



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

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

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1 Corporate ID No 61275		2 Name of Corporation Cahoone, Inc.			
3 Street Address Principal Business Office 29 Post Road			City Westerly	State RI	Zip 02891-2606
4 Business Phone No 401.596.6333		5 State of Incorporation Rhode Island			
6 Brief Description of the Character of Business Conducted in Rhode Island Real Estate Agency					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name James E. Cahoone			Vice President Name		
Street Address 29 Post Road			Street Address		
City Westerly	State RI	Zip 02891-2606	City	State	Zip
Secretary Name James E. Cahoone			Treasurer Name James E. Cahoone		
Street Address 29 Post Road			Street Address 29 Post Road		
City Westerly	State RI	Zip 02891-2606	City Westerly	State RI	Zip 02891-2606
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name James E. Cahoone			Director Name		
Street Address 29 Post Road			Street Address		
City Westerly	State RI	Zip 02891-2606	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. 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
500	Common	No Par	500	Common	No Par

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

FILED

File Date
JAN 18 2006

Check No

By
MS 734

FOR SECRETARY OF STATE USE ONLY **GM**

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 _____ Date January 17, 2006
 Print or Type Name James E. Cahoone
 Title President



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

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3 Street Address Principal Business Office 29 Post Road			City Westerly	State RI	Zip 02891-2606
4 Business Phone No 401.596.6333		5 State of Incorporation Rhode Island			
6 Brief Description of the Character of Business Conducted in Rhode Island Real Estate Agency					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name James E. Cahoone			Vice President Name		
Street Address 29 Post Road			Street Address		
City Westerly	State RI	Zip 02891-2606	City	State	Zip
Secretary Name James E. Cahoone			Treasurer Name James E. Cahoone		
Street Address 29 Post Road			Street Address 29 Post Road		
City Westerly	State RI	Zip 02891-2606	City Westerly	State RI	Zip 02891-2606
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name James E. Cahoone			Director Name		
Street Address 29 Post Road			Street Address		
City Westerly	State RI	Zip 02891-2606	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. 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
500	Common	No Par	500	Common	No Par

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

FILED

File Date: JAN 18 2006

Check No.: BAN 87342

By: [Signature]

FOR SECRETARY OF STATE USE ONLY [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] January 17, 2006
Signature Date

James E. Cahoone
Print or Type Name

President
Title



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

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

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No 61275		2. Name of Corporation Cahoone, Inc.			
3. Street Address Principal Business Office 29 Post Road			City Westerly	State RI	Zip 02891-2606
4. Business Phone No 401.596.6333		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island Real Estate Agency					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name James E. Cahoone			Vice President Name		
Street Address 29 Post Road			Street Address		
City Westerly	State RI	Zip 02891-2606	City	State	Zip
Secretary Name James E. Cahoone			Treasurer Name James E. Cahoone		
Street Address 29 Post Road			Street Address 29 Post Road		
City Westerly	State RI	Zip 02891-2606	City Westerly	State RI	Zip 02891-2606
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name James E. Cahoone			Director Name		
Street Address 29 Post Road			Street Address		
City Westerly	State RI	Zip 02891-2606	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES					
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
500	Common	No Par	500	Common	No Par
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
ISSUED SHARES					
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

FILED

File Date JAN 18 2006
Check No. By 1187342
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.

James E. Cahoone January 17, 2006
Signature Date
James E. Cahoone
Print or Type Name
President
Title



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

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

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1 Corporate ID No. 61275		2 Name of Corporation Cahoone, Inc.			
3 Street Address Principal Business Office 29 Post Road			City Westerly	State RI	Zip 02891-2606
4 Business Phone No. 401.596.6333		5 State of Incorporation Rhode Island			
6 Brief Description of the Character of Business Conducted in Rhode Island Real Estate Agency					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name James E. Cahoone			Vice President Name		
Street Address 29 Post Road			Street Address		
City Westerly	State RI	Zip 02891-2606	City	State	Zip
Secretary Name James E. Cahoone			Treasurer Name James E. Cahoone		
Street Address 29 Post Road			Street Address 29 Post Road		
City Westerly	State RI	Zip 02891-2606	City Westerly	State RI	Zip 02891-2606
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name James E. Cahoone			Director Name		
Street Address 29 Post Road			Street Address		
City Westerly	State RI	Zip 02891-2606	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
500	Common	No Par	500	Common	No Par

JAN 18 AM 9:33

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the 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.

