

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

Matthew A. Brown, Secretary of State

Corporations Dursson 100 North Main Street Providence, RI 02003-1335 401-222 3040

PROFIT CORPO Filing Period: January 1 - 1 (FORM MUST HE TYPED OR PRI	March I • I	NNUAL REPOR	T FOR THE YE	AR 200	05	
1 Corporate II3 No <b>43281</b>	2 Name of Corpo JOE DYNA	STY RESOURCES INC.		13		
3 Succet Address Principal Business Office 709 METACOM AVE			BRISTOL	State RI	02809	
(401) 253-1179 State of Incorporation Rhope ISLAND				•	6 SIC Code <b>7658</b>	
7 Brief Description of the Chairsete ACCOUNTING AND BO	r of Business Conducte OOKKEEPING SER	d in Rhode Island RVICES				
8. NAMES AND ADDRESSE Provident Name PATRICIA			Vice President Name	N SPACES BEFORE USIN		
specialdress TOUI.	SSET R		Street Address 700	JISSET RI	D	
WARREN	State R1	02885	WARREN	State R1	02885	
Nex retary Name			Treasurer (Same			
Street Address			Street Address			
City	State	Zip	Сиу	State	Zip	
Street Address  City State Zip			Director Name  Street Address  City State Zip			
Director Name	J		Director Name			
Street Address			Street Address			
Си <sub>1</sub>	State	Zip	Сиу	State	Zφ	
10. SHARES AUTHORIZED ACTIORIZED SHARES	("X" BOX FOR	 AITACHMENT) [	11. SHARES ISSUED ISSUED SHARES	("X" BOX FOR ATTAC	HMENT)	
Number of Shares	Class/Somes	Par Value	Number of Shares	Class/Series	Par Value	
5,000 NO PAR VALUE	<u> </u>	NPV	NONE			
This report must be	signed in ink by	either the President, Vice	including any acco	perjury, I declare and affirm ompanying schedules and st	that I have examined this repartements, and that all statem	
File Date	27	-	Fatal Signature of Officer		1/14/05 Date	
By:	2		PATRICII Print or Type Name	of Officer	<u> </u>	
FOR SECRETARY OF STATE USE ONLY			PRESIDE Tule of Officer	:N1	<u> </u>	



FOR SECRETARY OF STATE USE ONLY

### 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 CORPO Filing Period: January 1 - N (FORM MUST BE TYPED OR PRI	farch 1 • F		T FOR THE YEA	R200	)4
1 Corporate ID No.	2. Name of Corpon			<u> </u>	
43281 3 Street Address Principal Business		TY RESOURCES INC.	Les .	State	Zip
709 MET	• .	E	BRISTOL	RI	02809
4 Business Phone No. (401) 253-1179  State of Incorporation RHODE ISLAND					6. SIC Gode 7658
7. Brief Description of the Character ACCOUNTING AND BO	of Business Conducted OKKEEPING SERV	f in Rhode Island /ICES			
8. NAMES AND ADDRESSE:	S OF THE OFFICE	ERS: ("X" BOX FOR ATT	Vice President Name	SPACES BEFORE USIN	IG ATTACHMENTS
PATRICIA	A. JOE		ALEXANDE	R H. JOE	
Sircel Address 178 TOUISSI			Sireci Address 178 Touiss		
WARREN	State RI	02885	WARREN	State RI	02885
Secretary Name		L	Treasurer Name	I	
Street Address			Street Address	·· -	
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSE: Director Name Street Address	S OF THE DIREC	TORS: ("X" BOX FOR A	TTACHMENT)	N SPACES BEFORE US	ING ATTACHMENTS
Siret Address			Suffi Vanue		
City	State	Zip	City	State	Zip
Director Name	••••••••••	••••••	Director Name		
Since Address			Street Address		
City	State	Zíp	City	State	Zip
10. SHARES AUTHORIZED AUTHORIZED SHARES	("X" BOX FOR	 ATTACHMENT) []	: 11. SHARES ISSUED (	 ("X" BOX FOR ATTAC	HMENT) [
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
5,000 NO PAR VALUE	С	NPV	None		
This report must be	signed in ink by	either the President, Vice	President, Secretary, Assist	ant Secretary, Treasure	r. Receiver or Trustee
	. 3 2 8 1		including any accor	npanying schedules and s	that I have examined this reportatements, and that all statemen
File Date 2 30 C	) (		contained herein and	e true and correct.	2/17/04
15x01 inx71	•		Signature of Officer		Date
Check No	· <u>-</u>	<del></del>	PRITRICIA Print or Type Name	A. JOE	
In IN		i	i cira ar 15pc riant	-, -u:	

