



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

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 135977		2. Name of Corporation Kendall Management, Inc.			
3. Street Address Principal Business Office 1051 Reservoir Avenue		City Cranston	State RI	Zip 02910	
4. Business Phone No. 401-223-2323		5. State of Incorporation Rhode Island		6. SIC Code	
7. Brief Description of the Character of Business Conducted in Rhode Island Engage in investment, ownership, development, management and leasing of real estate					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Mary Jo Carolan		Vice President Name Mary Jo Carolan			
Street Address 1051 Reservoir Avenue		Street Address 1051 Reservoir Avenue			
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02910
Secretary Name Mary Jo Carolan		Treasurer Name Mary Jo Carolan			
Street Address 1051 Reservoir Avenue		Street Address 1051 Reservoir Avenue			
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02910
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 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) <input type="checkbox"/>					11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
50,000 No Par Value			—	None	—

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



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FILED	
File Date	2005
Check No.	APR 05 2005
By	<i>[Signature]</i>
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.

Mary Jo Carolan 2/4/05
Signature of Officer Date
Mary Jo Carolan
Print or Type Name of Officer
President
Title of Officer



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50,000 NO PAR VALUE	—	—	50,000 shares	common	0

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



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*135977 DBC 02/09/2004

FILED

File Date

FEB 17 2004

Check No.

By

By M2054

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Signature of Officer

Date

Mary Jo Carolan 2/9/04

Print or Type Name of Officer

President

Title of Officer

Form 630 12/01