James E. Cahoone January 17, 2006
Signature Date

James E. Cahoone
Print or Type Name

President
Title

FILED	
File Date	<u>JAN 18 2006</u>
Check No	<u>By M8734</u>
By:	<u>QAD</u>
FOR SECRETARY OF STATE USE ONLY	



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. **61275** 2 Name of Corporation **Cahoone, Inc.**
3 Street Address Principal Business Office **29 POST ROAD** City **WESTERLY** State **RI** Zip **02891**
4 Business Phone No. **401 596-6333** 5 State of Incorporation **RHODE ISLAND** 6 SIC Code **5520**
7 Brief Description of the Character of Business Conducted in Rhode Island
REAL ESTATE AGENCY

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

President Name **JAMES E. CAHOONE** Vice President Name
Street Address **170 WEATHERVANE ROAD** Street Address
City **SOUTH KINGSTOWN** State **RI** Zip **02879** City State Zip
Secretary Name Treasurer Name **JAMES E CAHOONE**
Street Address **170 WEATHERVANE ROAD** Street Address
City **SOUTH KINGSTOWN** State **RI** Zip **02879** City State Zip

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

Director Name **JAMES E CAHOONE** Director Name
Street Address **170 WEATHERVANE ROAD** Street Address
City **SOUTH KINGSTOWN** State **RI** Zip **02879** 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
500 NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
500 COMMON NO PAR

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



* 6 1 2 7 5 *

File Date: **5-29-01**
Check No. **9963**
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]
Signature of Officer **JAMES E. CAHOONE** Date **5/1/01**
Print or Type Name of Officer
PRES.
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. **61275** 2. Name of Corporation **Cahoone, Inc.**
3. Street Address Principal Business Office **29 POST ROAD** City **WESTERLY** State **RI** Zip **02891**
4. Business Phone No. **401-596-6333** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **5520**
7. Brief Description of the Character of Business Conducted in Rhode Island **REAL ESTATE AGENCY**

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

President Name **JAMES E. CAHOONE** Vice President Name _____
Street Address _____ Street Address _____
City _____ State _____ Zip _____ City _____ State _____ Zip _____
Secretary Name _____ Treasurer Name **JAMES E CAHOONE**
Street Address _____ Street Address **170 WEATHERVANE ROAD**
City _____ State _____ Zip _____ City **SOUTH KINGSTOWN** State **RI** Zip **02879**

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

Director Name **JAMES E. CAHOONE** Director Name _____
Street Address **170 WEATHERVANE ROAD** Street Address _____
City **SOUTH KINGSTOWN** State **RI** Zip **02879** 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
500 SHS NO PAR VAL

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

ISSUED SHARES
Number of Shares Class/Series Par Value
500 COMMON NO PAR

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



* 6 1 2 7 5 *

File Date: **8-2-00**
Check No.: **9308**
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.

James E. Cahoone 7/31/2000
Signature of Officer Date
JAMES E. CAHOONE
Print or Type Name of Officer
PRES.
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. **61275** 2. Name of Corporation **Cahoone, Inc.**
 3. Street Address Principal Business Office **29 Post Rd. Westerly R.I. 02891**
 4. Business Phone No. **401 596-6333** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **5520**
 7. Brief Description of the Character of Business Conducted in Rhode Island
REAL ESTATE SALES & Rentals

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

President Name JAMES E CAHOONE	Vice President Name JAMES E. CAHOONE
Street Address 170 WEATHERVANE Rd.	Street Address 170 WEATHERVANE Rd
City South Kingstown R.I. Zip 02879	City South Kingstown R.I. Zip 02879
Secretary Name JAMES E. CAHOONE	Treasurer Name JAMES CAHOONE
Street Address 170 WEATHERVANE Rd	Street Address 170 WEATHERVANE Rd
City South Kingstown R.I. Zip 02879	City South Kingstown R.I. Zip 02879

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)

AUTHORIZED SHARES
 Number of Shares Class/Series Par Value
500 SHS NO PAR VAL

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

ISSUED SHARES
 Number of Shares Class/Series Par Value
100. - 0 -

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



File Date: **03.31.99**
 Check No.: **4923**
 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.

