

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, Rl 02903-1335 401-222 3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Corporate ID No	2 Name of Corpo				
58680	Paul V. Gal				
Street Address Principal Busin	es Office	iogiy, Etu.	City	State	Zip
33 College Hi	LL_Road	<u> </u>	Warwick	RI	02886
Business Phone No		5 Male of Incorporation			G SIG Code
821-1800 Ext. 4 RHODE ISLA			<u></u> _		7617
TO ENGAGE IN THE	E PRACTICE OF LAV	N			
	SES OF THE OFFIC	ERS: ("X" BOX FOR AT	TACHMENT) FILL 1	N SPACES BEFORE USIN	G ATTACHMENTS
President Name	-		Vice President Name		
Paul V. Gallos	<u> </u>		None		<u>, </u>
33 College Hil	ll Road		Street Address		
:/I	State	Zip	City	State	Zip
Warwick	RI	02886			
egretar: Name	,		Treasurer Name	_	•
<u>Paul V. Gallog</u> l	Ly		Paul V. Gall	logly	
Same			Same		
P1	State	Z:p	City	State	Zıp
					'
. NAMES AND ADDRESS Director Name	SES OF THE DIREC	CTORS: ("X" BOX FOR		IN SPACES BEFORE USI	NG ATTACHMENTS
None			Director Name		
Proof Address			Street Address		
8)	Male	Zip	Cuy	State	Ζιμ
hryelor Name	J	J			
irecon suna			Director Name		
treet Address			Street Address		· ·
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`u; 	State	Zip:	Cu _Y	State	Zψ
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100 NO PAR VALUE					
100 NO PAR VALUE					
	De signed in ink by	either the President, Vice	President Secretary Assis	tant Secretary Trensurer	Receiver or Trustee
	oe signed in ink by	either the President, Vice	President, Secretary, Assis	tant Secretary, Treasurer,	Receiver or Trustee
	oc signed in ink by	either the President, Vice	President, Secretary, Assis	tant Secretary, Treasurer,	Receiver or Trustee
	oe signed in ink by	either the President, Vice	President, Secretary, Assis	tant Secretary, Treasurer,	Receiver or Trustee
	De signed in ink by	either the President, Vice	Under penanty of p	erjury. I decla <u>r</u> e and alfirm t	hat I have examined this re
This report must b	*586	580*	Under penalty of p including any acco	perjury. I declare and altirm to impanying schedules and sta	hat I have examined this re
This report must b	*586	580*	Under penanty of p	perjury. I declare and altirm to impanying schedules and sta	hat I have examined this re
This report must b	*586	580*	Under penalty of pincluding any accordance december a	perjury. I declare and altirm to impanying schedules and sta re true and correct.	hat I have examined this retements, and that all staten
This report must b	*586 1-28-0	580*	Under penalty of pincluding any accordance Herein a	perjury. I declare and altirm to impanying schedules and state true and correct.	hat I have examined this re
This report must b	*586	580*	Under penalty of pincluding any accordance derein a Signature of Officer Paul V. (perjury. I declare and alfirm to impanying schedules and sta rg true and correct. Gallogly	hat I have examined this retements, and that all staten
This report must b	*586	580*	Under penalty of pincluding any accordance Herein a	perjury. I declare and altern to impanying schedules and start true and correct. Gallogly of Officer	hat I have examined this retements, and that all staten



