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 02903-1355
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 OR PRINTED IN BLACK)

1. Corporate ID No.	2. Name of Corporation
58680	Paul V. Gallogly, Ltd.

3. Street Address Principal Business Office	City	State	Zip
33 College Hill Road	Warwick	RI	02886

4. Business Phone No.	5. State of Incorporation	6. SIC Code
821-1800 Ext. 4	RHODE ISLAND	7617

7. Brief Description of the Character of Business Conducted in Rhode Island
TO ENGAGE IN THE PRACTICE OF LAW

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

President Name	Vice President Name
Paul V. Gallogly	None
Street Address	**Street Address**
33 College Hill Road	
City / State / Zip	**City / State / Zip**
Warwick / RI / 02886	
Secretary Name	**Treasurer Name**
Paul V. Gallogly	Paul V. Gallogly
Street Address	**Street Address**
Same	Same
City / State / Zip	**City / State / Zip**

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 / Zip	**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/Series*	*Par Value*	*Number of Shares*	*Class/Series*	*Par Value*
100 NO PAR VALUE			50	Common	No Par Value

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

58680

File Date 1-28-05
Check No. 2517
By. a

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 — *Date* 1/20/05

Paul V. Gallogly
Print or Type Name of Officer

President
Title of Officer

Form 630 Rev 12/03

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	2. Name of Corporation			
58680	Paul V. Gallogly, Ltd.			
3. Street Address Principal Business Office		City	State	Zip
33 College Hill Road		Warwick	RI	02886
4. Business Phone No.	5. State of Incorporation			6. SIC Code
822-1800 Ext. 4	RHODE ISLAND			7617

7. Brief Description of the Character of Business Conducted in Rhode Island
TO ENGAGE IN THE PRACTICE OF LAW

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

President Name	Vice President Name
Paul V. Gallogly	None
Street Address	Street Address
33 College Hill Road	
City / State / Zip	City / State / Zip
Warwick / RI / 02886	
Secretary Name	Treasurer Name
Paul V. Gallogly	Paul V. Gallogly
Street Address	Street Address
same	same
City / State / Zip	City / State / Zip

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 / Zip	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/Series*	*Par Value*	*Number of Shares*	*Class/Series*	*Par Value*
100 NO PAR VALUE			50	Common	No Par Value

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

[redacted]

58680

File Date 2/16/04
Check No. 2253
By: KML

FOR SECRETARY OF STATE USE ONLY

[redacted]

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 *Date*

Paul V. Gallogly
Print or Type Name of Officer

President
Title of Officer

[redacted]

Form 630 Rev. 12/03

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 2003

Filing Period: January 1–March 1 • Filing Fee: $50.00

STOP
PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No: 58680
2. Name of Corporation: Paul V. Gallogly, Ltd.
3. Street Address Principal Business Office: 33 College Hill Road
   City: Warwick State: RI Zip: 02886
4. Business Phone No.: 822-1800 Ext. 4
5. State of Incorporation: RHODE ISLAND
6. SIC Code: 7617
7. Brief Description of the Character of Business Conducted in Rhode Island: To engage in the practice of law.

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

President Name: Paul V. Gallogly
Street Address: 33 College Hill Road
City: Warwick State: RI Zip: 02886

Vice President Name: None
Street Address:
City: State: Zip:

Secretary Name: Paul V. Gallogly
Street Address: Same
City: State: Zip:

Treasurer Name: Paul V. Gallogly
Street Address: Same
City: State: Zip:

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

Director Name: None
Street Address:
City: State: Zip:

Director Name: None
Street Address:
City: State: Zip:

Director Name:
Street Address:
City: State: Zip:

Director Name:
Street Address:
City: State: Zip:

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
100 NO PAR VALUE		

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
50	Common	No Par Value

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

* 5 8 6 8 0 *

File Date: 2/24/03
Check No.: 1884
By:

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 — Date: 2/19/03
Paul V. Gallogly
Print or Type Name of Officer
President
Title of Officer

Form 630 12002

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

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No	*2. Name of Corporation*
58680	Paul V. Gallogly, Ltd.