James E. Cahoone 3/15/99
 Signature of Officer Date
JAMES E. CAHOONE
 Print or Type Name of Officer
Pres.
 Title of Officer

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. **61275** 2. Name of Corporation **Cahoone, Inc.**
3. Street Address Principal Business Office **29 POST Rd. Westerly RI 02891**
4. Business Phone No. **(401) 596-6333** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **5520**
7. Brief Description of the Character of Business Conducted in Rhode Island **REAL ESTATE SALES AND RENTAL**

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

President Name JAMES CAHOONE Street Address 170 WEATHERVANE RD City Kingstown RI Zip 02879	Vice President Name JAMES CAHOONE Street Address 29 170 WEATHERVANE City Kingstown RI Zip 02879
Secretary Name JAMES CAHOONE Street Address 170 WEATHERVANE City Kingstown RI Zip 02879	Treasurer Name JAMES CAHOONE Street Address 170 WEATHERVANE City Kingstown RI Zip 02879

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

Director Name JAMES CAHOONE Street Address 170 WEATHERVANE RD City Kingstown RI Zip 02879	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
500 SHS NO PAR VAL

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

ISSUED SHARES
Number of Shares Class/Series Par Value
0

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



File Date: **3.27.98**
Check No: **6700**
By: **TUP**

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: **James E. Cahoone** Date: **3/9/98**
Print or Type Name of Officer: **JAMES E. CAHOONE**
Title of Officer: **PRES.**



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. **61275** 2. Name of Corporation **Cahoone, Inc.**
3. Street Address Principal Business Office **29 POST RD.** City **WESTERLY** State **R.I.** Zip **02891**
4. Business Phone No. **(401) 596-6333** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **6520**

7. Brief Description of the Character of Business Conducted in Rhode Island
REAL ESTATE SALES and Rentals

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

President Name JAMES E. CAHOONE Street Address 170 WEATHERVANE RD. City South Kingstown State RI Zip 02879	Vice President Name JAMES E. CAHOONE Street Address 170 WEATHERVANE City S.K. State R.I. Zip 02879
Secretary Name JAMES E. CAHOONE Street Address 170 WEATHERVANE City S.K. State R.I. Zip 02879	Treasurer Name JAMES E. CAHOONE Street Address 170 WEATHERVANE City S.K. State R.I. Zip 02879

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

Director Name 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 AND ISSUED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
500 SHS NO PAR VAL			100		-0-

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



File Date: **4/4/97**
Check No.: **5907**
By: **CC**

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: **JAMES E. CAHOONE** Date: **2-10-97**
Print or Type Name of Officer: **JAMES E. CAHOONE**
Title of Officer: **PRES.**

**PROFIT CORPORATON
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

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO **0061275** 2. NAME OF CORPORATION **CAHOONE INC.**
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE **101 FRANKLIN ST. WESTERLY R.I. 02891**
4. BUSINESS PHONE NO **401 596-6333** 5. STATE OF INCORPORATION **Rhode Island** 6. SIC CODE **5520**
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND
Real Estate Sales and Rentals

8. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME JAMES E. CAHOONE	VICE PRESIDENT NAME JAMES E. CAHOONE
STREET ADDRESS 170 WEATHERVANE Rd.	STREET ADDRESS 170 WEATHERVANE Rd.
CITY STATE ZIP CODE South Kingstown R.I. 02879	CITY STATE ZIP CODE South Kingstown R.I. 02879
SECRETARY NAME JAMES E. CAHOONE	TREASURER NAME JAMES E. CAHOONE
STREET ADDRESS 170 WEATHERVANE	STREET ADDRESS 170 WEATHERVANE Rd.
CITY STATE ZIP CODE South Kingstown R.I. 02879	CITY STATE ZIP CODE South Kingstown R.I. 02879

9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME JAMES E. CAHOONE	DIRECTOR NAME
STREET ADDRESS 170 WEATHERVANE Rd.	STREET ADDRESS
CITY STATE ZIP CODE South Kingstown R.I. 02879	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

NUMBER OF SHARES	AUTHORIZED SHARES CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	ISSUED SHARES CLASS / SERIES	PAR VALUE
500	COMMON	NO-PAR	100	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.

