

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

401.222.3010

Corporate ID No.	2 Name of Corpor	tition •		-	
90580	BUCCI DEVI	ELOPMENT, INC.			
ASS Law	stness Office	Hwy	cin Wirwick	State Q\	500 CJ 88 P
Business Phone Na.	4111	5. Stall of Incorporation RHODE ISLAND			6 SIC Code 5579
Brief Description of the Cha TO ENGAGE IN TH		d in Rhode Island . ESTATE DEVELOPMENT	•		
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rest Address 255 L	ambert Lind	Hung	Street Address	-	į į
in Warrick	State ()_ \	240 02886	City	State	Zip
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ity	State	Zip	Clly	State	Zip
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trector Name	• • • • • • • • • • • • • • • • • • • •	,	Director Name	•••••	•••••••••••••••••••••••••••••••••••••••
treet Address			Street Address		. <u>. </u>
u_V	State	Zip	City	State	Zip
0. SHARES AUTHORI	ZED ("X" BOX FOR	ATTACHMENT)	11. SHARES ISSUED	("X" BOX FOR ATTAC	CHMENT)
toolher of Shares	Class Series	Par Value	Number of Shares	Class/Series	Par Value
8,000 \$1.00 PAR VALUE		8,000	A	1,50	
				С Т	r. Receiver or Trustoc

2-10-05 File Date FOR SECRETARY OF STATE USE ONLY

including any accompanying schedules and a	•
contained herein are use and correct.	
1/1/1/	2/6/05
Signature of Officer	Date
BRINE BACCI	
Print or Type Name of Officer	
President	
Title of Officer	



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 REPO	RT FOR TH	E YEAR	2004	

Filing Period: January 1 - March 1 Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BIACK) 1. Corporate ID No. 2. Name of Corporation 90580 **BUCCI DEVELOPMENT, INC.** 3. Street Address Principal Business 1/208 b (F) 4 Business Phone No. 5 State of Incorporation 5579 RHODE ISLAND 7. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN THE BUSINESS OF REAL ESTATE DEVELOPMENT. 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Bucch Street Address Street Address Secretary Name Treasurer Name Street Address Street Address Zıp City ZΙp City State State ☐ FILL IN SPACES BEFORE USING ATTACHMENTS 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) Director Name Director Name Street Address Street Address Zip City State Zıp City State Director Name Director Name Street Address Street Address State Zip. City State Zip City 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) **AUTHORIZED SHARES** ISSUED SHARES Class/Series Par Value Number of Shares Par Value Number of Shares Class/Series 1.00 8,000 \$1.00 PAR VALUE 1003 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 berein are trug and correct. File Date Signature of Officer Check No. FOR SECRETARY OF STATE USE ONLY

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 2003

riling Period: Janu	ary 1-March 1 •	Filing Fee: \$50.00			INSTRUCT
(FORM MUST BE TYPED OR I 1 Corporate ID No.	PRINTED IN BLACK) 2. Name of Corpor	ation			
90580	•	ELOPMENT, INC.			
3. Street Address Principal Bus	iness Office	12000	con Warner	State 6	Zip ()2-33
4 Business Phone No.	•	5. State of Incorporation	on .	•	6 SIC Gode
7 Buef Description of the Cha	racter of Rusiness Conducted	RHODE ISLAN			5579
Purch	rase, Develop	ment, muzeu	ut of Real R	stell	
	RESSES OF THE OF	ICERS ("X" BOX FOR ATT		FORE USING ATTA	CHMENTS
	1 Buces		Vice President Name		
Street Address Law	ntest Lind	17	Street Address		
Worldie	State P_\	21p 02186	City	State	Zip
Secretary Name			Treusurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
	RESSES OF THE DIR	ECTORS ("X" BOX FOR A		BEFORE USING ATT	TACHMENTS
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	Cuy	State	Zip
10. SHARES AUTHOR	IZED ("X" BOX FOR AT	TACHMENT)	11. SHARES ISSUED (CX	BOX FOR ATTACHMEN	TT)
AUTHORIZED SHARES Number of Shares	Class/Series	Par Value	ISSUED SHARES	Class (Sarias	Par Value
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8,000 \$1.00 PAR VAL	UE		1000		1.40

