



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 62878		2. Name of Corporation Cranwilde Inc.			
3. Street Address, Principal Business Office c/o Gravestar, Inc., One Broadway			City Cambridge	State MA	Zip 02142
4. Business Phone No. 617-492-4118		5. State of Incorporation RHODE ISLAND		6. SIC Code 5579	
7. Brief Description of the Character of Business Conducted in Rhode Island REAL ESTATE PROPERTY MANAGEMENT					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Deborah A. Ciolfi			Vice President Name N.a.		
Street Address 14 Reservoir Road			Street Address		
City Wayland	State MA	Zip 01778	City	State	Zip
Secretary Name Deborah A. Ciolfi			Treasurer Name David T. Ting		
Street Address 14 Reservoir Road			Street Address 1 Wentworth Drive		
City Wayland	State MA	Zip 01778	City Southboro	State MA	Zip 01772
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Deborah A. Ciolfi			Director Name David T. Ting		
Street Address 14 Reservoir Road			Street Address 1 Wentworth Drive		
City Wayland	State MA	Zip 01778	City Southboro	State MA	Zip 01772
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
1,000 COMM \$1.00 PAR VALUE			100	A Common	\$100

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



62878

File Date 6-16-05
Check No. 8
By [Signature]
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer [Signature] Date 4/1/05
Print or Type Name of Officer Deborah A. Ciolfi
Title of Officer President



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 62878
2. Name of Corporation Cranwilde Inc.
3. Street Address Principal Business Office c/o Gravestar, Inc., One Broadway
City Cambridge State MA Zip 02142
4. Business Phone No 617-492-4118
5. State of Incorporation RHODE ISLAND
6. SIC Code 5579

7. Brief Description of the Character of Business Conducted in Rhode Island REAL ESTATE PROPERTY MANAGEMENT

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

President Name Deborah A. Ciolfi Vice President Name N/A

Street Address 14 Reservoir Road Street Address

City Wayland State MA Zip 01778 City State Zip

Secretary Name Deborah A. Ciolfi Treasurer Name David T. Ting

Street Address 14 Reservoir Road Street Address 1 Wentworth Drive

City Wayland State MA Zip 01778 City Southboro State MA Zip 01772

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

Director Name Deborah A. Ciolfi Director Name David T. Ting

Street Address 14 Reservoir Road Street Address 1 Wentworth Drive

City Wayland State MA Zip 01778 City Southboro State MA Zip 01772

Director Name Director Name

Street Address Street Address

City State Zip City State Zip

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

Table with 6 columns: Number of Shares, Class/Series, Par Value, Number of Shares, Class/Series, Par Value. Row 1: 1,000 COMM \$1.00 PAR VALUE, A Common, 100. Row 2: 250, A, 250. Row 3: 750, B, 750.

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



* 6 2 8 7 8 *

File Date 3-16-04
Check No. 3
By: [Signature]
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer [Signature] Date 3/12/04

Deborah A. Ciolfi
Print or Type Name of Officer

President
Title of Officer



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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. **62878** 2. Name of Corporation **Cranwilde Inc.**
3. Street Address Principal Business Office City State Zip
c/o Gravestar, Inc., One Broadway Cambridge MA 02142
4. Business Phone No. **617-492-4118** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **5579**
7. Brief Description of the Character of Business Conducted in Rhode Island
Real Estate Property Management

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

President Name Deborah A. Ciolfi	Vice President Name N.A.
Street Address 14 Reservoir Road	Street Address
City State Zip Wayland MA 01778	City State Zip
Secretary Name Deborah A. Ciolfi	Treasurer Name David T. Ting
Street Address 14 Reservoir Road	Street Address 1 Wentworth Drive
City State Zip Wayland MA 01778	City State Zip Southboro MA 01772

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

Director Name Deborah A. Ciolfi	Director Name David T. Ting
Street Address 14 Reservoir Road	Street Address 1 Wentworth Drive
City State Zip Wayland MA 01778	City State Zip Southboro MA 01772
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

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

AUTHORIZED SHARES	Class/Series	Par Value
1,000 COMM \$1.00 PAR VALUE		

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

ISSUED SHARES	Class/Series	Par Value
100	A Common	

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



* 6 2 8 7 8 *

File Date: **FEB 28 2003**

Check No.: **34**

By: **Deborah A. Ciolfi**
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer: **Deborah A. Ciolfi** Date: **1-13-03**