3. Street Address Principal Business Office	*City*	*State*	*Zip*
33 College Hill Road	Warwick	RI	02886

4. Business Phone No.	*5. State of Incorporation*	*6. SIC Code*
822-1800 Ext. 4	RHODE ISLAND	7617

7. Brief Description of the Character of Business Conducted in Rhode Island
To engage in the practice of law

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

President Name	*Vice President Name*
Paul V. Gallogly	None
Street Address	*Street Address*
33 College Hill Road	
City / State / Zip	*City / State / Zip*
Warwick RI 02886	
Secretary Name	*Treasurer Name*
Paul V. Gallogly	Paul V. Gallogly
Street Address	*Street Address*
Same	Same
City / State / Zip	*City / State / Zip*

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

Director Name	*Director Name*
None	None
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)*

AUTHORIZED SHARES

Number of Shares	*Class/Series*	*Par Value*
100 NO PAR VALUE		

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

ISSUED SHARES

Number of Shares	*Class/Series*	*Par Value*
50	Common	No Par Value

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

* 5 8 6 8 0 *

File Date 2-15-02

Check No. 1503

By:

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 — *Date* 2/6/02

Paul V. Gallogly
Print or Type Name of Officer

President
Title of Officer

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

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

Filing Period: January 1–March 1 • Filing Fee: $50.00

STOP
PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No: 58680
2. Name of Corporation: Paul V. Gallogly, Ltd.

3. Street Address Principal Business Office: 33 College Hill Road
City: Warwick
State: RI
Zip: 02886

4. Business Phone No: 822-1800 ext4
5. State of Incorporation: RHODE ISLAND
6. SIC Code: 7617

7. Brief Description of the Character of Business Conducted in Rhode Island: To engage in the practice of law

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

President Name: Paul V. Gallogly
Street Address: 33 College Hill Road
City: Warwick
State: RI
Zip: 02886

Vice President Name: None
Street Address:
City:
State:
Zip:

Secretary Name: Paul V. Gallogly
Street Address: Same
City:
State:
Zip:

Treasurer Name: Paul V. Gallogly
Street Address: same
City:
State:
Zip:

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

Director Name: None
Street Address:
City:
State:
Zip:

Director Name: None
Street Address:
City:
State:
Zip:

Director Name:
Street Address:
City:
State:
Zip:

Director Name:
Street Address:
City:
State:
Zip:

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
100 NO PAR VALUE		

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
50	Common	No Par Value

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

* 5 8 6 8 0 *

File Date: [redacted]
Check No: [redacted]
By: FEB 16 2001
FOR SECRETARY OF STATE USE ONLY 2001 25885

[redacted]

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: Paul V. Gallogly — Date: 2/15/01

Print or Type Name of Officer: Paul V. Gallogly

Title of Officer: President

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
401-222-3040

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.: **58680**

2. Name of Corporation: **Paul V. Gallogly, Ltd.**

3. Street Address Principal Business Office: 33 College Hill Road, Suite 20D
City: Warwick
State: RI
Zip: 02886

4. Business Phone No.: 822-1800 x4

5. State of Incorporation: **RHODE ISLAND**

6. SIC Code: **7617**

7. Brief Description of the Character of Business Conducted in Rhode Island

To engage in the practice of law

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

President Name: Paul V. Gallogly
Street Address: 33 College Hill Road, Suite 20D
City: Warwick
State: RI
Zip: 02886

Vice President Name: none
Street Address:
City:
State:
Zip:

Secretary Name: Paul V. Gallogly
Street Address: same
City:
State:
Zip:

Treasurer Name: Paul V. Gallogly
Street Address: same
City:
State:
Zip:

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

Director Name: none
Street Address:
City:
State:
Zip:

Director Name:
Street Address:
City:
State:
Zip:

Director Name:
Street Address:
City:
State:
Zip:

Director Name:
Street Address:
City:
State:
Zip:

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
100 SHS		**NO PAR VAL**

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
50	common	no par value

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

* 5 8 6 8 0 *

File Date: 3/6/00

Check No.: 1110

By:

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 — Date: 3/2/00

Paul V. Gallogly
Print or Type Name of Officer

President
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
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