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
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Corporate ID No	2. Name of Carpo	ration			<u> </u>
58680	1 ' '	illogly, Ltd.			
Street Address Principal Busi	ness Office		City	State	Zip
33 College Hi	11 Road		Warwick	RI	02886
Business Phone No.		5. State of Incorporat	ion		6. SIC Code
822-1800 Ext. Hinef Description of the Characterists		RHODEISLA	ND		7617
TO ENGAGE IN TH	E PRACTICE OF LAV	еа ні коопе ізіана У			
NAMES AND ADDRES	SES OF THE OFFIC	ERS: ("X" BOX FOR A	TTACHMENT) FILL IN	N SPACES BEFORE USIN	G ATTACHMENTS
resident Name		•	Vice President Name		
Paul V. Gallo	gly		None		
reet Address			Street Address		
33 College Hi		+		·-··	
ity Llowed als	State	Zip	Gity	State	Zip
Warwick	RI	<u>l 02886</u>		J	l
Paul V. Gallo	olv.		Treasurer Name	1	
reet Address	<u>5*Y</u>		Paul V. Gall	ogTA	
same			same		
iη·	State	Zip	: City	State	Zip
	SES OF THE DIREC	CTORS: ("X" BOX FOR	ATTACHMENT) FILL	IN SPACES BEFORE USI	ING ATTACHMENTS
rector Name			Director Name		
None None		 .			
dis Maanzo			Street Address		
ty	State	Zip	City	State	Ζφ
<i>*</i>		1	<i>C.i.</i> ,	Sac	1,4
rector Name		·····J	Director Name		l
rvet Address		-	Street Address		
 	 				
/y	State		City	State	Zip
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SHARES AUTHORIZE	AUT AUG A) US	ALIACHMENI) [ISSUED SHARES	("X" BOX FOR ATTACE	HMENI) [
			I ISOUELY SHAKES		
JTHORIZED SHARES	Class/Series	Par Value	Number of Shares	Class/Saries	Par Value
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THORIZED SHARES uniber of Shares	Class/Series	Par Value			
JTHORIZED SHARES	Class/Series	Par Value	Number of Shares	Class/Series	
JTHORIZED SHARES uniber of Shares	Class/Series	Par Value			No Par Value
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THORIZED SHARES Imber of Shares 100 NO PAR VALUE				Common	No Par Value
			50	Common	No Par Value
THORIZED SHARES Imber of Shares 100 NO PAR VALUE			50	Common	No Par Value
THORIZED SHARES Imber of Shares 100 NO PAR VALUE			50 ce President, Secretary, Assis	Common	No Par Value Receiver or Trustee
OTHORIZED SHARES Imber of Shares 100 NO PAR VALUE			Under penalty of pincluding agy according	Common tant Secretary, Treasurer. perjury, I declare and affirm to	No Par Value Receiver or Trustee
THORIZED SHARES Imber of Shares 100 NO PAR VALUE			Under penalty of pincluding agy according	Common tant Secretary, Treasurer.	No Par Value Receiver or Trustee
THORIZED SHARES Imber of Shares 100 NO PAR VALUE This report must			Under penalty of pincluding agy according	Common tant Secretary, Treasurer. perjury, I declare and affirm to	No Par Value Receiver or Trustee
THORIZED SHARES Imber of Shares 100 NO PAR VALUE This report must ille Date 2			Under penalty of pincluding agy according	common tant Secretary, Treasurer, serjury, I declare and affirm tompanying selectures and stage trile and correct.	No Par Value Receiver or Trustee
THORIZED SHARES Imber of Shares 100 NO PAR VALUE			Under penalty of pincluding any accomplished before a	common common common trans Secretary, Treasurer, declare and affirm to companying senedules and stage trale and conject.	No Par Value Receiver or Trustee that I have examined this restrictements, and that all states
THORIZED SHARES Imber of Shares 100 NO PAR VALUE This report must ille Date 25 theck No. 225			Under penalty of pincluding are accomplished before a Signature of Officer Paul V. Ga	common tant Secretary, Treasurer, serjury, I declare and affirm tompanying senedutes and stage trate and conject.	No Par Value Receiver or Trustee that I have examined this restrictements, and that all states
THORIZED SHARES Imber of Shares 100 NO PAR VALUE This report must ille Date 2			Under penalty of pincluding any accomplished before a	common tant Secretary, Treasurer, serjury, I declare and affirm tompanying senedutes and stage trate and conject.	No Par Value Receiver or Trustee that I have examined this restrements, and that all staten



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

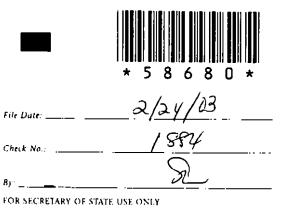
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003 Filing Period: January 1-March 1 • Filing Fee: \$50.00