File Date: **4-9-96**
Check No: **5249**
By: **[Signature]**

[Signature]
Signature of Officer
JAMES E. CAHOONE
Print or Type Name of Officer
PRES.
Date **4/2/96**

For Secretary of State Use Only

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

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: 0051275 Annual Report for the year: 1995

Name of Corporation: Cahoon, Inc.

Business entity organized under the laws of the State of: R.I. Business Entity is (check one):

For foreign entity, address and telephone number of principal office: N/A
 Business Corporation (See RIGL Chapter 7-1.1)
 Professional Service Corporation (See RIGL Chapter 7-5.1)

Phone: () Brief statement of the character of business conducted in Rhode Island:

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box): Real Estate Sales and Rental

101 FRANKLIN ST.
 WESTERLY R.I.

Phone: (401) 596-6333

THE NAMES OF THE OFFICERS ARE:

OFFICER	NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
PRESIDENT	<u>JAMES CAHOONE</u>	<u>170 WEATHERVANE RD.</u>	<u>WAKEFIELD RI</u>	<u>02879</u>
VICE PRESIDENT	<u>u</u>	<u>u</u>	<u>u</u>	<u>u</u>
SECRETARY	<u>u</u>	<u>u</u>	<u>u</u>	<u>u</u>
TREASURER	<u>u</u>	<u>u</u>	<u>u</u>	<u>u</u>

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>JAMES CAHOONE</u>	<u>170 WEATHERVANE</u>	<u>WAKEFIELD RI</u>	<u>02879</u>
<u>u</u>	<u>u</u>	<u>u</u>	<u>u</u>
<u>u</u>	<u>u</u>	<u>u</u>	<u>u</u>

NUMBER OF SHARES AUTHORIZED (Rider may be attached)		NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)	
Number of Shares	Class / Series	Number of Shares	Class / Series
<u>500</u>	<u>COMMON</u>	<u>100</u>	<u>COMMON</u>
<u>NO</u>	<u>PAR</u>	<u>NO</u>	<u>PAR</u>

Date: FEB 17, 1995 By: James E. Cahoon

PRINT OR TYPE NAME OF OFFICER SIGNING: JAMES E. CAHOONE
 TITLE OF OFFICER SIGNING: PRES.

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.

JAMES CAHOONE
 101 FRANKLIN STREET
 WESTERLY RI 02891

PAID
 APR 11 1995
 DP 4439
 SECRETARY OF STATE

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

File Annually
LLC Sept 1 - Nov 1
CORP Jan 1 - March 1

Corporate ID: 0061275 Annual Report for the year: 1994

Name of Business Entity: CAHOONE REAL ESTATE, INC.

Business entity organized under the laws of the State of RI
Federal Taxpayer Identification Number: [REDACTED]
For foreign entity, address and telephone number of principal office:
N/A
Phone: [REDACTED]
Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box)
101 Franklin St
Westerly RI
Phone: (401) 596-6333

Business Entity is (check one):
 Business Corporation (See RIGL Chapter 1-1.1)
 Professional Service Corporation (See RIGL Chapter 7-2.1)
 Limited Liability Company (See RIGL 7-16)
Name, title and mailing address of contact person to whom communications may be directed:
James Cahoone
101 Franklin St.
Westerly RI
Brief statement of the character of business conducted in Rhode Island:
Real Estate Broker
Date of Organization: 7/30/90
Date of Qualification to do business in Rhode Island (if foreign entity):
N/A

THE NAMES OF THE OFFICERS ARE:

OFFICE	NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<input type="checkbox"/> CHIEF EXECUTIVE OFFICER OR <input checked="" type="checkbox"/> PRESIDENT (Sole Owner)	James Cahoone	170 Westbourne Rd	WAKEFIELD RI	
<input type="checkbox"/> CHIEF OPERATING OFFICER OR <input checked="" type="checkbox"/> VICE PRESIDENT (Sole Owner)	"	"	"	"
<input type="checkbox"/> CLERK/STATIONER/RECORDS OR <input checked="" type="checkbox"/> SECRETARY (Sole Owner)	"	"	"	"
<input type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input checked="" type="checkbox"/> TREASURER (Sole Owner)	"	"	"	"