Filing Period: January 1–March 1 • Filing Fee: $50.00

STOP
PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.: 58680
2. Name of Corporation: Paul V. Gallogly, Ltd.
3. Street Address Principal Business Office: 33 College Hill Rd, Suite 20D
   City: Warwick
   State: RI
   Zip: 02886
4. Business Phone No.: (401) 822-1800 x 4
5. State of Incorporation: RHODE ISLAND
6. SIC Code: 7617
7. Brief Description of the Character of Business Conducted in Rhode Island: To engage in the practice of law

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

President Name: Paul V. Gallogly
Street Address: 33 College Hill Rd., Suite 20D
City: Warwick
State: RI
Zip: 02886

Vice President Name: none
Street Address:
City:
State:
Zip:

Secretary Name: Paul V. Gallogly
Street Address: same
City:
State:
Zip:

Treasurer Name: Paul V. Gallogly
Street Address: same
City:
State:
Zip:

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

Director Name: none
Street Address:
City:
State:
Zip:

Director Name:
Street Address:
City:
State:
Zip:

Director Name:
Street Address:
City:
State:
Zip:

Director Name:
Street Address:
City:
State:
Zip:

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
100 SHS	NO PAR VAL	

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
50	common	no par value

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

* 5 8 6 8 0 *

File Date: Feb. 01, 99

Check No.: 697

By: J.D.

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 — Date: 1/28/99

Print or Type Name of Officer: Paul V. Gallogly

Title of Officer: President

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

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

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.: 58680
2. Name of Corporation: Paul V. Gallogly, Ltd.
3. Street Address Principal Business Office: 33 College Hill Rd, Suite 20D
   City: Warwick
   State: RI
   Zip: 02886
4. Business Phone No.: (401)822-1800 x 4
5. State of Incorporation: Rhode Island
6. SIC Code: 7617
7. Brief Description of the Character of Business Conducted in Rhode Island: To engage in the practice of law

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

President Name	Vice President Name
Paul V. Gallogly	None
Street Address: 33 College Hill Rd., Suite 20D	Street Address
City / State / Zip: Warwick / RI / 02886	City / State / Zip
Secretary Name	**Treasurer Name**
Paul V. Gallogly	Paul V. Gallogly
Street Address: Same	Street Address: Same
City / State / Zip	City / State / Zip

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

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 / Zip	City / State / Zip

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
100	SHS	NO PAR VAL

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
50	Common	no par valu

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

[redacted]

File Date: 2.27.98

Check No.: 338

By: LCP

FOR SECRETARY OF STATE USE ONLY

[redacted]

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 — Date: 2/11/98

Paul V. Gallogly
Print or Type Name of Officer

President
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

STOP: PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

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.: **58680**
2. Name of Corporation: **Paul V. Gallogly, Ltd.**
3. Street Address Principal Business Office: 155 South Main Street — City: Providence — State: RI — Zip: 02903
4. Business Phone No.: 863-8800
5. State of Incorporation: **RHODE ISLAND**
6. SIC Code: **7617**
7. Brief Description of the Character of Business Conducted in Rhode Island:

To engage in the practice of law.

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

President Name: Paul V. Gallogly	Vice President Name: none
Street Address: 155 South Main Street	Street Address:
City: Providence State: RI Zip: 02903	City: State: Zip:
Secretary Name: Paul V. Gallogly	Treasurer Name: Paul V. Gallogly
Street Address: same	Street Address: same
City: State: Zip:	City: State: Zip:

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

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 AND ISSUED *("X" BOX FOR ATTACHMENT)*

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100 SHS NO PAR VAL			50	Common	No par value

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

[redacted] * 5 8 6 8 0 *

File Date: 3/10/97

Check No.: 175

By:

FOR SECRETARY OF STATE USE ONLY

[redacted]

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 — *Date*: 2/25/97

Paul V. Gallogly
Print or Type Name of Officer

[redacted] President
Title of Officer

PROFIT CORPORATION ANNUAL REPORT

1996

Filing Period: January 1–March 1
Filing Fee: $50.00

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

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO.: 58680
2. NAME OF CORPORATION: Paul V. Gallogly, Ltd.
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE: 155 South Main Street
CITY: Providence
STATE: RI
ZIP CODE: 02903
4. BUSINESS PHONE NO: 863-8800
5. STATE OF INCORPORATION: RHODE ISLAND
6. SIC CODE: 7617
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND: To engage in the practice of law

8. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME: Paul V. Gallogly
STREET ADDRESS: 155 South Main Street
CITY: Providence
STATE: RI
ZIP CODE: 02903

VICE PRESIDENT NAME:
STREET ADDRESS:
CITY:
STATE:
ZIP CODE:

SECRETARY NAME: Paul V. Gallogly
STREET ADDRESS: same
CITY:
STATE:
ZIP CODE:

TREASURER NAME: Paul V. Gallogly
STREET ADDRESS: same
CITY:
STATE:
ZIP CODE:

9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME: None
STREET ADDRESS:
CITY:
STATE:
ZIP CODE:

DIRECTOR NAME:
STREET ADDRESS:
CITY:
STATE:
ZIP CODE:

DIRECTOR NAME:
STREET ADDRESS:
CITY:
STATE:
ZIP CODE:

DIRECTOR NAME:
STREET ADDRESS:
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
100 SHS NO PAR VAL			50	Common	No par value

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.

Signature of Officer

Paul V. Gallogly
Print or Type Name of Officer

President
Title of Officer

2/9/96
Date

File Date: 2/14/1996

Check No: 150

By: CC/UP

For Secretary of State Use Only

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

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: 0058680 Annual Report for the year: 1995

Name of Corporation: Paul V. Gallogly, Ltd.

Business entity organized under the laws of the State of: RI

For foreign entity, address and telephone number of principal office
/A

Phone: ( )

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):
Two Thomas Street
Providence, RI 02903

Phone: (401) 863-8800

Business Entity is (check one):
[ ] Business Corporation (See RIGL Chapter 7-1.1)
[X] Professional Service Corporation (See RIGL Chapter 7-5.1)

Brief statement of the character of business conducted in Rhode Island:
to engage in the practice of law

THE NAMES OF THE OFFICERS ARE:

	STREET ADDRESS	CITY/STATE	ZIP CODE
PRESIDENT: Paul V. Gallogly	Two Thomas Street	Providence, RI	02903
VICE PRESIDENT:			
SECRETARY: Paul V. Gallogly	same		
TREASURER: Paul V. Gallogly	same		

THE NAMES OF THE DIRECTORS ARE:

	STREET ADDRESS	CITY/STATE	ZIP CODE
NAME:			
NAME:			
NAME:			

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	
100	Common	No par value	50	Common	No par value

Date 1/17, 1995

By: [signature]
Paul V. Gallogly
PRINT OR TYPE NAME OF OFFICER SIGNING
President
TITLE OF OFFICER SIGNING

Form 31 1/95

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.

PAUL PLOURDE, ESQ.
ONE CITIZENS PLAZA, SUITE 830
PROVIDENCE RI 02903

CK# 124

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: 0058680 Annual Report for the year: 1994

Name of Business Entity: Paul V. Gallogly, Ltd.

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
N/A

Phone ( )

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):
Two Thomas Street
Providence, RI 02903

Phone 401 863-8800

Business Entity is (check one):

[ ] 1 Business Corporation (See RIGL Chapter 7-1.1)
[x] 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
PLOURDE & LEONARD, LTD.
1 Citizens Plaza, Suite 830
~~Providence, RI 02903~~
ATTN: Paul Plourde, Esq.

Brief statement of the character of business conducted in Rhode Island:
to engage in the practice of law

Date of Organization: 12-28-89

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

THE NAMES OF THE OFFICERS ARE:

	STREET ADDRESS	CITY/STATE	ZIP CODE
[ ] CHIEF EXECUTIVE OFFICER OR [x] PRESIDENT (Check One) Paul V. Gallogly	Two Thomas Street,	Providence, RI	02903
[ ] CHIEF OPERATING OFFICER OR [ ] VICE PRESIDENT (Check One)			
[ ] CUSTODIAN OF RECORDS OR [x] SECRETARY (Check One) Paul V. Gallogly	same		
[ ] CHIEF FINANCIAL OFFICER OR [x] TREASURER (Check One) Paul V. Gallogly	same		