(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 State 33 College Hill Road RI 02886 Warwick 4. Business Phone No. 5. State of Incorporation 6 SIC Code 822-1800 Ext. 4 **RHODE ISLAND** 7617 7. Ritef 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 02886 RI Warwick Secretary Name Treasurer Name Paul V. Gallogly Paul V. Gallogly Street Address Street Address Same Same 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 City State Zip Director Name Director Name Street Address Street Address 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 Par Value Number of Shares Class/Series Par Value 100 NO PAR VALUE 50 No Par Value Common

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

Title of Officer



Under penalty of perjury, I declare a	
this report, including any accompany	
that all statements contained herein	are true and forregt.
lan V +	2/18/03
Signature of Officer	Bate
Paul V. Gallogly	
Print or Type Name of Officer	
President	

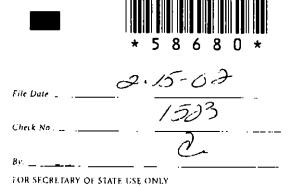
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Edward S. Inman, III. Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT COR Filing Period: Janua	PORATION try 1-March 1 •	ANNUAL RE Filing Fee: \$50.00	PORT FOR TH	E YEAR _ 200	2 STOP PLEASE READ INSTRUCTION
(FORM MUST BE TYPED IN I	BLACK)				
1. Corporate ID No	2 Name of Corpora	tion			
58680	Paul V. Galle	ogly, Ltd.			
3 Street Address Principal Busin	iess Office		City	State	Zip
33 College H	ill Road		Warwick	RI	02886
4 Business Phone No. 822-1800 Ext.	. 4	5. State of Incorporation RHODE ISLAND			6 SIC Code 7617
	the practice	of law			
8. NAMES AND ADDR	ESSES OF THE OFF	CERS ("X" BOX FOR ATTAC	HMENT) FILL IN SPACES	S BEFORE USING ATTAC	CHMENTS
President Name	•		Vice President Name		
Paul V. Gallo	ogry		None		
Street Address 33 College Hi	ill Road		Street Address		
City	State	Zip	City	State	Zip
Warwick	RI	02886			,
Secretary Name Paul V. Gallo	ogly		Treusurer Name Paul V. Gallo	ogly	
Street Address			Street Address	J ,	
Same			Same		
City	State	Zip	City	State	Zip
9. NAMES AND ADDR Director Name None	ESSES OF THE DIRI	ECTORS ("X" BOX FOR ATT	ACHMENT) FILL IN SPAC Director Name None	ES BEFORE USING ATT	ACHMENTS
Street Address			Street Address		
			South Audits		
City	State	Zip	City	State	71 <i>p</i>
Duector Name		• •	Director Name		
Street Address			Street Address		
	State	Z.p	City	State -	
10. SHARES AUTHORIZ AUTHORIZED SHARES	ZED ("X" BOX FOR ATT.	ACHMENT)	11. SHARES ISSUED	("X" BOX FOR ATTACHMENT	")
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



Under penalty of perjury, I declare and affirm that I have examined this report/including any accompanying schedules and statements, and

Signature of Officer

Paul V. Gallogly

Print or Type Name of Officer

President

Title of Officer

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

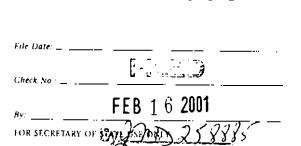
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 reriou.	Junuary	1-march	•	Filing	ree:	\$50.00

THORM MUST BE TYPED IN BLAC	.K)				
1. Corporate ID No. 58680	2. Name of Corpora Paul V.	Gallogly, Ltd.			
3 Street Address Principal Business C 33 College Hill 1 4. Business Phone No 822-1800 ext4	Office	5 State of Incorporation RHODE ISLA	cay Warwick	State RI	zip 02886 6. się 6 prie
7 Brief Description of the Character of To engage in the	of Business Conducted i	n Rhode Island			
8. NAMES AND ADDRESS President Name Paul V. Gallogly	ES OF THE OFFI	CERS ("X" BOX FOR ATTA	ICHMENT) FILL IN SPACES BEF Vice President Name None	ORE USING ATTA	CHMENTS
Street Address College Hill F	Road		Street Address		
_{Cuy} Warwick	State RI	, zip 02886	Gity	State	7 i p
Paul V. Gallogly Street Address Same		·	Paul V. Gallogly Street Address Same		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESS. Director Name None	ES OF THE DIRE	CTORS ("X" BOX FOR AT	TACHMENT) FILL IN SPACES BE Director Name None	EFORE USING ATT	ACHMENTS
Street Address			Street Address		
O(n)	State	Zıp	City	State	Zip
Director Name			Director Name		
street Address			Street Address		
City	<u>State</u>	L1p	City	_ State	Zip
10. SHARES AUTHORIZED AUTHORIZED SHARES	("X" BOX FOR ATTA	ACHMENT)	11. SHARES ISSUED ("X" B	OX FOR ATTACHMEN	r) .
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100 NO PAR VALUE			50	Common	No Par Value
Their constant of the second					