Print or Type Name of Officer: **Deborah A. Ciolfi**

Title of Officer: **President**



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

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



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 0062878 2. Name of Corporation Cranwilde, Inc.
3. Street Address Principal Business Office c/o Gravestar, Inc., One Broadway City Cambridge State MA Zip 02142
4. Business Phone No. 617-492-4118 5. State of Incorporation Rhode Island 6. SIC Code 5579
7. Brief Description of the Character of Business Conducted in Rhode Island
Real Estate Property Management

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

President Name <u>Deborah A. Ciolfi</u> Street Address <u>14 Reservoir Road</u> City <u>Wayland</u> State <u>MA</u> Zip <u>01778</u>	Vice President Name <u>N.A.</u> Street Address City _____ State _____ Zip _____
Secretary Name <u>Deborah A. Ciolfi</u> Street Address <u>14 Reservoir Road</u> City <u>Wayland</u> State <u>MA</u> Zip <u>01778</u>	Treasurer Name <u>David T. Ting</u> Street Address <u>1 Wentworth Drive</u> City <u>Southboro</u> State <u>MA</u> Zip <u>01772</u>

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

Director Name <u>Deborah A. Ciolfi</u> Street Address <u>14 Reservoir Road</u> City <u>Wayland</u> State <u>MA</u> Zip <u>01778</u>	Director Name <u>David T. Ting</u> Street Address <u>1 Wentworth Drive</u> City <u>Southboro</u> State <u>MA</u> Zip <u>01772</u>
Director Name Street Address City _____ State _____ Zip _____	Director Name Street Address City _____ State _____ Zip _____

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

AUTHORIZED SHARES	Class/Series	Par Value
250	Class A	
750	Class B	

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

ISSUED SHARES	Class/Series	Par Value
100	A Common	

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

File Date 3/13/02

Check No. 3

By: AB

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer Deborah A. Ciolfi Date 3/12/02

Print or Type Name of Officer Deborah A. Ciolfi

Title of Officer President

Title of Officer



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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 0062878
2. Name of Corporation Cranwilde, Inc.
3. Street Address Principal Business Office c/o Gravestar, Inc. One Broadway
4. Business Phone No. 617-492-4118
5. State of Incorporation Rhode Island
6. SIC Code 5579

7. Brief Description of the Character of Business Conducted in Rhode Island
Real Estate Property Management
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name Deborah A. Ciolfi Street Address 14 Reservoir Road City Wayland State MA Zip 01778	Vice President Name N.A. Street Address City State Zip
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Secretary Name Deborah A. Ciolfi Street Address 14 Reservoir Road City Wayland State MA Zip 01778	Treasurer Name David T. Ting Street Address 1 Wentworth Drive City Southboro State MA Zip 01772
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9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) Director Name Deborah A. Ciolfi Street Address 14 Reservoir Road City Wayland State MA Zip 01778	Director Name David T. Ting Street Address 1 Wentworth Drive City Southboro State MA Zip 01772
---	---

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) AUTHORIZED SHARES Number of Shares Class/Series Par Value 250 Class A 750 Class B	11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) ISSUED SHARES Number of Shares Class/Series Par Value 100 A Common
--	--

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

File Date: 3-10-01
Check No.: 163
By: [Signature]
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.
Signature of Officer: [Signature] Date: 3/12/01
Deborah A. Ciolfi
Print or Type Name of Officer
President
Title of Officer



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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 062878
2. Name of Corporation Cranwilde, Inc.
3. Street Address Principal Business Office c/o Gravestar, Inc. One Broadway Cambridge MA 02142
4. Business Phone No. 617-492-4118
5. State of Incorporation Rhode Island
6. SIC Code 5579

7. Brief Description of the Character of Business Conducted in Rhode Island
Real Estate Property Management

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

President Name Deborah A. Ciolfi Street Address 14 Reservoir Road City Wayland State MA Zip 01778	Vice President Name N.A. Street Address City State Zip
Secretary Name Deborah A. Ciolfi Street Address 14 Reservoir Road City Wayland State MA Zip 01778	Treasurer Name David T. Ting Street Address 1 Wentworth Drive City Southboro State MA Zip 01772

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

Director Name Deborah A. Ciolfi Street Address 14 Reservoir Road City Wayland State MA Zip 01778	Director Name David T. Ting Street Address 1 Wentworth Drive City Southboro State MA Zip 01772
Director Name Street Address City State Zip	Director Name Street Address City State Zip