PRESIDENT

Edward S. Inman, III. Secretary of State Corporations Division

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

### 2003

(FORM MUST BE TYPED OR PRINT	TED IN BLACKI				
1. Corporate ID No.	2. Name of Corpora	ation			<u></u>
43281	JOE DYNA	STY RESOURCES INC.			
3. Street Address Principal Business 709 METACON			BRISTOL	State	<sup>zi</sup> ρ ο28 <i>ο</i> 9
4. Business Phone No.		5 State of Incorporation			6 SIC Code
(401) 253-1	179	RHODE ISLAND			7658
2. Brief Description of the Character ACCOUNTING AN			INCLUDE MORTGA	ges and various	
8. NAMES AND ADDRES	SES OF THE OFF	ICERS ("X" BOX FOR ATTACE	(MENT) FILL IN SPACES	S BEFORE USING ATTA	CHMENTS
President Name PATRICIA	A. JOE		Vice President Name ALEXANDER	e H. Joe	
Street Address 178 TOULSS	ET RD		Street Address Toul S	SET RD	
City WARREN	StateRI	02885	WARREN	State RI	<sup>Zip</sup> 02885
Secretary Name			Treusurer Name	•	
Street Address			Street Address		
City	State	Zıp	City	State	Zip
9. NAMES AND ADDRES	SES OF THE DIR	ECTORS ("X" BOX FOR ATTA	CHMENT) FILL IN SPAC Director Name	CES BEFORE USING AT	IACHMENTS
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		•
Street Address			Street Address		
City	State	Zıp	City	State	Zıp
10. SHARES AUTHORIZE AUTHORIZED SHARES	D (*X* BOX FOR ATT	'ACHMENT)	11. SHARES ISSUED ISSUED SHARES	(-x* box for attachmen	<i>IT</i> )
Number of Shares	Class/Series	Pur Value	Number of Shares	Class/Series	Par Value
5,000 NO PAR VALUE	C	NPV	NONE		

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

NONE

	* 4 3 2 8 1 *
File Date:	1.17.03
Check No.:	806
Ву	OF CHESTATE LISE COLUN

Under penalty of	f perjury, I declare and affirm	that I have examined
this report, inclu	ding any accompanying schee	dules and statements, an
that all statemen	its contained herein are true a	ind correct
$\mathcal{P}_{\mathcal{T}}$	- Jas	1/15/03
Jakee Agnature of Officer	es a go	Date

PATRICIA	Ą.	JOF		
Print or Type Name of (	fficer			

PRESIDENT Title of Officer

Form 630 12/02



(FORM MUST BE TYPED IN BLACK)

Edward S. Inman, 111, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335

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

401-222-3040

	* 4 3 2 0 1 *	
File Date:	4.30.02	
Check Na.:	756	
Ву:	de	•
FOR SECRETARY O	F STATE USE ONLY	

AUTHORIZED SHARES

5,000 NC PAR VALUE

Number of Shares

1. Corporate ID No. 2. Name of Corporation 43281 JOE DYNASTY RESOURCES INC. 3. Street Address Principal Business Office City Zip 709 METACOM AVE BRISTOL RI 02809 4. Business Phone No. 5. State of Incorporation 6. SIG Code 7658 (401) 253-1179 RHODE ISLAND 7. Brief Description of the Character of Business Conducted in Rhode Island ACCOUNTING AND BOOKKEEPING SERVICES TO INCLUDE MORTGAGE AND VARIOUS FINANCIAL SERVICES 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name PATRICIA A. JOE ALEXANDER H. JOE Street Address Street Address 178 TOUISSET RD P O BOX 5109 State Zip State Zip 02885 WARREN RI NEWPORT RI 02841 Secretary Name Treasurer Name Street Address Street Address City Zip State City State Zip 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 Zip City Zip Director Name Director Name Street Address Street Address City 7.1p State Zio 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)