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

Title of Officer



1
Under penalty of perjury, I declare and affirm that I have examined
this report, yieluding any accompanying schedules and statements, and
that all statements contained berein are true and correct.
1au10 7 / 1/5/0/
Signature of Officer Date
Paul V. Gallogly/
Print or Type Name of Officer
President

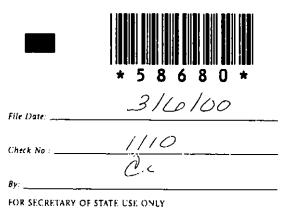


James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

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. 2. Name of Corporation 58680 Paul V. Gallogly, Ltd. 3. Street Address Principal Business Office City 33 College Hill Road, Suite 20D 02886 Warwick RI 4. Business Phone No. 5. State of Incorporation 6. SIC Code RHODE ISLAND 7617 822-1800 x4 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 Vice President Name Paul V. Gallogly none Street Address 33 College Hill Road, Suite 20D City Zip State Warwick RI 02886 Secretary Nume Deasurer Name Paul V. Gallogly Paul V. Gallogly Street Address Street Address same same City State City Zip 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____ . Zio . Zip_ ____State ... 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Series 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 penaly of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and stagements coptained herein are true and coptect <u>Paul V. Gallog1</u> Print or Type Name of Officer President Title of Officer

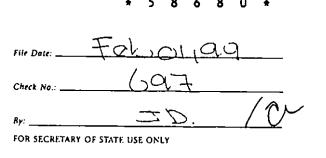


James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999



Titing Terrou, junuu,	ry 1-march 1	Filing Fee: \$50.00			INSTRUCTIONS
(FORM MUST BE TYPED IN BE	LACK)				
1. Corporate ID No. 58680	2. Name of Corpore Paul V. Gal		•		
3. Street Address Principal Busine		3 7 , ====	City	State	Zip –
33 College Hill 4. Business Phone Ro. (401) 822-1800 >	Rd, Suite 201 x 4	D S. State of Incorporation RHODE ISLAND	Warwick	RI	02886 6. SIC Code 7617
7. Brief Description of the Charact To engage in the	ter of Business Conducted Practice of	in Rhode Island law			
8. NAMES AND ADDRE President Name Paul V. Gallogly		ICERS (*x* box for attach	MENT) FILL IN SPACE Vice President Name NONE	es before using atta	CHMENTS
33 College Hill	Rd., Suite 20	αC	Street Address		
c _{ity} Warwick	State RI	^{ZIp} 02886	City	State	Zip
Secuetary Name Paul V. Gallogly	,		Paul V. Gallo	gly	
Street Address Same			Street Address : Same	•	-
City	State	Zip	City	· State	Zip
9. NAMES AND ADDRE Director Name none Street Address	SSES OF THE DIR	ECTORS ("X" BOX FOR ATTA	CHMENT) (FILL IN SPA Director Name : Street Address	ces before using at	TACHMENTS
Gity	State	Zip	City	State	Zip –
Director Name	-	••• • • • • • • • • • • • • • • • • • •	Director Name		···· • • · · · · · · · · · · · · · · ·
Street Address			Street Address		-
City	State	- Zip	- Gity		Zip
10. SHARES AUTHORIZE AUTHORIZED SHARES	ED (*X* BOX FOR ATT	ACHMENT)	11. SHARES ISSUED	("X" BOX FOR ATTACHMEN	7) [
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100 SHS NO PAR V	AL		50	common	no par value
		_		• •	
This report must be sign	ned in ink by eitl	her the President, Vice P	resident, Secretary, A	ssistant Secretary, Treas	urer, Receiver or Truste
1 1581		BII 1881			



