

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) 2. Name of Corporation L. Corporate ID No. 90981 A.M.S. Development Corp. 3. Street Address Principal Business Office Cin State Žψ 639 PARK AVENUE PORTSMOUTH RI 02871 4. Business Phone No. 5. State of Incorporation 6. SIC Code 4017228699 RHODE ISLAND 34 Brief Description of the Character of Business Conducted in Rhode Island TO MAKE, FORM CONSTRUCT, BUILD, REBUILD, DEVELOP, ERECT, GENERALLY DEAL IN, AT WHOLESALE AND RETAIL ANY President Name Lice President Name MICHELE PERRY .STEVEN PERRY Street Address Street Address 1767 BICENTENIAL AVE . 1767 BICENTENIAL AVE Cin. State Zψ Zıp NORTH PROVIDENCE RI 02904 NORTH PROVIDENCE 02904 Secretary Name Treasurer Name STEVEN PERRY STEVEN PERRY Smeet Address Sireet Address 1767 BICENTENIAL AVE .1767 BICENTENIAL AVE Cin Zip Cin State Źφ NORTH PROVIDENCE RI 02904 . NORTH PROVIDENCE RΙ 02904 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR AT TACHMENT)
FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name MICHELE PERRY STEVEN PERRY Street Address Street Address 1767 BICENTENIAL AVE 1767 BICENTENIAL AVE Cin State Zψ ·Cin State Zıp NORTH PROVIDENCE RI 02904 NORTH PROVIDENCE RI 02904 Director Name Director Name Street Address ·Sircet Address Ciù. State Cin. Zıp State Zψ 10. SHARES AUTHORIZED ("X" BON FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Class Series Par Volue Number of Shares Class Series Par Value

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

600



600 NO PAR VALUE

*90981 DBC	03/17/05 07 12 15 PM]
File Doie	APR 1 8 2005 2	1
Check No.	Bv W	Ψ`΄
B <u>\''</u>		
FOR SECRETAR	Y OF STATE USE ONLY	İ

Under penalty of penjury. 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.

COMMON

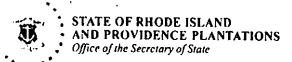
STEVEN PERRY

Print or Type Name of Officer

VICE PRESIDENT

Form 630 12 01

NO PAR VALUE



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) I. Corporate ID No 2. Name of Corporation 90981 A.M.S. Development Corp. 3. Street Address Principal Business Office City State Zip 639 PARK AVENUE PORTSMOUTH RΙ 02871 4. Business Phone No. 5. State of Incorporation 6. SIC Cook 4017228699 RHODE ISLAND 34 7. Brief Description of the Character of Business Conducted in Rhode Island TO MAKE, FORM CONSTRUCT, BUILD, REBUILD, DEVELOP, ERECT, GENERALLY DEAL IN, AT WHOLESALE AND RETAIL ANY Prevident Name Tice President Name MICHELE POTTS-PERRY . STEVEN T PERRY Street Address Street Address 118 DUTCHESS STREET . 118 DUTCHESS STREET Circ Cin State Ζip State Ziji NORTH PROVIDENCE RI |RI 02904 NORTH PROVIDENCE 02904 Secretary Name Trèasurer Name MICHELE POTTS-PERRY MICHELE POTTS-PERRY Street Address * Street Address 118 DUTCHESS STREET .118 DUTCHESS STREET City State Ziji *City State Zip NORTH PROVIDENCE RΙ 02904 NORTH PROVIDENCE RI 02904 9. NAMES AND ADDRESSES OF THE DIRECTORS (X" BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name MICHELE POTTS-PERRY STEVEN T PERRY Street Address Street Address 118 DUTCHESS STREET 118 DUTCHESS STREET City State Zip State Zip NORTH PROVIDENCE RΙ 02904 NORTH PROVIDENCE RI 02904 Director Name Director Name Street Address ·Street Address City Stette City Zip State Zin 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) IL SHARES ISSUED ("N" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Series Par Value Number of Shores Class/Series Par Value 600 NO PAR VALUE 600 COMMON NO PAR VALUE This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

90981	DBC 01/22/04 02:42:39 PM
File Date	4/2/04
Check No.	633
В <u>у;</u>	U,
FOR SEC	RETARY 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.
3/15/04
Signature of Officer Date
STEVEN T PÉRRY)VICE PRESIDENT
Print or Type Name of Officer
Tule of Officer Form 630 12/01