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

NPV

ISSUED SHARES

Number of Shares

NONE



Class/Series

this report, including any accompanying	ng schedules and statements, as
that all statements contained herein an	••
Patricia Alo	e 1/2/2001
Signature of Officer	Date
PATRICIA A. JOE	
Print or Type Name of Officer	

Under penalty of perjury, I declare and affirm that I have examined

Class/Serles

Far Value

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: Innuary 1-March 1 • Filing For \$50.00

Filing Period: Januar		Filing Fee: \$50.00			INSTRUCTION		
FORM MUST BE TYPED IN BL 1. Corporate ID No.		ion		<u></u>			
0043781	OOU 3081 JOE DYNASTY RESOURCES INC						
3 Street Address Principal Business Office 709 METACOM AVE			City BRISTOL	State RI	<sup>Zip</sup> 07809		
4. Business Phone No. (401) 253-1179  State of Incorporation RHODE IS					6. SIC Code 7658		
7. Brief Description of the Charact ACCOUNTING A							
	SSES OF THE OFFI	CERS ("X" BOX FOR ATT	ACHMENT) DFILL IN SPACES	BEFORE USING ATTA	CHMENTS		
PATRICIA A.	JOE		Vice President Name ALEXANDER	H. JOE			
Street Address P O BOX 51091	m.		P O BOX 510	09			
Çitv	State	Zip	City	State	Zip		
NEWPORT	RI	02841	NEWPORT	RI	02809		
Secretary Name			Treasurer Name		<del>11</del>		
Street Address		Street Address					
City	State	Zip	City	State	Zip		
9. NAMES AND ADDRE	SSES OF THE DIR	CTORS (*X* BOX FOR A	TTACHMENT) DFILL IN SPACE	ES BEFORE USING ATT	TACHMENTS .		
Director Name		•	Director Name				
Street Address			Street Address				
City	State	Zip	City	State	Zıp		
Director Name			Director Name				
Street Address	<del></del>		Street Address				
City	State	Zip	City	State	Zip		
			11 CHAPPE ICCUPA	,			
10. SHARES AUTHORIZ  AUTHORIZED SHARES	ED ("X" BOX FOR ATT	ACHMENT) U	11. SHARES ISSUED (	"X" BOX FOR ATTACHMEN	<u> </u>		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value		
5000	C	, NPV	NONE				
This report must be sig	ned in ink by eit	ner the President, Vi	ce President, Secretary, Ass	istant Secretary, Trea	surer, Receiver or Trust		

File Date:	5-4-01	
rne <i>Date</i> :	705	
Check No.:		
Ву:	de	
By:FOR SECRETARY O	F 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.

agano

Signature of Officer

ALEXANDER H. JOE

Print or Type Name of Officer VICE PRESIDENT



### 40

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

(FORM MUST BE TYPED IN BL	ACK)				(Institute of
1. Corporate ID No.	2. Name of Corpor				
0043281 3. Street Address Principal Busines 709 METACOM	s Office	YNASTY RESOURC	ES INC CILBRISTOL	State R I	<sup>zi</sup> ∽ <b>*◊</b> 2809
4. Business Phone No.  (401) 253-11  7. Brief Description of the Charact  ACCOUNTING A	er of Business Conducted		n		6. SIC Code 7658
8. NAMES AND ADDRES President Name PATRICIA A.	SSES OF THE OFF		ACHMENT) Vice President Name ALEXANDER H	. JOE	
Street Address P. O. BOX 51			Street Address P 0. BOX 5	109	
NEWPORT	State RI	02841	NEWPORT	State RI	<sup>Zip</sup> 02841
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zíp	City	State	Zip
9. NAMES AND ADDRES Director Name	SSES OF THE DIR	ECTORS (*X* BOX FOR AT	TACHMENT) Director Name		<i>.</i> `
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Rame			Director Name	•	
Street 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	T)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
5000	С	NPV	NONE		

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

	5/8/00	
ille Date:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_
Check No.;	652	_
By:	<u>a</u>	
	OF STATE USE ONLY	