Under ponalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and statements contained herein are true and correct. Paul V. Gallogly
Print or Type Name of Officer
President 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 FOR THE YEAR /998



Filing Period: January		Filing Fee: \$50.00			INSURLCHONS
(FORM MUST BE TYPED IN BL) 1. Corporate ID No.	NCK) 2. Name of Corpora	tion			
58680 3. Street Address Principal Business	Paul V.	Gallogly, Ltd	• City	State	Zip
33 College H 4. Business Phone No.	ill Rd, Sui	te 20D 5. State of Incorporation	Warwick	RI	6. SIC Code
(401) 822-1 7. Brief Description of the Characte		Rhode Is	land		7617
To engage 8. NAMES AND ADDRES President Name	in the prac SES OF THE OFF	ctice of law CERS (*x* BOX FOR ATTAC	HMENT) Vice President Name	• · · · •	
Paul V. Ga	llogly		None Street Address		
33 College	Hill Rd.,	Suite 20D	City	State	Zip
Warwick Secretary Name	RI	02886	Treasurer Name		
Paul V. Ga.	llogly		Paul V. Gall Street Address	logly	
Same City	State	Zip	Same cny	State	Zip
9. NAMES AND ADDRES	SES OF THE DIR	ECTORS ("X" BOX FOR ATT.	ACHMENT) Director Name		
Street Address ne			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	
10. SHARES AUTHORIZE	D (*X* BOX FOR ATT	ACHMENT)	11. SHARES ISSUED	("X" BOX FOR ATTACHMENT	, ·
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100 SHS NO	PAR VAL		50	Common	no par valu
This report must be sign	ed in ink by eit)	ner the President, Vice	President, Secretary, As	sistant Secretary, Treasu	rer, Receiver or Trustee

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File Date: 7.01.48	
Check No.: 338	
10 0	
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 systements contained herein are true and correct.
Signature of Officer Date
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

PROFIT CORPORATION ANNUAL REPORT 1997

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

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1. Corporate ID No.

2. Name of Corporation

58680

Paul V. Gallogly, Ltd.

3. Street Address Principal Business Office

Providence

155 South Main Street 4. Business Phone No.

5. State of Incorporation

RI

02903

863-8800

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)

President Name-

Paul V. Gallogly

Street Address

155 South Main Street

City Providence

RI

02903

Paul V. Gallogly

Street Address

same

Secretary Name

City

State

ZIP

Treasurer Name

Vice President Nume none

Street Address

City

Paul V. Gallogly

Street Address

same

Street Address

City

State

State

210

Zip

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

Director Name None

Street Address

City

State

Zip

City

State

Zip

Director Name

Street Address

Director Nume

Street Address

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

ISSUTED SHARES Number of Shares

Class/Series

Par Value

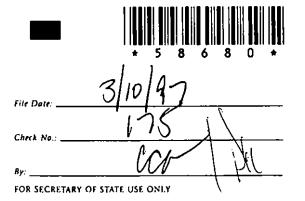
100 SHS NO PAR VAL

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 penyty of perjury, I declare and affirm that I have examined including any companying schedules and statements, and statements sontained herein are true and correct. Paul V. Gallogly Print or Type Name of Officer President Title of Officer

PROFIT CORPORATION 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

<u> </u>	STATE	<i>13</i> CCSC	City	SIATE
		1	ĭ	
-	10.	SHARES AUTHOR	IZED AND IS:	S U E D
	AUTHORIZED SHARES			ISSUED SHARES
NUMBER OF SHARES	CLASS/SERGES	PARVALLE	HUMBER OF SHARES	CLASS / SERVES
100 SH	S NO PAR VAL	· • • • • • • · • · · · · · · · · · · ·	50	Common
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·• ·				
		·		
	President, Vice Presi		tant Secretary, Trea Under po report, in	ther the asurer. Receiver or Trustee enalty of perjury. I declare and all cliding any accompanying schements contained refern are true a
File Date:	2/14/15094	,	Signature	e of Officer
Check No:	2/14/+5094 150 CC/18		Paul Print or 1	V. Gallogly ype Name of Officer
Ву:	"		Presi	
For Secre	tary of State Use Only		Title of (Hinar

