



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. 119176		2. Name of Corporation Clarendon Group Inc.			
3. Street Address Principal Business Office 12 Bassett Street		City PROVIDENCE	State RI	Zip 02903	
4. Business Phone No. 401-453-1214		5. State of Incorporation RHODE ISLAND			6. SIC Code
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) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Christine Heenan			Vice President Name		
Street Address 12 Bassett Street			Street Address		
City Providence	State RI	Zip 02903	City	State	Zip
Secretary Name Stacy Paterno			Treasurer Name		
Street Address 12 Bassett Street			Street Address		
City Providence	State RI	Zip 02903	City	State	Zip
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 checked="" 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
2,000 NO PAR VALUE			100	Common	NPV

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



1 1 9 1 7 6

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
Christine Heenan
Print or Type Name of Officer
President
Title of Officer
Date 2/24/05

119176 DBC 01/31/05 11:27:39 AM

File Date 3/4/05

Check No. 2500

By: W.

FOR SECRETARY OF STATE USE ONLY

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

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 119176		2. Name of Corporation Clarendon Group Inc.			
3. Street Address Principal Business Office 235 PROMENADE STREET STE 600			City PROVIDENCE	State RI	Zip 02908
4. Business Phone No.		5. State of Incorporation RHODE ISLAND			6. SIC Code
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) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Christine Heenan			Vice President Name		
Street Address 12 Bassett Street			Street Address		
City Providence	State RI	Zip 02906	City	State	Zip
Secretary Name Stacy Paterno			Treasurer Name Christine Heenan		
Street Address 12 Bassett Street			Street Address 12 Bassett Street		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02903
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name None.			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
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



1 1 9 1 7 6

119176 DBC 02/10/04 09:25:58 AM

File Date 2/25/04

Check No. 987

By: DA

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.

Christine Heenan 2/25/04
Signature of Officer Date

Christine Heenan

Print or Type Name of Officer

President

Title of Officer

Form 630 12/01



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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 2003

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 119176 2. Name of Corporation Clarendon Group, Inc.
3. Street Address Principal Business Office 235 Promenade Street Suite 600 City Providence State RI Zip 02908
4. Business Phone No. (401) 831-5898 5. State of Incorporation Rhode Island 6. SIC Code

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 Christine Heenan Vice President Name
Street Address 10 Clarendon Avenue Street Address
City Providence State RI Zip 02906 City State Zip
Secretary Name Stacy Paterno Treasurer Name
Street Address 16 Clarendon Avenue Street Address
City Providence State RI Zip 02906 City State Zip

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

Director Name Christine Heenan Director Name
Street Address 10 Clarendon Avenue Street Address
City Providence State RI Zip 02906 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
2,000 No Par Value

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

ISSUED SHARES
Number of Shares Class/Series Par Value
None

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



1 1 9 1 7 6

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 Christine Heenan Date 3/3/03
Print or Type Name of Officer
President Title of Officer

File Date 5-7-03
Check No. 0441
By: [Signature]
FOR SECRETARY OF STATE USE ONLY



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. 119176 2. Name of Corporation Clarendon Group Inc.
3. Street Address Principal Business Office 10 Clarendon Avenue City Providence State RI Zip 02908
4. Business Phone No. 401 831-5898 5. State of Incorporation RHODE ISLAND 6. SIC Code

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 <u>Christine Heenan</u>	Vice President Name
Street Address <u>10 Clarendon Avenue</u>	Street Address
City <u>Providence</u> State <u>RI</u> Zip <u>02906</u>	City State Zip

Secretary Name <u>Stacy Paterno</u>	Treasurer Name
Street Address <u>16 Clarendon Avenue</u>	Street Address
City <u>Providence</u> State <u>RI</u> Zip <u>02906</u>	City State Zip

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

Director Name <u>Christine Heenan</u>	Director Name
Street Address <u>10 Clarendon Avenue</u>	Street Address
City <u>Providence</u> State <u>RI</u> Zip <u>02906</u>	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
<u>2,000 NO PAR VALUE</u>		

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
<u>None</u>		

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



* 1 1 9 1 7 6 *

File Date: 2-28-02

Check No.: 296

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.

Christine Heenan 2/27/02
Signature of Officer Date

Christine Heenan
Print or Type Name of Officer

President
Title of Officer