Under penalty of perfury, 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

Signature of Officer

ALEXANDER H. JOE

VICE PRESIDENT



## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

STOP PLIASE READ ENSERCETIONS

riiing rerioa: janua	ry 1-march 1 •	Filing Fee: \$50.00	,		INSTRUCTIONS
(FORM MUST BE TYPED IN B	BLACK)				
1. Corporate ID No. 0043281	2. Name of Corpor JOE DYN	ation IASTY RESOURCI	ES INC		
3. Street Address Principal Busin 709 METACOM			cov BRISTOL	State RI	zı, 02809-1533
4. Business Phone No. (401) 253-1	179	5. State of Incorporate RHODE IS			6. SIC Code 7658
7. Brief Description of the Charac ACCOUNTING	•	in Rhode Island PING SERVICES	5		
8. NAMES AND ADDR	ESSES OF THE OFF	ICERS ("X" BOX FOR AT			
President Name PATRICIA A.	JOE		Vice President Name ALEXANDER H.	. JOE	
F. O. BOX 5			Street Address P. O. BOX 53	109	
NEW PORT	State RI	<sup>zip</sup> 02841	NEWPORT	State RI	<sup>zip</sup> 02841
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
D. NAMES AND ADDRI Director Name	ESSES OF THE DIR	ECTORS ("X" BOX FOR A	ATTACHMENT) Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Strector Name			Director Name		
treet Address			Street Address		
City	State	Zip	City	State	ZIp
IO. SHARES AUTHORIZ	ZED ("X" BOX FOR AT	FACHMENT)	11. SHARES ISSUED (	"X" BOX FOR ATTACHMEN	<i>IT</i> ) .
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
5000	С	NPV	NONE		

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

	- 1 00	
File Date:	5-4-99	
Check No.: _	599	
By:	AMF	
, <u></u>	ARY 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.

Date

Potential Color 5/1/3

Signature of Officer

DATIDICIA A TOE

PATRICIA A. JOE

PRESIDENT



## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998

Filing Period: January 1	-March J • Fi	ling Fee: \$50.00			INSTRUCTIONS
(FORM MUST BE TYPED IN BLACI					
0043281	JOE DYNA	STY RESOURCES	SINC		
3. Street Address Principal Business Of 709 METACOM AV			City BRISTOL	State RI	zip 02809-1533
4. Business Phone No. (401) 253-1179		5. State of Incorporation RHODE ISI	LAND		6. SIC Code 7658
7. Brief Description of the Character of ACCOUNTING AND					
8. NAMES AND ADDRESSE	ES OF THE OFFICE	RS ("X" BOX FOR ATTACH	MENT)	•	
PATRICIA JOE			Vice President Name ALEXANDER JOE		
P. O. BOX 5109	)		P. O. BOX 5109		
NEWPORT	State RI	02841	NEWPORT	State RI	02841
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSE Director Name	ES OF THE DIRECT	ORS ("X" BOX FOR ATTAC	CHMENT) 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 AUTHORIZED SHARES	("X" BOX FOR ATTACH	MENT)	11. SHARES ISSUED (*x* B	OX FOR ATTACHMENT)	
Number of Shares	Class/Serles	Par Value	Number of Shares	Class/Serles	Par Value
5000	С	NPV	NONE		

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

File Date:	3.78.9\$	
Check No.:	s43	Tell ji
Ву:	100	
FOR SECRETA	RY OF STATE USE ONLY	1

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 ALEXANDER

Print or Type Name of Officer VICE PRESIDENT



### 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.

2. Name of Corporation

0043281

JOE DYNASTY RESOURCES INC

3. Street Address Principal Business Office

709 METACOM AVE
4. Business Phone No.
(401) 253-1179

City

BRISTOL

State RI

<sup>Zip</sup> 02809-1533

RHODE ISLAND

5. State of Incorporation

6. SIC Code

MP

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

ACCOUNTING AND BOOKKEEPING SERVICES

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

President Name DATDTのT

PATRICIA JOE

P. O. BOX 5109

Vice President Name

ALEXANDER JOE

Street Address

Treasurer Name

P. O. BOX 5109

NEWPORT

State

02841

NEWPORT

State R I <sup>Zip</sup> 02841

Secretary Name

Street Address

Street Address

Street Address

City

City

City

State

State

Zip

City

State

Zip

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

Director Name

Director Name
Street Address

Street Address

City

State

Zip

Director Name

Director Name

Zip

Street Address

State

Zip

City

Street Address

State

Zip

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

AUTHORIZED SHARES Number of Shares

Class/Series

Par Value

ISSUED SHARES
Number of Shares

Class/Series

Par Value

5000

С

NPV

NONE

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

File Date: 4/8/9

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

PATRICIA A. JOE

PRESIDENT

### **PROFIT CORPORATON 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

PLEASE TYPE OR PRINT IN BLACK INK.