PORATE ID NO.	2. NAME OF CORPORATION	PLEASE TYPE OR	PRINT IN BLACK INK.	<u>-</u>	
58680	Paul V	. Gallogly, Lt	đ.		
EET ADORÉSS PRINCIPAL BUSINES	SS OFFICE		any	STATE	ZÎP COÛÊ
155 South Mai	n Street_	1 5. STATE OF INCORPORATION TO	. Providence		
363-8800		RHODE I	SLAND		7617
DESCRIPTION OF THE CHARACTE	R OF BUSINESS COMOUCTED IN MHODE	SLAND			
To engage in	the practice of				_
INT HAVE	8. N A	MES AND ADDE	LESSES OF THE O	FFICERS	•
Paul V. Gallo	g <u>ly</u>		STREET ADDRESS		والوال والممواطية
155 South Mai	n Street				
	<u> </u>	ZIP CODE	any	STATE	ZIP COOE
rovidence	RI	02903	TREASURER NAME		
Paul V. Gallo	gly		Paul V. Gallo	ogl <u>y</u>	
same			same		
	STATE	ZIP COOE	OTY .	STATE	ZP COD€
JODNES			STREET ADDRESS		······································
	STATE	ZP CODE	an	STATE	ZIP COOE
R NAME	ارا محمد بأدس				
			DRECTOR NAME		
ADDRESS	· · · · · · · · · · · · · · · · · · ·		STREET ADDRESS		·
	STATE	- in cost	- civ		
	1	1		DINIE	
	1 0 S I	HARES AUTHOR	IZED AND ISSUE	-	en l'anne e come
NUMBER OF SHARES	CLASS/SERES	PARVALLE	NUMBER OF SHARES	ISSUED SHARESCLASS / SER'ES	PAR VALUE
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· —					;
	· · · 	منتهمين به المنتها فالمنابع		<u> </u>	<u> </u>

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 retein are true and correct. Signature of Officer Paul V. Gallogly Print or Type Name of Officer

Title of Officer

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.	Sallogly, Ltd	d.	•	
Business entity organized under the laws of the State of: RI For foreign entity, address and telephone number of principal office: A			Business Entity is (check one): [] Business Corporation (See RIGL Chapter 7-1.1) [X] Professional Service Corporation (See RIGL Chapter 7-5.1)		
Phone: ()	of the principal office of busines dress - Not P.O. Box); reet		to engage	of the character of business cond e_in_the_practice_of	law
Phone: (401)	863-8800				
		THE NAMES OF T	 THE OFFICERS AR	· F.	
PRESIDENT		STREET A	DDRESS	CITY/STATE	ZIP CODE
Paul V. Gallo	ogly	Two Thomas		Providence, RI	02903
VICE PRESIDENT		STREET A	DDRESS	CITY/STATE	ZIP CODE
SECRETARY Paul V. Gallo	nal v	sinen a	DDRESS	CITY/STATE	ZIP CODE
TREASURER Paul V. Gallo		STREET A	DDRESS	CITY/STATE	ZIP CODE
		THE NAMES OF T	HE DIRECTORS A		
NAME		STREET A		CITY/STATE	ZIP CODE
NAME		STREET A	DDRESS	CITY/STATE	ZIP CODE
NAME	 · - <u>-</u>	STREET A	DDRESS	CHYSTATE	ZIP CODE
NUMBER OF SHARES	AUTHORIZED (Rider may be att	ached)	NUMBER-OF-SHAR	ES 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
	7 10.95		Thus V fee	1 frence	
Date	, 19 23	By:/ 	ul V Gallogly TYPE XAME OF OFFICER SIGN ESIDENT	ing:	
Form 31 1/95	DESIGNATE	 _	OBSICER SIGNING	TE OF BROCESS.	
	<u>DESIGNALE</u>	D REGISTERED AC	JENI FUK SEKVIC	L 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 650
PROVIDENCE RI 02905