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED (If Applicable)		NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)	
NUMBER	100	NUMBER	50
CLASS	Common	CLASS	Common
SERIES		SERIES	
PAR VALUE OR WITHOUT PAR	No Par Value	PAR VALUE OR WITHOUT PAR	No Par Value

FILED
FEB 24 1994
By

Date 2/14 19 94

Paul V. Gallogly, Ltd.
By: Paul V. Gallogly
PAUL V. GALLOGLY
PRINT OR TYPE NAME OF OFFICER SIGNING
President
TITLE OF OFFICER SIGNING

Form 31 1/94

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

PAUL PLOURDE, ESQ.
ONE CITIZENS PLAZA, SUITE 830
PROVIDENCE RI 02903

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 0058680 Annual Report for the year 1993

FIRST: The name of the corporation is Paul V. Gallogly, Ltd.

SECOND: It is incorporated under the laws of the State of Rhode Island

THIRD: Character of business, briefly stated, is to engage in the practice of law

FOURTH: If foreign corporation, address of its principal office N/A

FIFTH: Business address in Rhode Island Two Thomas Street, Providence, RI 02903

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

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
Paul V. Gallogly	President	Two Thomas Street, Providence, RI 02903
	Vice President	
Paul V. Gallogly	Secretary	same
Paul V. Gallogly	Treasurer	same

SEVENTH: Number of Shares authorized:

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

CCA1054
Rec'd & Filed MAR 16 1993

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
50	Common		No Par Value

Dated March 12 19 93

Paul V. Gallogly, Ltd.
(Name of Corporation)

By [signature]

(Report must be signed by an officer)

Title President

Form 31 - 7/85

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 0058580 Annual Report for the year 1992

FIRST: The name of the corporation is Paul V. Gallogly, Ltd

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FOURTH: If foreign corporation, address of its principal office N/A

FIFTH: Business address in Rhode Island Two Thomas Street, Providence, RI 02903

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

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
Paul V. Gallogly	President	Two Thomas Street, Providence, RI 02903
	Vice President	
Paul V. Gallogly	Secretary	same
Paul V. Gallogly	Treasurer	same

SEVENTH: Number of Shares authorized:

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

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
50	Common		No Par Value

Rec'd & Filed APR 01 1992

Dated March 18 19 92

Paul V. Gallogly, Ltd.
(Name of Corporation)

By

(Report must be signed by an officer)

Title President

Form 31 7/85

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 0058620 Annual Report for the year 1991

FIRST: The name of the corporation is Paul V. Gallogly, Ltd.

SECOND: It is incorporated under the laws of the State of Rhode Island

THIRD: Character of business, briefly stated, is to engage in the practice of law.

FOURTH: If foreign corporation, address of its principal office n/a

FIFTH: Business address in Rhode Island Two Thomas Street, Providence, RI 02903

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

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
Paul V. Gallogly	President	Two Thomas Street, Providence, RI 02903
	Vice President	
Paul V. Gallogly	Secretary	same
Paul V. Gallogly	Treasurer	same

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100			no par value

PAID
APR 17 1991
SEC'Y OF STATE

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
50			nopar value

Dated ~~February~~ April 9 19 91

Paul V. Gallogly, Ltd.
(Name of Corporation)

By

Title

(Report must be signed by an officer)

Form 2 1/85

Filing Fee $15.00

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 000[illegible] Annual Report for the year 1990

FIRST: The name of the corporation is Paul V. Gallogly, Ltd.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is to engage in the practice of law.

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	Director	
	Director	
	Director	
Paul V. Gallogly	President	Two Thomas Street, Providence, RI 02903
	Vice President	
Paul V. Gallogly	Secretary	same
Paul V. Gallogly	Treasurer	same

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	common		no par value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
50	common		no par value

PAID
FEB 15 [illegible]
SEC'Y. OF STATE

Dated 2/8 19 90

Paul V. Gallogly, Ltd.
(Name of Corporation)

By [signature]

Title President

(Report must be signed by an officer)

Form 31 1-85