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

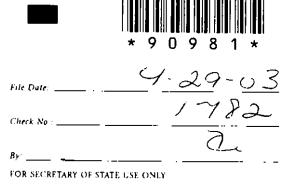
401 222-3040

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

ST	OP)
PLEASI INSTRUC	TIONS

(FORM MUST BE TYPED OR P	2. Name of Corpora				
90981 3. Street Address Principal Bus 3. Street Address Principal Bus 4. Business Phone No. (461) 683-0. 7. Brief Description of the Chai	iness Office Ave, 127	S. State of Incorporation RHODE ISLAND IN Rhode Island	POETSMONTH	Rat	Zip O 2&7 / 6 SIC Code 34
NEW Home 8. NAMES AND ADDI President Name	, ,	E Model fre CERS (*X* BOX FOR ATTACE		EFORE USING ATTACE	IMENTS
Minhala	Perry		Vice President Name ラム 麻と		
Street Address	es Ave		Stiret Address		
N. PROV	es Ave	^{Zip} 02904	City	State	Zip
Secretary Nume			Treasurer Name		
Street Address			Street Address		
City	State	Zıp	Čtīv	State	Zip
9. NAMES AND ADDI	RESSES OF THE DIRE	CTORS ("X" BOX FOR ATTA	(CHMENT) FILL IN SPACES Director Name	BEFORE USING ATTAC	CHMENTS
Street Address			SAMY		
Street Maint33			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zıp	City	State	Zip
10. SHARES AUTHORI	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
600 NO PAR VALUE			600	Comon	461
This report must be si	i gned in ink by eith	er the President, Vice F	President, Secretary, Assist	ant Secretary, Treasur	er, Receiver or Tr
11	38378 (811) 88718 (818) (618) 118	IERI			

ాస్ట్ 5



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.

_ Nielse Penny	3-23-03
Signature of Officer	Date
MicHela Pears	

Print or Type Name of Officer	1	
Title of Officer		

Farm 630 12/02

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



2002 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR _ Filing Period: January 1-March 1 • Filing Fee: \$50.00

,	,				122180
(FORM MUST BE TYPED IN I					
1 Corporate ID No	2. Name of Corpora				
90981		elopment Corp.			
3 Street Address Principal Busin	• •		City	State	Z:p
639 Park Avenu	ie		Portsmouth	RI	02871
4. Business Phone No		5. State of Incorporation			6. SIC Code
401-683-0127		RHODE ISLA	AND		34
7 Brief Description of the Chara					
new home build	_	•			
8. NAMES AND ADDR	ESSES OF THE OFF	ICERS ("X" BOX FOR ATT		BEFORE USING ATTA	CHMENTS
•	Down		Vice President Name		
Michele Potts-	herry		Steven T Perry		
639 Park Avenu			Street Address		
City	State	Zip	118 Dutchess St	State	4
Portsmouth	RI	02871	N Providence	RI	Հա 0290 4
Secretary Name	11.2	02071	It of the Name	KI	02904
Michele Potts-	Perrv		Michele Potts-F	Parry	
Street Address			Street Address	erry	
639 Park Avenu	e		639 Park Avenue	.	
Cav	State	Zip	City	State -	Lip
Portsmouth	RI	02871	Portsmouth	RI	02871
9. NAMES AND ADDR	ESSES OF THE DIRI	ECTORS (*X* BOX FOR A	TTACHMENT) FILL IN SPACES	S BEFORE USING ATI	FACHMENTS
Director Name			Director Name		
Michele Potts-	Perry	;	•		
Street Address			Street Address		
639 Park Avenu	е				
Cuy	State	Zip	City	State	Ζιρ
Portsmouth	RI	02871		·	
Director Name			Director Name		
Street Address			Street Address		
City	State	Zıp	City	State	Zip
10. SHARES AUTHORIZ	TFD Joys Boly Cole Attr	ACUMENTI	11. SHARES ISSUED (*2	TO BOY BOD LONG COLUMN	
AUTHORIZED SHARIS	THE A DUNION MIL	activity)	ISSUED SHARES	. DUA FUK ALLACHMEN	
Number of Shares	Class/Series	Pac Volue	Number of Shares	Class/Series	Par Value

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 contained herein are true and correct.