5 110 7 2 2 3 7 15 5 2 3 7 15 5 2 3 7 15 5 2 3 7 15 5 2 3 7 15 5 2 3 7 15 6 2 3 7 15 7 Fining Fee \$50.00 Payable to: Secretary of State

PLEASE TYPE or PRINT

File Annually LLC Sept 1 - Nov 1 CORP Jan 1 - March 1

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

Corporate ID:	0058680	Annual Report for the year:
Name of Business E	ntity:	Paul V. Gallogly, Ltd.
Business entity organize	ed under the laws of the State of Rhod	de Island Business Entity is (check one):
Federal Taxpayer ident.		1 Business Corporation (See RIGL Chapter 7-1.1)
For foreign entity, addre	ess and telephone number of principal off	Tx } Professional Service Corporation (See RIGL Chapter 7-5.
N/A		Name, title and mailing address of contact person to whom
		communications may be directed
		PLOURDE & LEONARD, LTD.
		I Citizens Plaza, Suite 830 Providence, Rf 02903
Phone 1		ATTN: Paul Plourde, Fsq.
Address and telephone	of the principal office of business entity is	na Rhode
•	duress - Not P.O. Box):	Brief statement of the character of husiness conducted in Rhode Islam
Two Thoma	os Street	to engage in the practice of law
Providenc	ce, RI 02903	(/5)
•		4.
401 863-	-8800	Date of Organization: .12-23-89
Phone ()	· —	Date of Qualification to do business in Rhode Island (if foreign entity
El como Executava como	THE I	NAMES OF THE OFFICERS ARE: STREET ADDRESS CHYSTATE 7/P
	*	
TONELLO CERNOSCIONE C	Gallogly Two Tikok II videpres blassidske om	Thomas Street, Providence, RI 02903
_	SOR Example of the Callogly	STRUET ADDRESS COTYATATE ZE
THE CHILD PARTICULAR CONTROL	TARIN TO THE STREET OF THE STR	SUSTERT ADDRESS CHYSTATE ZIE Same
	<u> </u>	NAMES OF THE DIRECTORS ARE:
NAME	1112.	ATRECT AUDRESS CONSTAIL 200
NAMI.		STABLE ALERESS CITY-STATE ZIE
SAME.		STREET AGORESS CONVATAN. ZO
NUMBER OF SHAR	ES AUTHORIZED (If Applicable)	NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable
NUMBER	100	NUMBER 50 FILED
CLASS	Common	CLASS Common FEB 2 4 1394
SERIES		SERIES By
PAR VALUE OR WITHOUT PAR	No Par Value	PAR VALUE OR No Par Value WITHOUT PAR
Date	.:9. 94.	Paul V. Gallody, Ltd. By My V. GALLOGLY
		President
		TITLE OF OFFICER STUSING
Form 31 1/94		· · · · · · · · · · · · · · · · · · ·
	DESIGNATED REGISTERI	ED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID	58680	Annual Report f	or the year 1990
FIRST: The name of	of the corporation is		ely. Ltd
SECOND: It is inco	rporated under the laws of the	e State of Rhode Is	sland
THIRD: Character	of business, briefly stated, is	oengage_inthep.	cactice of law
Fourth: If foreign	corporation, address of its princ	cipal officeN/A	
FIFTH: Business add	dress in Rhode Island Two Tho	omas Street, Provid	lence, RI 02903
SIXTH: Names and	addresses of its directors and off		(Attach rider if necessary)
	Director	······	
	Director		
	Director	······	
Paul V. Gallogly	President	Two Thomas Street	, Providence, RI 02903
	Vice President .	·····	
Paul V. Gallogly	Secretary	sam	e
Paul V. Gallogly	Treasurer	sam	e
SEVENTH: Number	of Shares authorized:		Par Value or statement that
No. of Shares	Class	Series	shares are without par value
100	Common	Valus 4	No Par Value
Eighth: Number of	Shares issued:	MAR]	l 6 1993
No. of Shares	Class	Series	or statement that shares are without par value
50	Common		No Par Value
Dated Truck		nul V. Vallogly, Lt	ed.
	Ву	lay Von	4
(Report must be sig	gned by an officer) Title.	President	