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

AUTHORIZED SHARES	Class/Series	Par Value
250	Class A	
750	Class B	

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

ISSUED SHARES	Class/Series	Par Value
100	A Common	

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

File Date 3/13/00
Check No. 159
By [Signature]
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer [Signature] Date 3/8/00
Deborah A. Ciolfi
Print or Type Name of Officer
President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 99
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 0062878
2. Name of Corporation Cranwilde, Inc.
3. Street Address Principal Business Office c/o Gravestar, Inc. One Broadway City Cambridge State MA Zip 02142
4. Business Phone No. 617-492-4118
5. State of Incorporation Rhode Island
6. SIC Code 5599
7. Brief Description of the Character of Business Conducted in Rhode Island Real Estate Property Management

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

President Name Deborah A. Ciolfi	Vice President Name N.A.
Street Address 14 Reservoir Road	Street Address
City Wayland State MA Zip 01778	City State Zip
Secretary Name Deborah A. Ciolfi	Treasurer Name David T. Ting
Street Address 14 Reservoir Road	Street Address 1 Wentworth Drive
City Wayland State MA Zip 01778	City Southboro State MA Zip 01772

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

Director Name Deborah A. Ciolfi	Director Name David T. Ting
Street Address 14 Reservoir Road	Street Address 1 Wentworth Drive
City Wayland State MA Zip 01778	City Southboro State MA Zip 01772
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
250	Class A	
750	Class B	

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

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
100	A Common	

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

File Date: 04-02-99
Check No.: 154
By: JTD

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.
Signature of Officer: [Signature] Date: 3-22-99
Print or Type Name of Officer: Deborah A. Ciolfi
Title of Officer: President



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 98

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 0062878 2. Name of Corporation Cranwilde, Inc.
3. Street Address Principal Business Office c/o Gravestar, Inc. One Broadway City Cambridge State MA Zip 02142
4. Business Phone No. (617) 492-4118 5. State of Incorporation Rhode Island 6. SIC Code 5579
7. Brief Description of the Character of Business Conducted in Rhode Island

Real Estate Property Management

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

President Name <u>Deborah A. Ciolfi</u> Street Address <u>14 Reservoir Road</u> City <u>Wayland</u> State <u>MA</u> Zip <u>01778</u>	Vice President Name <u>N.A.</u> Street Address <u></u> City <u></u> State <u></u> Zip <u></u>
Secretary Name <u>Deborah A. Ciolfi</u> Street Address <u>14 Reservoir Road</u> City <u>Wayland,</u> State <u>MA</u> Zip <u>01778</u>	Treasurer Name <u>David T. Ting</u> Street Address <u>1 Wentworth Drive</u> City <u>Southboro</u> State <u>MA</u> Zip <u>01772</u>

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

Director Name <u>Deborah A. Ciolfi</u> Street Address <u>14 Reservoir Road</u> City <u>Wayland</u> State <u>MA</u> Zip <u>01778</u>	Director Name <u>David T. Ting</u> Street Address <u>1 Wentworth Drive</u> City <u>Southboro</u> State <u>MA</u> Zip <u>01772</u>
---	---

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

AUTHORIZED SHARES	Class/Series	Par Value
250	Class A	
750	Class B	

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

ISSUED SHARES	Class/Series	Par Value
100	A Common	

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

File Date: 3/6/98
Check No.: 146
By: [Signature]
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.
Signature of Officer: [Signature] Date: 3-4-98
Deborah A. Ciolfi
Print or Type Name of Officer
President
Title of Officer



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. 0062878
 2. Name of Corporation Cranwilde, Inc.
 3. Street Address Principal Business Office c/o Gravestar, Inc. One Broadway City Cambridge State MA Zip 02142
 4. Business Phone No. (617) 492-4118
 5. State of Incorporation Rhode Island 6. SIC Code 5579
 7. Brief Description of the Character of Business Conducted in Rhode Island Real Estate Property Management

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

President Name James S. Hekimian Street Address 14 Rutledge Road City Belmont State MA Zip 02178	Vice President Name N/A Street Address City State Zip
Secretary Name Harold P. Donn Street Address 126 Pine Street City Belmont State MA Zip 02178	Treasurer Name Harold P. Donn Street Address 126 Pine Street City Belmont State MA Zip 02178

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

Director Name James S. Hekimian Street Address 14 Rutledge Road City Belmont State MA Zip 02178	Director Name Benjamin Brown Street Address 63 Pickwick Road City W. Newton State MA Zip 02165
Director Name Steven S. Fischman Street Address 60 Colbert Road City W. Newton State MA Zip 02165	Director Name 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
250	Class A		100	A Common	
750	Class B				