Common

no par

President Print or Type Name of Officer

600

Title of Officer ూ మంది

Larm 630 12:61

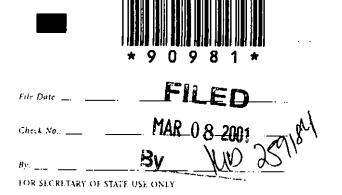
Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

STOP PLEASE READ

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

Filing Period: January 1-March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2 Name of Corporation 90981 A.M.S. Development Corp. 3 Street Address Principal Business Office PARK 02871 5. State of Incorporation SIC Code (401) 683-0127 RHO
7. Brief Description of the Character of Business Conducted in Rhode Island 34 RHODE ISLAND NEW Home Building + Lewedeling 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS MicHELE Street Address Michele Street Address MicHela Ports YARK AUR 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Street Address City Zio Director Name Director Name Street Address Street Address City State Zio City 210 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

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



600 SHS NO PAR VALUE

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.

Mulale Potts	3-26-01
Michela Potts	

Tresident



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

2. Name of Curporation

A.M.S. Development Corp.

(FORM MUST BE TYPED IN BLACK)

90981

639 Park Ave.

FOR SECRETARY OF STATE USE ONLY

3. Street Address Principal Business Office

1. Corporate ID No.

4 Business Phone No.

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

02871

6. SIC Code

34

State

RΙ

this report, including any accompanying schedules and statements, and

that all statements contained herein are true and correct.

Michele Potts, President

<u>obsil am</u> Signature of Officer

Print or Type Name of Officer

Title of Officer

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

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

5. State of Incorporation

RHODE ISLAND

City

Portsmouth.

Construction					
8. NAMES AND ADDRE	SSES OF THE OFF	ICERS ("X" BOX FOR ATT		S BEFORE USING ATTA	CHMENTS
President Name			Vice President Name		
Michele Potts Street Address			Steven T. P	Perry	
			Street Address	_	
639 Park Ave.			118 Dutches	s Ave.	
City	State	Zip	City	State	Zip
Portsmouth	RI	02871	N. Prov.	RI	029 4 4
Secretary Name			Treasurer Name		
Michele Potts			Steven T. Pe	erry	
Street Address			Street Address		
639 Park Ave.			118 Dutches:	s Ave.	
City	State	7ip	City	State	Zip
Portsmouth	RI	02871	N. Prov.	RI	029 4 4
9. NAMES AND ADDRE	SSES OF THE DIR	ECTORS ("X" BOX FOR A	TTACHMENT) FILL IN SPAC	CES BEFORE USING ATT	ACHMENTS
Director Name			Director Name		
Michele Potts					
Street Address			Street Address		•
639 Park Ave.					
City	State	Zip	City	State	Zip
Portsmouth	RI	02871			
Director Name			Director Name		
Street Address			Street Address		
City	State	/1p	City	State	Zip
10. SHARES AUTHORIZE	ED (*x* box for att	ACHMENT)	11. SHARES ISSUED	("X" BOX FOR ATTACHMEN	T)
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shates	Class/Series	Par Value
600 SHS NO PAR V	VALUE		600	common	no na c
		ner the President, Vic	600 e President, Secretary, As:	COMMON sistant Secretary, Treas	no p& R urer, Receiver or Tru
			Under penalty of p	perjury, 1 declare and affiri	n that I have examined

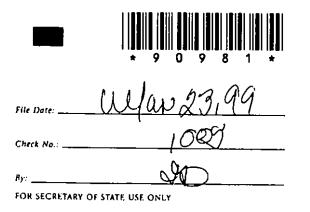


James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORF	ORATION y 1-March 1 •	ANNUAL RI Filing Fee: \$50.00	EPORT FOR THE	YEAR 19	99 STOP
(FORM MUST BE TYPED IN BL. 1. Corporate ID No. 90981	ACK) 2. Name of Corpor				
3. Street Address Principal Busines: 639 Park Ave.	s Office		cny Portsmouth	State R I	Zip 02871
4. Business Phone No. 401–722–8699		5. State of incorporation RHODE ISLA	un		6. SIC Code 34
7. Brief Description of the Characte Construction	er of Business Conducted	in Rhode Island			
8. NAMES AND ADDRES President Name Michele Potts	SSES OF THE OFF	ICERS ("X" BOX FOR ATT.	ACHMENT) FILL IN SPACES BE Vice President Name Michele Pot		CHMENTS
Street Address 639 Park Ave.			Street Address 639 Park Ave.		
chy Portsmouth	State RI	7.ip 02871	: chy Portsmouth	State R I	^{Zip} 02871
Secretary Name Michele Potts			Treasurer Name Michele Potts	• • •	• • • • • • • • • • • • • • • • • • • •
Street Address 639 Park Ave.			Street Address 639 Park Ave.		
ony Portsmouth	State R I	02871	Portsmouth	State RI	^{′ zip} 02871
9. NAMES AND ADDRES Director Name Michele Potts	SSES OF THE DIR	ECTORS ("X" BOX FOR A	TTACHMENT) FILL IN SPACES E	BEFORE USING ATT	
Greet Address 639 Park Ave.			Street Address		
city Portsmouth	State R I	^{Zip} 02871	City	State	Zip
Director Name		•••	Director Name		• • • • • • • • • • • • • • • • • • • •
itreet Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZE	D (*X* BOX FOR ATT	ACHMENT)	11. SHARES ISSUED (*x*	BOX FOR ATTACHMEN	TT) _
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value

