

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		iling Fee: \$50.00				
FORM MUST BE TYPED IN						
1. Corporate ID No.	2. Name of Corpo					
119176	Clarendon (Froup Inc.				
3. Street Address Principal Bus			City	State	Zip .	
12 Bassett Street		PROVIDENCE	RI	02903		
	4. Business Phone No. 5. State of Incorporation				6. SIC Code	
401-453-1214 RHODE ISLAND			ND			
7. Brief Description of the Char COMMUNICATIONS AND			NG			
President Name	SSES OF THE OF	FICERS ("X", BOX FOR	ATTACHMENT), FILE IN SP	ACES BEFORE USING AT	TACHMENTS	
Christine Heenan			•			
Street Address			Street Address			
12 Bassett Street	•		•			
City	State	Zip	City	State	Zíp	
Providence	RI	02903]	
Secretary Name			Treasurer Name		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Stacy Paterno			•			
Street Address			* Street Address			
12 Bassett Street	:		•			
City	State	Zip	`Clty	State	Zip	
Providence	RI	02903	•			
9: NAMES AND ADDRES	SSES OF THE DI	RECTORS ("X" BOX FO	ORATTACHMENT) 🗆 FULL IN	SPACES BEFORE USING	ATTACHMENTS 16 32	
Director Name	is, a transmission of the second	ين في دو در رسم و ۱۸ هندگار ۱ ملکومتر در روز ۱۸ میکومترد در در روز ۱۸ میکومترد در	Director Name	<u>以表出起作。 《李····································</u>	angle (to angle on the sound) and the bound of the COS	
Street Address		······································	. Street Address			
City	State	Zip	·City	State	Zip	
Director Name	.]		Director Name			
Street Address			Street Address			
City	State	Zip	.Ciry	State	Zip	
10. SHARES AUTHORIZ AUTHORIZED SHARES	LED. CX BOX FOR	RATTACHMENT) .	11 SHARES ISSUED (#	XC BOX FOR ATTACHMEN	0.0 352 353 353	
Number of Shares	Class/Series	Par Value	ISSUED SHARES Number of Shares	Class/Series	Par Value	
Number of Shares	Classiseries	I W FUIUE	Transcr of Graces	Classification		
2,000 NO PAR VALUE			100	Common	NPV	
This report must be sign	ied in ink by eith	her the President, Vic	e President, Secretary, Assi	istant Secretary, Treasi	urer, Receiver or Truste	
1 1 9				erjury, I declare and affirm g any accompanying scheo		
				nts contained herein are true		
*119176 DBC 01/31/0)5 11:27:39 AM¹ <	'	A statestie	1 . 2	124/05	
File Date S 4 0	<u> </u>	_	Signature of Officer		Date / U.S	
Check No. 2500			• • •	Christine Heenan		
$ _{By}$. \bigcirc .			Print or Type Name o	ij Ojjicer		
				President		
FOR SECRETARY OF STAT	E USE ONLY	,	Title of Officer		Form 630 12/	



Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, R1 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 IN BLACK) 2. Name of Corporation 1. Corporate ID No. 119176 Clarendon Group Inc. 3. Street Address Principal Business Office City State Zip 235 PROMENADE STREET STE 600 PROVIDENCE RI 02908 4. Business Phone No. 5. State of Incorporation 6. SIC Code RHODE ISLAND 7. Brief Description of the Character of Business Conducted in Rhode Island COMMUNICATIONS AND GOVERNMENT RELATIONS CONSULTING 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) [] FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Christine Heenan Street Address Street Address 12 Bassett Street City State Zip City Zip Providence RΙ 02906 Treasurer Name Secretary Name Christine Heenan Stacy Paterno Street Address Street Address 12 Bassett Street .12 Bassett Street City State City Zip State ZipProvidence RI 02906 Providence RΙ 02903 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name None. Street Address Street Address City State Zip ·City State Zip Director Name Director Name Street Address Street Address City State Zio City State 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Par Value Number of Shares Class/Series Par Value Class/Series 2,000 NO PAR VALUE None. This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee 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. *119176 DBC 02/10/04 09:25:58 AM* File Date Signature of Officer Check No. Christine Heenan Print or Type Name of Officer President FOR SECRETARY OF STATE USE ONLY Title of Officer Form 630 12/01