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
James Cahoone	170 Westbourne Rd	WAKEFIELD RI	

NUMBER OF SHARES AUTHORIZED (If Applicable)	NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)
NUMBER: <u>500</u>	NUMBER: <u>100</u>
CLASS: <u>Common</u>	CLASS: <u>Common</u>
SERIES:	SERIES:
PAR VALUE OR WITHOUT PAR: <u>NO PAR</u>	PAR VALUE OR WITHOUT PAR: <u>NO PAR</u>

Date: 2/2 19 94 By: James Cahoone
POSITION/TITLE/NAME OF OFFICER SIGNING: Pres.

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form LLC-3 must be filed

JAMES CAHOONE
101 FRANKLIN STREET
WESTERLY RI 02691

FILED
FEB 16 1994
567096

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

2634

Corporate ID 0051275 Annual Report for the year 1993

FIRST: The name of the corporation is CAHOONE REAL ESTATE, INC.

SECOND: It is incorporated under the laws of RI

THIRD: Character of business, briefly stated, is Real Estate Sales

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

FIFTH: Business address in Rhode Island 101 Franklin St.
Westerly RI 02891

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

Name	Office	Address (including number, street, zip code)
James Cahoone	Director	170 Weatherstone Rd. South Kingstown
	Director	
	Director	
James Cahoone	President	
James Cahoone	Vice President	
James Cahoone	Secretary	
James Cahoone	Treasurer	

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	COMMON		

PAID
FEB 12 1993
SECY OF STATE

Dated 2/10 1993 Cahoone Real Estate Inc.
(Name of Corporation)

By James E. Cahoone
Title PRESIDENT

(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

1992

Corporate ID 1081275 Annual Report for the year 1992

FIRST: The name of the corporation is CARDONE REAL ESTATE, INC.

SECOND: It is incorporated under the laws of RI

THIRD: Character of business, briefly stated, is Real Estate Sales

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

FIFTH: Business address in Rhode Island 101 Franklin St.
Westley RI 02891

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

Name	Office	Address (including number, street, zip code)
<u>James Cahoon</u>	<u>Director</u>	<u>170 Westerly Rd. Westerly RI</u>
	<u>Director</u>	
	<u>Director</u>	
<u>James Cahoon</u>	<u>President</u>	
<u>James Cahoon</u>	<u>Vice President</u>	
<u>James Cahoon</u>	<u>Secretary</u>	
<u>James Cahoon</u>	<u>Treasurer</u>	

SEVENTH: Number of Shares authorized:

No. of Shares	Class
<u>500</u>	<u>Common</u>

PAID
Series
FEB 20 1992
SECY OF STATE

Par Value
or statement that
shares are without
par value
NO PAR

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series
<u>100</u>	<u>Common</u>	

Par Value
or statement that
shares are without
par value
NO PAR

Dated 1/14 19 92

C. Cahoon Real Estate Inc.
(Name of Corporation)

By James Cahoon

Title President

(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 0051275 Annual Report for the year 1991

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Westerly RI 02891

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

Name	Office	Address (including number, street, zip code)
<u>James Cahoon</u>	<u>Director</u>	<u>170 WEATHERANE Rd. South Kingstown RI</u>
	<u>Director</u>	
	<u>Director</u>	
<u>James Cahoon</u>	<u>President</u>	
<u>James Cahoon</u>	<u>Vice President</u>	
<u>James Cahoon</u>	<u>Secretary</u>	
<u>James Cahoon</u>	<u>Treasurer</u>	

SEVENTH: Number of Shares authorized:

No of Shares	Class	Series	Par Value or statement that shares are without par value
<u>500</u>	<u>Common</u>	<u>PAID</u>	<u>NO PAR VALUE</u>

JAN 23 1991

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>[Signature]</u>	<u>NO PAR VALUE</u>

Dated 1/8 19 91

(Cahoon Real Estate, Inc)
(Name of Corporation)

By James S. Cahoon

Title President

(Report must be signed by an officer)