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 1000 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

FIRST: The name of the corporation is FECT V GETT SECOND: It is incorporated under the laws of the State of Rhode I THIRD: Character of business, briefly stated, is to engage in the p FOURTH: If foreign corporation, address of its principal office. N/A	logly. Ltd
THIRD: Character of business, briefly stated, is to engage in the p	
, saice, is	sland
FOURTH: If foreign corporation, address of its principal office N/A	ractice of law
FIFTH: Business address in Rhode Island Two Thomas Street, Prov	idence, RI 02903
	(Attach rider if necessary)
Director Director	
Director Director	
P 1 1 0 11 1	- D - 11 - D - 00000
	t, Providence, RI 02903
Paul V. Gallogly Secretary same	
Paul V Callogly	
SEVENTH: Number of Shares authorized:	
No. of Shares Class Series	Par Value or statement that shares are without
100 Common	par value
· · · · · · · · · · · · · · · · · · ·	_R 0.1 1992
EIGHTH: Number of Shares issued: Rec'd & Filed AP	Par Value or statement that
No. of Shares Class Series	shares are without par value
50 ···- · · Common · · · · · · ·	No Par Value
Dated Much 18 19 92 Paul V. Gallogly, Le (Name of Corpolation) By War 17	A .
(Report must be signed by an officer) Title President	

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID)535,80	Annual Report for the	e year 1991
FIRST: The name of	the corporation is	Eaul V Gallogly	c,Ltd
SECOND: It is incorp	orated under the laws of the	State of Rhode Island	j
THIRD: Character of	business, briefly stated, isto	engage in the practic	e of law.
FOURTH: If foreign of	corporation, address of its princ	ipal officen/a	
FIFTH: Business add	ress in Rhode Island Two Th		e. RI 02903
SIXTH: Names and a	ddresses of its directors and off		(Attach rider if necessary) umber, street, zip code)
	Director	•••••	
	Director .	•••••	
······	Director		
Paul V. Gallogly	President	Two Thomas Street, Pr	ovidence, RI 02903
······	Vice President .		
	_		W
• • • • • • • • • • • • • • • • • • • •	م سمو رد هردد مدسور ه		
	f Shares authorized:		Par Value or statement that shares are without
No. of Shares	Class	Series	par value
100		APP - MAID	no par value
Eighth: Number of	Shares issued:	Series PAID APR 17 1991 SEC YOF STATE	Par Value or statement that shares are without
No of Shares	Class	Series Series	par value
50	9		nopar value
Dated February	19 91 Pau (Nam By		1
(Report must be si	gned by an officer) Title	: //plaken/	<i>'</i>

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0.05.668	7	Annual Report for t	the year 1989	
FIRST: The name of the corporation is		Esul V Gailogly, Ltd.		
SECOND: It is incorporated u	nder the laws of	Rhode Island		
THIRD: Character of business	s, briefly stated, is	to engage in the prac	tice of law.	
FOURTH: If foreign corporati	on, address of its pr	incipal office n/a		
FIFTH: Business address in R	hode Island	Two Thomas Street, Pr	ovidence, RI 02903	
SIXTH: Names and addresses	Office		(Attach rider if necessary number, street, zip code)	
	Director			
	Director			
			······································	
Paul V. Gallogly	President	Two Thomas Street	, Providence, RI 02903	
		ıt		
Paul V. Gallogly	Secretary	same		
Paul V. Gallogly	Treasurer	same	 ·	
SEVENTH: Number of Shares	authorized:		Par Value or statement that	
No. of Shares	Class	Scries	shares are without par value	
100 соп	nmon		no par value	
Еібнтн: Number of Shares is	sued:	FED	Par Value or statement that	
No of Shares	Class	FEB 15 (S)	shares are without par value	
50 cc	ommon	OFSTATE	no par value	
Dated 2/ V	= : : : : : : : : : : : : : : : : : : :	aul V. Sallogly, Ltd		
(Report must be signed by an	officer) Ti	the Mendent 1		