FOR SECRETARY OF STATE USE ONLY

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

Form 630 12/01

PROFIT CORPORA	ATION AN	NUAL REPOI	RT FOR THE Y	EAR = 2003	
Filing Period: January I - Mai	rch I 🛡 Fuing	Fee: \$50.00			
(FORM MUST BE TYPED IN BLACE	K) Name of Corporation				
	Name of Corporation Clarendon Grou				
		P ₁ 1110.	City	State	Zìp
3. Street Address Principal Business C 235 Promenade Street			Providence	RI	02908
4. Business Phone No.	Buice out	5. State of Incorporation	Flovidence		6. SIC Code
4. Business Prione No. (401) 831-5898		Rhode Island			
7. Brief Description of the Character of Communications and Gove	of Business Conducte	d in Rhode Island	grange grand to the company of the c	· <u> </u>	a summer of the contract of th
8. NAMES AND ADDRESSES President Name	OF THE OFFICE	RS ("X" BOX FOR ATTA	CHMENT) TILL IN SPA	ACES BEFORE USING A	TTACHMENTS
Christine Heenan					
Street Address	**************************************		Street Address		
10 Clarendon Avenue			•		
City	ale	[¬] Zip	Ciry	State	Zip
•	I	20906	•		
Secretary Name	• • • •		Treasurer Name		
Stacy Paterno			·	4 To	
Street Address			Street Address		
16 Clarendon Avenue					
City	ate	Zip	City	State	Zip
Providence R		02906			and agreement of the control of the control of
9. NAMES AND ADDRESSES Director Name	OF THE DIRECT	ORS ("X" BOX FOR AT	TACHMENT) FILL IN S Director Name	SPACES BEFORE USING	GATTACHMENTS
Christine Heenan			•		
Street Address	· - · ·	and the second s	Street Address	managed with the control	• • •
10 Clarendon Avenue			,		
City	ate	Zip	·City	State	Zip
Providence R	I	02906		t.	•
Director Name	• • • • • •		Director Name		
Street Address		g v. v. e d. om lagamentamen. H. exterdimeller, " c.ft. H	Street Address	, a proposed to the state of the	, as well as about the second
City	ale	Zip	City	State	Zip
40 CHIADEO ATTEMORIZED	WYN DAY BAD ITT	ACTIVITY D	11 CHADEC ICCIED (#3		พื้น 🗖
10. SHARES AUTHORIZED	("X" BOX FOR ALL	ACHMENI) []	11. SHARES ISSUED ("X ISSUED SHARES	BUX FUR AT IACINIL	· · · · · · · · · · · · · · · · · · ·
AUTHORIZED SHARES Number of Shares C	lass/Series	Par Value	Number of Shares	Class/Series	Par Value
· - · - · - · - · - · - · - · - · - · -	<u>J</u>				
2,000 NO Par	Value		None	;	,
		en e	<u></u>		.
This report must be signed in	n ink by either t	he President, Vice Pre	sident, Secretary, Assi	stant Secretary, Trea	surer, Receiver or Truste
81 (180) (1810 (1810) (180)					
1 1 9 1	7 6			rjury, I declare and affin	
				g any accompanying sch	
		7	and that all statemen	nts contained herein are	true and correct.
File Date 5 - 1) - 03	· · ——————————————————————————————————		Clest A		3/3/03
_		1	Signature of Officer		Date !



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



	, 1	1 1			(IASIR
(FORM MUST BE TYPED IN BI	LACK)				
1. Corporate ID No.	2. Name of Corpora	tion			
119176	Clarendon (Group Inc.			
3. Street Address Principal Busine	ss Office	۸ .	City	State	Zip
10 Clai	renden 1		Providence	RI	0290
1. Business Phone No.	~~~	5. State of Incorporation			6. SIC Code
401 831		RHODE ISLAND			
7. Brief Description of the Charac	ter of Business Conducted i	n Rhode Island	1	14500	
			nt relations a	sasorrag	
	SSES OF THE OFF	ICERS ("X" BOX FOR ATTACH		FORE USING ATTAC	HMENTS
President Name	11 -		Vice President Name		
Christine	Heenan				
Street Address	N	. 0	Street Address		
	don Avenu		*		
Providence	State 12 T	02906	City	State	Zíp
14			<u> </u>		
iecretary Name	D. Lacas		Treasurer Name		
****** * ******	Paterno		•		
NI - Chara	ndon Aven	e	Street Address		
			Cin	C+-+-	21-
Providence	e 25	21p 02900	City	State	Zip
		ECTORS ("X" BOX FOR ATTAC	COMPANY FILL IN COACES	DEFODE LICINO ATTA	CUMENTS
7. NAMES AND ADDRE Director Name	SSES OF THE DIK	ECTORS ("X" BOX FOR ATTAC	Director Name	BEFORE USING ATTA	CHMEN15
Christine	Heenan		:		
Street Address	(, , , , , , , , , , , , , , , , , , ,		Street Address		
10 Clare	endon Au	enue			
Sity	State	· Zip	City	State	Zip
Providence	RI	., 02900	:		-
Director Name	*		Director Name		
			:		
itreet Address	•	•	Street Address	• . • •	-
			•		
Sity	State	Zip	City	State	Zip
				•	
10. SHARES AUTHORIZ	ED ("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED ("X"	BOX FOR ATTACHMENT	
AUTHORIZED SHARES			ESSUEID SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
2,000 NO PAR VALUE			1 11		
			None		
				•	

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



File Date:	1-28-02	
Check No.:	286	
Ву:	AMF	
FOR SECRETAR	Y 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.

Cilly to	Mr.	2/27	102
Signature of Officer	•	Date !	
Λι	11		

Print or Type Name of Officer

President

Title of Officer

Form 630 12/01