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

	* 9 0 5 8 0 *
File Date	5-8.03
Check No.	L058
Ву:	<u> </u>
FOR SECRETARY O	DE STATE USE ONLY

Under penalty of perjury, I declare and affirm that I ha	ive examined
this report, including any accompanying schedules and	l statements, and
that all statements contained herein are true and corre	ct.
Signature of Officer 2 2	(63
Brian Proces	
Print or Type Name of Officer	
Title of Officer	Form 630 - 12/02



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: Janu	ary 1-March I •	Filing Fee: \$50.0	00	<i></i>	
FORM MUST HE TYPED IN	CRLACK)				
1. Corporate ID No.	2. Name of Corport	ortion \	A . 3/1		`
10280	DNKC	1 Developme	nt, INC. 311		•
3. Street Address Principal Bus	liness Office	1 .	cay Warwick	State A. \	7. FS
-	beat lind b	(~~~ <u>`</u>		1., /	0 = 00
4. Business Phone No.	22 1011	5. State of Incorpore	le Island		6 SIC Code
	37 4111 tracter of Business Conducted	in Rhode Island	10 15 16 ma		<i>5</i> 579
Renl E					
8. NAMES AND ADD	RESSES OF THE OFF	ICERS ("X" BOX FOR A		ES BEFORE USING ATTA	CHMENTS
President Name	· Bucci		Vice President Name	s~e	
Street Address	_		Street Address		
City	State	Zip	City	State	ZIp
Secretary Same		·	Treasurer Name		
5~	~2		2		
Street Address			Street Address		
Çity .	State	Zip	City	State	Zip
9. NAMES AND ADD	RESSES OF THE DIR	ECTORS (*X* BOX FO	R ATTACHMENT) FILL IN SPA	CES BEFORE USING ATT	ACHMENTS
Director Name BRIVAN	Bucci		Director Name		
Street Address			Street Address		
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Sity	State	Zip	City	State	Zip
Sirector Name			Director Name		
treet Address			Street Address		
Шу	State	Zip	City	State	ZIp
0. SHARES AUTHOR	NIZED ("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED	("X" BOX FOR ATTACHMEN	(T)
AUTHORIZED SHARES			SAMES CANS		
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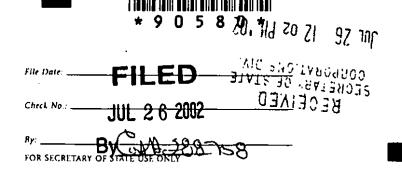
	FILED		•		ore and affirm that I have ex opanying schedules and state	
The Date:	JUL 26 2002	——————————————————————————————————————	In that all sta	~ · ·	rein are true and correct.	
Check No.:	Byon 3887	TETATS 30 YRATERS OF STATE	DO Signature of	RIAN BACE		
OR SECRETARY OF STOR	TE LIFE ONLY	BECEINED	Print or Type	e Name of Officer		
OR SECRETARY OF STAT	E USE ONLY	_	Title of Office	····	r.	(20 12/01

Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

Filing Period: Janu	iary 1-March 1 •	Filing Fee: \$50.00			INST
(FORM MUST BE TYPED IN	V BLACK)				
1. Corporate ID No. 90580	2 Name of Corpore BUCCI DE	VELOPMENT, INC.			
3. Street Address Principal Bu: 255 Lowb 4. Business Phone No.	siness Office at Link H	5. State of Incorporation	ciny Wirwide	State	21p 02884 6. States
7. Brief Description of the Cha	4111 practer of Business Conducted & ST & H	RHODE ISLAN	ID		2214
• = •	=	ICERS ("X" BOX FOR ATTAC	CHMENT) FILL IN SPACE	ES BEFORE USING ATTA	CHMENTS
President Name				نسع	
Street Address	in Bucei		Street Address		
City	State	Zip	City	State	Zip
Secretary: Name			Treasurer Name	· · · · · · · · · · · · · · · · · · ·	
Street Address			Street Address		
City	State	Zip	City	State	ZIp
Director Name		ECTORS ("X" BOX FOR ATT	TACHMENT) FILL IN SPA Director Name	CES BEFORE USING ATT	CACHMENTS
BRIX	about Breci		Dittion Haine		
Street Address	1 •		Street Address	-	
	Siate		; ,Ĉin		_
City	: State	Zip	Clify	State	Zip
Director Name	•		Director Name		ŧ
Street Address			Street Address		
City	State	ZIp	City	State	Zip
10. SHARES AUTHOR	NIZED (*x* box for at)	(ACHMENT)	11. SHARES ISSUED	("X" BOX FOR ATTACHMEN	T)
		Par Value	Number of Shares	Class/Series	Par Value
Number of Shares	Class/Series	10. FRIDE	• • • • • • • • • • • • • • • • • • • •		* *** * ******

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

inat all statements contained ne	8/1/w:
Signature of Officer Ship Brui	Date '
Outras Des Manuel COCCess	·



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

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

STOP PILING RIND INNER: HON

(FORM MUST BE TYPED IN BLACK) L. Corporate ID No. 2. Name of Corporation 90580 BUCCI DEVELOPMENT, INC. 3. Street Address Principal Business Office Warrich Lumber 4. Business Phone No. 6 SIC Code 401 737 4111 5579 RHODE ISLAND 7. Brief Description of the Character of Business Conducted in Rhode Island Development 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Na Vice President Name Street Address Street Address City State Zip Treasurer Name Street Address City State 2.10 Zip State 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 Zio City State Zip Director Name Director Name Street Address Street Address City State Zio City State Zip 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Senes Number of Shares Par Value Par Value 8 1.00 8,000 SHS \$1.00 PAR VALUE 100

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

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lle Date:	9-141-00	
heck No : _	1803	
у	AMF	
OR SECRETA	RY 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.

G-12-Zu-3

Signature of Officer

Date

Print or Type Name of Officer



(FORM MUST BE TYPED IN BLACK)

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999 Filing Period: January 1-March 1 • Filing Fee: \$50.00



1. Corporate ID No. 90580	2. Name of Corporation BUCCI DEVEL	OPMENT, INC.			
3. Street Address Principal Business Of 255 (ambar 4. Business Phone No.	الم لمدن ا	V Y 5. State of Incorporation RHODE ISLAND	CHy Warrick	State VC	Zip 57_776 6. SIC Code 5579
7. Brief Description of the Character of					33.3
8. NAMES AND ADDRESSI	ES OF THE OFFICE		MENT) . FILL IN SPACES I Vice President Name AJOV	BEFORE USING ATTA(· 옥	CHMENTS
Street Address	set (med)	Hwl	Street Address		
City Warnick	State (-)	02746	City	State	Zip
Secretary Name Bright			Treasurer Name NOVE	•••	••••
Street Address 255 Lhm		Lhy	Street Address		
City Warrick	State R1	Zip BY_886	: City	State	Zip .
9. NAMES AND ADDRESSE Director Name Street Address	Buci		THMENT) FILL IN SPACE Director Name Street Address	S BEFORE USING ATT	ACHMENTS
7.55 (a	bet h			•	
Director Name	State	Zip UZRKL"	City	State	Zip
			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED AUTHORIZED SHARES	("X" BOX FOR ATTACHI	MENT)	11. SHARES ISSUED (*)	K" BOX FOR ATTACHMEN	r)
Number of Shares	Class/Serles	Par Value	Number of Shares	Class/Series	Par Value
8,000 SHS \$1.00 PAR	VALUE		100 Common		\$1.00
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This report must be signed	l in ink by either	the President, Vice Pr	resident, Secretary, Assis	tant Secretary, Treas	urer, Receiver or Trustee
* 9	0 5 8 0		Under penalty of per	Jury, I declare and affire	n that I have examined