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

600



600 SHS NO PAR VALUE

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

common

no par

michela	Citio	2/27/99
Signature of Officer	Pathe	Dute president
Print or Type Name of Offi	cer	<u></u>



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 491-277-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998

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

(FORM MUST BE TYPED IN BLACK)

L. Corporate ID \$0981

² A.M.S. Development Corp.

3. Stre	eet Address Principal Business 639 Park Av	Office 'e •		^{Cin} Portsmouth	State R I	^{zig} 02871
4. Bus	4. Business Phone No. 401-722-8699		' AHODE ISLAN	D		6. SIC CO034
7. Bric	of Description of the Character Constructio		in Rhode Island			
8. N	AMES AND ADDRESS	SES OF THE OFF	ICERS ("X" BOX FOR ATTAC	HMENT)		
Preside	ent Name			Vice President Name		
	Michele Pot	ts		Michele Potts		
Street Address 639 Park Ave.				Street Address 639 Park Ave.		
City	Portsmouth	State R I	02871	cny Portsmouth	State RI	^{Zip} 02871
Secretary Name Michele Potts				Treasurer Name Michele	Potts	
Street	cet Address 639 Park Ave.			Street Address 639 Park Ave.		
City	Portsmouth	State R I	^{z_{1p}} 02871	City Portsmouth	State RI	^{Zip} 02871
	or Name		ECTORS ("X" BOX FOR ATT	ACHMENT) Director Nume		
	Michele Pot	ts				
Street /	Address 639 Park Av	e.		Street Address		
City	Portsmouth	State R I	02871	City	State	Zip
Duecto	or Name		•	Director Name	•	
Street Address				Street Address		
City		State	Zip	City	State	Zip
	HARES AUTHORIZEI) (*X* BOX FOR ATT	ACHMENT)	11. SHARES ISSUED ("X	* BOX FOR ATTACHMENT	7
Numbe	er of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600 SHS NO PAR VALUE				600	common	no par

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

	* 9 0 9 8 1 *
File Date.	5-13-98
Check No ·	1003
By FOR SECRETARY OF	_ <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 herein are true and correct.

Signature of Officer	Petto	5-8-98
N/ 2 - 1 - 1		

Michele	Potts,	President	
Print or Type Name of Offi			

Title of Officer



(FORM MUST BE TYPED IN BLACK)

James R. Lungevin, 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

STOP:
PLAN READ
INSTRUCTIONS
BLIORE
COMPLITING
THIS FORM

1. Corporate ID No. 2. Name of Corporation 90981 A.M.S. Development Corp. 3 Street Address Principal Business Office City State Zip 118 Jane Street N. Prov. 02904 RΙ 4. Business Phone No. State of Incorporation 6 SIC Gode **RHODE ISLAND** 401-722-8699 0034 7. Brief Description of the Character of Business Conducted in Rhode Island Construction 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) President Name Vice President Name Michele Potts Michele Potts Street Address Street Address 118 Dutchess Ave. 118 Dutchess Ave. Zip N. Prov. RΙ 02904 02904 N. Prov. RI Secretary Name Treasurer Name Michele Potts Michele Potts Street Address Street Address 118 Dutchess Ave. 118 Dutchess Ave. City State N. Prov. RI 02904 02904 Ν. Prov. RΙ 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name Director Name Michele Potts Street Address Street Address 118 Dutchess Ave. City State Zip N. Prov. 02904 RI Director Name Director Nume Street Address Street Address City State Zip City Zip State 10. SHARES AUTHORIZED AND ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Scries Par Value Number of Shares Class/Series Par Value

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



Check No. 043/

FOR SECRETARY OF STATE USE ONLY

600 SHS NO PAR VALUE

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 begin are true and correct

common

no par

Signature of Officer

Michele Potts

Print or Type Name of Officer

Pr<u>es</u>id<u>e</u>nt

Title of Officer

600