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

File Date: 2/27/97
 Check No.: 137
 By: [Signature]
 FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer: [Signature] Date: 2/25/97
 JAMES S. HEKIMIAN
 Print or Type Name of Officer
 PRESIDENT
 Title of Officer

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. 0062878
2. NAME OF CORPORATION Cranwilde, Inc.
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE c/o Gravestar, Inc. One Broadway
4. BUSINESS PHONE NO. 617-492-4118
5. STATE OF INCORPORATION Rhode Island
6. SIC CODE 5579
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND
Real Estate Property Management

8. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME James S. Hekimian	VICE PRESIDENT NAME N/A
STREET ADDRESS 141 Rutledge Rd,	STREET ADDRESS
CITY STATE ZIP CODE Belmont MA 02178	CITY STATE ZIP CODE

SECRETARY NAME Harold P. Donn	TREASURER NAME Harold P. Donn
STREET ADDRESS 126 Pine Street	STREET ADDRESS 126 Pine Street
CITY STATE ZIP CODE Belmont MA 02178	CITY STATE ZIP CODE Belmont MA 02178

9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME James S. Hekimian	DIRECTOR NAME Benjamin Brown
STREET ADDRESS 141 Rutledge Rd.	STREET ADDRESS 63 Pickwick Road
CITY STATE ZIP CODE Belmont MA 02178	CITY STATE ZIP CODE W. Newton MA 02165

DIRECTOR NAME Steven S. Fischman	DIRECTOR NAME
STREET ADDRESS 60 Colbert Road	STREET ADDRESS
CITY STATE ZIP CODE W. Newton MA 02165	CITY STATE ZIP CODE

10. SHARES AUTHORIZED AND ISSUED

AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
250	Class A		100	A Common	
750	Class B				

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.

James S. Hekimian
Signature of Officer
JAMES S. HEKIMIAN
Print or Type Name of Officer
PRESIDENT
Title of Officer

File Date: 3/26/96
Check No: 129
By: *[Signature]*
For Secretary of State Use Only

Date



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: 0052878 Annual Report for the year: 1995

Name of Corporation: Cranwilde Inc.

Business entity organized under the laws of the State of: Rhode Island
 For foreign entity, address and telephone number of principal office:
 Business Entity is (check one):
 Business Corporation (See RIGL Chapter 7-1.1)
 Professional Service Corporation (See RIGL Chapter 7-5.1)

Phone: ()
 Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):
Prentice-Hall Corp. System
170 Westminster Street, Suite 900
Providence, RI 02901
 Phone: ()
 Brief statement of the character of business conducted in Rhode Island:
See below

THE NAMES OF THE OFFICERS ARE:

PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
James S. Hekimian	141 Rutledge Road	Belmont, MA	02178
VICE PRESIDENT			
N/A			
SECRETARY	STREET ADDRESS	CITY/STATE	ZIP CODE
Harold P. Donn	126 Pine Street	Belmont, MA	02178
TREASURER	STREET ADDRESS	CITY/STATE	ZIP CODE
Harold P. Donn	126 Pine Street	Belmont, MA	02178

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
James S. Hekimian	141 Rutledge Road	Belmont, MA	02178
NAME			
Benjamin Brown	63 Pickwick Road	W. Newton, MA	02165
NAME			
Steven S. Fischman	60 Colbert Road	W. Newton, MA	02165

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
250	Class A Common	100	Class A Common
750	Class B Common		

Date February 24, 19 95
 By: Harold P. Donn
 Harold P. Donn
 PRINT OR TYPE NAME OF OFFICER SIGNING
 Treasurer
 TITLE OF OFFICER SIGNING

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.
 To act as a general partner in general and limited partnerships, and to act as a limited partner in limited partnerships; to engage in general real estate transactions.
 PRENTICE-HALL CORP SYSTEM
 170 WESTMINSTER STREET, SUITE 900
 PROVIDENCE RI 02903

PAID
 FEB 28 1995
 0052878
 00000000

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: 0062878 Annual Report for the year: 1994

Name of Business Entity: Cranwilde Inc.