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

Title of Officer



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

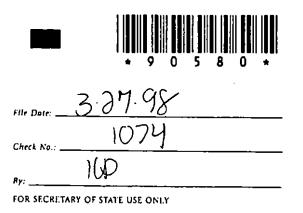
James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-277-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998

STOP PLEASI, RIZAD INSTRUCTIONS

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(FORM MUST BE TYPED IN I					
1. Corporate ID No. 90580	2. Name of Corpora BUCCI DEV	ELOPMENT, INC.			
3. Street Address Principal Busin	1		Werwick	State 1	212 886
4. Business Phone No.		5. State of Incorporation RHODE ISLAI	1	,	6. SIC Code 5579
7. Brief Description of the Chara		n Rhode Island			
8. NAMES AND ADDR	ESSES OF THE OFFI	CERS ("X" BOX FOR ATTA	CHMENT)		
President Name BCIAN	Bucci		Vice President Name Se	= Brim 1	Bucci
Street Address 34 Hew	ett St		Street Address 255 La-	best him b	
"Warnick	State R1	02886	cin Wasnick	siate (L)	2102886
Secretary Name	Brian Br	cc.	Treasurer Name Br.	on Birci	
	combet 2	المد	Street Address	set Lund	
chy WorridL	State 21	2ip 02886	city Word, UC	State L1	zip U2-886
9. NAMES AND ADDR	ESSES OF THE DIRE	CTORS ("X" BOX FOR AT	TACHMENT)		•
Director Name	0.		Director Name		
JAMINE	Durden	None	-		
Street Address 54 Heur	It st		Street Address		
City Hornick	State A	ZIP STE	City	State	Zip
Director Name	•	•.·.	Director Name		
Street Address			Street Address		
Clly	State	Zip	City	State	Zip
10. SHARES AUTHORIZ AUTHORIZED SHARES	ZED (*X* BOX FOR ATTA	CHMENT)	11. SHARES ISSUED	(*X* BOX FOR ATTACHMENT.)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000 SHS \$1.00 PAR VALUE			100	Common	\$ 1.00

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.

that all statements contained herein a	re true and correct.	
Bin	3/1/98	
Signature of Officer	Date	
Boan Buch		
Print or Type Name of Officer		

Title of Officer



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-277-3040

PROFIT CORPORATION ANNUAL REPORT 1997 Filing Period: January 1-March 1 • Filing Fee: \$50.00

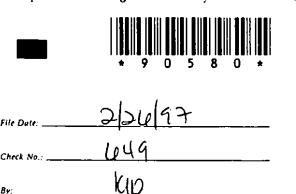
(FORM MUST BE TYPED IN BLACK)

I. Corporate ID No. 90580

2. Name of Corporation
BUCCI DEVELOPMENT, INC.

	5555.55.55				
1. Street Address Principal Business Off	f" Lind Hi	shway	Warrick	State R \	02886
Business Chone No. 401 737 - 411)		5. State of Incorporation RHODE ISLAND)		6. SIC Code 6579
Brief Description of the Character of Rec. (E	Business Conducted in Rhod 5t ate	te Island			
B. NAMES AND ADDRESSE		S ("X" BOX FOR ATTACHM			
Brian Bu	ic ci		Vice President Name		
treet Address 255 Lambert		Ý	Street Address		
Warnick	State R\	02886	City	State	Zip
ecretary Name		•	Treusurer Name		•
Some as	chore		Street Address	as whe	
Sity	State	Zip	City	State	Zip
P. NAMES AND ADDRESSE Director Name	S OF THE DIRECTO	ORS ("X" BOX FOR ATTAC	- HMENT) Director Name		
treet Address			Street Address		
lity	State	Zip	City	State	Zip
Director Name			Director Name		
treet Address			Street Address		
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O. SHARES AUTHORIZED	AND ISSUED ("X" B	OX FOR ATTACHMENT)			
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sumber of Shares	Class/Serles	Par Value	Number of Shares	Class/Series	Par Value
8,000 SHS \$1.00 PAR	VALUE		100	Common	\$ 1.00 Partalue

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



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 coptained herein are true and correct.

12-20-91 Date

Title of Officer