTS AND TO CONDUCT ANY OTHER LAWFUL BUSINESS.

....

| President | Caroline Cressnan — — — — — — — | 1) February 22 19_94 . By charles with the many | MOHKXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | 9 | CLASS COMMON CLASS COMMON 22 8 1994 | NUMBER OF SHARES AUTHORIZED (II Applicable)  NUMBER 600  NUMBER 600  NUMBER 600  NUMBER 600 |  |  | Caroline Cressman   Constitution   Caroline Cressman   Caroline   Carolin | CANDISTRUCTURE TO THE THE WASHINGTON OF THE |
|-----------|---------------------------------|---|--|---|-------------------------------------|---|--|--|--|---|
|-----------|---------------------------------|---|--|---|-------------------------------------|---|--|--|--|---|

KENNETH J. RAMPIND 615 JEFFERSON ELVD WARWICK RI 02886

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 008                   | 5572                               | Annual Report for the year   | 1999   |
|------------------------------------|------------------------------------|--|--|
| FIRST: The name of                 | the corporation is                 | CRESS & CO., INC   |  |
| SECOND: It is incorp               | oorated under the laws oft         | be State of Rhode Island   |  |
| THIRD: Character o                 | f business, briefly stated, is see | reverse side for explanation   |  |
| FOURTH: If foreign                 | corporation, address of its prin   | cipal office N/A   |  |
| Fifth: Business add                | ress in Rhode Island 5853          | Post Road, East Greenwich, RI 028                                    | 18   |
| SIXTH: Names and a                 | addresses of its directors and o   | fficers: Address (including number, s                                | (Attach rider if necessary)                          |
|                                    |                                    |  |  |
|                                    | Director                           |  |  |
| Caroline<br>X <b>XXXXXXX</b> Cress | Director  President                | 34 Tanglewood Drive, East Gre  |  |
| Robert C. Cress                    | man, Jr. Vice President            | l Ashbrook Run, Fast Greenwic  | ch, RI 02818   |
| Robert C. Cress                    | man, Sr. Secretary                 | 34. Tanglewood. Drive, Fast. Gre                                     | enwich, RI 02818                                     |
| Robert C. Cress                    | man, Sr. Treasurer                 | 34 Tanglewood Drive, East Gre  | erwich, RI 02818                                     |
| SEVENTH: Number of Shares          | of Shares authorized:              | Scries   | Par Value<br>or statement that<br>shares are without |
| 600                                | Соптоп                             | vicies   | par value<br>None                                    |
|                                    |                                    | PAID   |  |
| Еіднтн: Number of                  | Shares issued:                     | MAR 0 1 1993   | Par Value<br>or statement that                       |
| No. of Shares<br>600               | Class<br>Common                    | saec'y of state  | shares are without<br>par value<br>None              |
| Dated February                     | 19 .,,                             | CRESS & CO. INC.  mc of Corporation)  Mulline dr.  CROSTONA Cressman | water  |
| (Report must be sig                |                                    |  |  |

TRIED: As principal agent or broker, and on commission or otherwise, to buy, sell, exchange, lease, let, grant or take licenses in respect of, improve, develop, repair, manage, maintain and operate real property of every kind. To act as loan broker, to do everything, suitable, proper and conductive to the successful conduct of a real estate agency and brokerage business in all its branches and departments and to engage in any lawful business.