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

Federal Taxpayer Identification Number: [REDACTED]

For foreign entity, address and telephone number of principal office

Phone

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

Prentice-Hall Corp. System
170 Westminster Street, Suite 900
Providence, RI 02901

Phone

Business Entity is (check one)

- Business Corporation (See RIGL Chapter 7-1.1)
- Professional Service Corporation (See RIGL Chapter 7-5.1)
- Limited Liability Company (See RIGL 7-16)

Name, title and mailing address of contact person to whom communications may be directed

Harold P. Donn
The Mugar Group Incorporated
Two Burlington Woods Drive
Burlington, MA 01803, 617-229-2111

Brief statement of the character of business conducted in Rhode Island
(a) See below.

Date of Organization 01/01/91

Date of Qualification to do business in Rhode Island (if foreign entity)
N/A

THE NAMES OF THE OFFICERS ARE:

OFFICER TYPE	NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<input checked="" type="checkbox"/> PRESIDENT OR CEO	James S. Hekimian	141 Rutledge Road	Belmont, MA	02178
<input type="checkbox"/> CHIEF FINANCIAL OFFICER	N/A			
<input checked="" type="checkbox"/> SECRETARY	Harold P. Donn	126 Pine Street	Belmont, MA	02178
<input checked="" type="checkbox"/> TREASURER	Harold P. Donn	126 Pine Street	Belmont, MA	02178

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
James S. Hekimian	141 Rutledge Road	Belmont, MA	02178
Benjamin Brown	63 Pickwick Road	W. Newton, MA	02165
Steven S. Fischman	60 Colbert Road	W. Newton, MA	02165

NUMBER OF SHARES AUTHORIZED (If Applicable)		NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)	
NUMBER	250	NUMBER	100
CLASS	Class A Common	CLASS	Class A Common
SERIES		SERIES	
PAR VALUE OR WITHOUT PAR	\$1.00	PAR VALUE OR WITHOUT PAR	\$1.00

Date FEB 22 1994

Harold P. Donn

Harold P. Donn
PRINT OR TYPE NAME OF OFFICER SIGNING
Treasurer
TITLE OF OFFICER SIGNING

Form 3-1994
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
(a) to act as a general partner in general and limited partnerships, and to act as a limited partner in limited partnerships; to engage in general real estate transactions.

PRENTICE-HALL CORP SYSTEM
170 WESTMINSTER STREET, SUITE 900
PROVIDENCE RI 02903

FILED
FEB 22 1994
BY ME591120

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 0062878 Annual Report for the year 1993

FIRST: The name of the corporation is Cranwilde Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is to act as a general partner in general and limited partnerships, and to act as a limited partner in limited partnerships; to engage in general real estate transactions.

FOURTH: If foreign corporation, address of its principal office.....

FIFTH: Business address in Rhode Island None

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

Name	Office	Address (including number, street, zip code)
James S. Hekimian	Director	141 Rutledge Road, Belmont, MA 02178
Benjamin Brown	Director	63 Pickwick Rd., W. Newton, MA 02165
Steven S. Fischman	Director	60 Colbert Rd., W. Newton, MA 02165
James S. Hekimian	President	(Same as above)
N/A	Vice President	
Harold Donn	Secretary	126 Pine Street, Belmont, MA 02178
Harold Donn	Treasurer	"

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
250	Class A Common		\$1.00
750	Class B Common		\$1.00

Rec'd & Filed
CCN 113 Feb 16 1993

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	Class A Common		\$1.00

Dated February 1993

CRANWILDE INC.

(Name of Corporation)

By *Harold J. Donn*

Title Harold Donn, Treasurer

(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

DKB # 101

Corporate ID 0022878 Annual Report for the year 1992

FIRST: The name of the corporation is Cranwilde, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is to act as a general partner in general and limited partnerships, and to act as a limited partner in limited partnerships; to engage in general real estate transactions.

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island None

PAID

MAR 02 1992

SECY OF STATE

(Attach rider if necessary)

SIXTH: Names and addresses of its directors and officers:

Name	Office	Address (including number, street, zip code)
James S. Hekimian	Director	141 Rutledge Rd., Belmont MA 02178
Benjamin Brown	Director	63 Pickwick Rd., W. Newton MA 02165
Steven S. Fischman	Director	60 Colbert Rd., W. Newton MA 02165
James S. Hekimian	President	(Same as above)
N/A	Vice President	
Harold Donn	Secretary	126 Pine St., Belmont MA 02178
Harold Donn	Treasurer	"

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
250	Class A Common	---	\$1.00
750	Class B Common	---	\$1.00

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	Class A Common	---	\$1.00

Dated February 1992

CRANWILDE INC.

(Name of Corporation)

By Harold Donn

Title Harold Donn, Treasurer

(Report must be signed by an officer)