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           | 0052573                           | Annual Report for the  | e year1992   |
|------------------------|-----------------------------------|--|--|
| FIRST: The name        | of the corporation is             | CRESS & CO INC   |  |
| SECOND: It is inco     | orporated under the laws of       | the State of Rhode Island  |  |
| THIRD: Character       | of business, briefly stated, is   | see reverse side for expla   | mation   |
| FOURTH: If foreig      | n corporation, address of its pri | incipal officeN/A  |  |
| FIFTH: Business ac     | ddress in Rhode Island 5853       | 3 Post Road, East Greenwich RI                                     |  |
| SIXTH: Names and       | d addresses of its directors and  |  | (Attach rider if necessary) umber, street, zip code) |
|                        | Director                          |  |  |
|                        | Director                          |  |  |
|                        | Director                          |  |  |
| Caroline Cressman      | President                         | 34 Tanglewood Drive, East  | Greenwich RI 02818                                   |
| Robert C. Cressman Jr. | Vice Presider                     | nt 1 Ashbrook Rum, East Green                                      | wich RI 02818  |
| Robert C. Cressman Sr. | Secretary                         | 34 Tanglewood Drive, East  | Greenwich RI 02818                                   |
| Robert C. Cressman Sr. | Treasurer                         | 34 Tanglewood Drive, East  | Greenwich RI 02818                                   |
| SEVENTH: Numbe         | r of Shares authorized:           | Series Flood FED   | 2 5 1992 Par Value                                   |
| No. of Shares          | Class                             | Series 22-1  | par value  |
| 600                    | Common                            |  | None   |
| Eighth: Number         | of Shares issued:                 |  | Par Value<br>or statement that                       |
| No. of Shares          | Class                             | Series   | shares are without<br>par value                      |
| 600                    | Common                            |  | None   |
| Dated Februar          |                                   | ORESS & CO. INC.  Name of Corporation)  y Caully Caroline Cressman | russen   |
| (Report must be        | e signed by an officer)           | itle President   |  |

THIRD: As principal, agent or broker, and on commission or otherwise, to buy, sell, exchange, lease let, grant or take licenses in respect of, improve, develop, repair, manage, maintain and operate real property of every kind. To act as loan broker, to do everything, suitable, proper and conductive to the successful conduct of a real estate agency and brokerage business in all its branches and departments, and to engage in any lawful business.

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                 | 0059972                          | Annual Report for th   | e year1991                             |
|------------------------------|----------------------------------|--|--|
| FIRST: The name              | of the corporation is            | CRESS & CO, IN   |  |
| SECOND: It is inc            | orporated under the laws of.     | the State of Rhode Island  |  |
| or otherwise<br>develop, rep | , to buy, sell, exchange, le     | As principal, agent or broker<br>ase let, grant or take licenses<br>erate real property of every kin | in respect of, improve,                |
| FOURTH: If foreign           | gn corporation, address of its   | principal officeN/A  |  |
| Fifth: Business a            | ddress in Rhode Island           | 5853 Post Road, East Greenwich 6   | RI 02818                               |
|                              | nd addresses of its directors an |  | (Attach rider if necessary)            |
| Name .                       | Office Director                  | Address (including r   | tumber, street, zip code)              |
|                              | D'                               |  |  |
|                              | Director Director                |  |  |
|                              | President                        | 34 Tanglewood Drive  |  |
| Robert C. Cressman Jr.       | Vice Presi                       | dent East Greenwich RI 02818  34 Tanglewood Drive  |  |
| Robert C. Cressman Sr        | Secretary                        | East Greenwich RI 02818<br>34 Tanglewood Drive   |  |
| RobertCCressman.Sr.          | Treasurer                        | East Greenwich RI 02818  |  |
| SEVENTH: Numb                | er of Shares authorized:         |  | Par Value or statement that            |
| No. of Shares                | Class                            | Series   | shares are without<br>par value        |
| 600                          | Common                           | 12 PS/0  | none                                   |
| Eіднтн: Numbei               | of Shares issued:                | Scries PATE  | Par Value or statement that            |
| No of Shares                 | Class                            | Series STATE   | shares are without<br>par value        |
| 600                          | Common                           | ***  | none                                   |
| Dated March                  | 1 20 19 91                       | ORESS & CO., INC.  (Name of Corporation)  By Caroline Cressman                                       | Curron Printent                        |
| (Report must b               | e signed by an officer)          | Title President  | ······································ |

|             |          | • |                         |                  |                    |                    |
|-------------|----------|---|-------------------------|------------------|--------------------|--------------------|
|             |          |   |                         |                  |                    |                    |
|             |          |   |                         |                  |                    |                    |
|             |          |   |                         |                  |                    |                    |
|             |          |   |                         |                  |                    |                    |
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