1 CORPORATE ID NO	2 NAME OF CORPORATION	TELAGE THE OF	TTIMT IN DENOK IIIK.		
0043281	-	NASTY RE	SOURCES INC	CTATE	***
3 STREET ADDRESS PRINC PAU BUSINESS O			CITY	STATE	ZIP CODE
709 METACON		STATE OF INCORPORATION	BRISTOL	RI	6 SIC CODE
(401) 253-1	179	RHODE ISLA	ND		7658
7 BP EF DESCRIPTION OF THE CHARACTER O					,000
ACCOUNTING	SERVICES				
	8. NAMES	AND ADDRES	SES OF THE OFF	ICERS	
PRESIDENT NAME			VICE PRESIDENT NAME	1	
PATRICIA J	OE.		·• • ·	JŒ	
P.O. Box 5109	9		PO.BOX 5109		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
NEWFORT	RI	02841	NEWPORT	RI	02841
SECRETARY NAVE			TREASURER NAME		
STREET ADDRESS			STREET ACORESS		
CITY	STATE	7IP CCDE	CT	STATE	ZIP CODE
	9. NAMES A	ND ADDRES	SES OF THE DIR	ECTDAS	
DIRECTOR NAME			DIRECTOR NAME	LOTORS	
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP COCE
DIRECTOR NAME			OIRECTOR NAME		
STREET ADDRESS			STREET ADURESS		
CITY	STATE	ZIP CODE	cı∼	STATE	ZIP CODE
	1 D. S.H.	ARES AUTHO	RIZED AND ISSU	£ D	
1	AUTHORIZED SHARES		NAC 133U	ISSUED SHARES	
NUMBER OF SHARES		PAR VALUE	NUVBER OF SHARES	CLASS / SERIES	PAR VALUE
5000	C	NO PAR VALUE	NONE		

This report must be SIGNED IN INK by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date: Check No:

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

Print or Type Name 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: 0043281	Annual Report	for the year: 1994	
Name of Corporation: JOE DYNASTY RESC Business entity organized under the laws of the State of: RHODE For foreign entity, address and telephone number of principal office:	SLAND Business Er  [X] Busine  [ ] Profes  Brief staten	ntity is (check one): ess Corporation (See RIGL Chapte sional Service Corporation (See R	IGL Chapter 7-5.1)
Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):  709 METACOM AVE BRISTOL, RI 02809		AL AND BUSINESS TA	X PREPARATION
Phone: (508)679-1331			
PRESIDENT THE NAME	OF THE OFFICERS	ARE	<del></del>
PATRICIA A. JOE P.O. BOX 510	TREET ADDRESS ,	CITYSTATE WPORT RI	21 CODE
/ · m/a · a a l l l · e =		CITYSTATE  CITYSTATE	21P CODE 02809 21P CODE
ALEXANDER H JOE 709 MET	OF THE DIRECTOR	CITYSTATE SCISTOL RI S ARE:	ZIP CODE 02809
NAME	TREET ADDRESS	CITY/STATE	ZJP CODE
NAME		CITY/STATE	ZIP CODE
	TREET ADDRESS	CITYSTATE	ZIP CODE
NUMBER OF SHARES AUTHORIZED (Rider may be attached)	NUMBER OF SE	IARES ISSUED AND OUTSTANDIN	NG (Rider may be attached)
Number of Shares Class / Series  5000 C	Number of Shar	es Class / Series	
Date 20 APRIL	y Policie	ci. Joe	
Form 31 1/95	INTOR TAIL NAME OF OFFICER		
DESIGNATED REGISTER	_	ICE OF PROCESS.	<del></del>
PLEASE NOTE: If the registered office and/or registered agent indicate	d below is incorrect, Form	9 must be filed.	

NONE

FILED MAY 0 1 1995 By 430 Filing 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

	8261		199	4
Corporate ID:			port for the year:	<del></del>
Name of Business Entity:				
		Rusine	ss Entity is (check one):	
Business entity organized under the laws	of the State of:		■ Business Corporation (See RIGL Ch	apter 7 1 1)
Federal Taxpayer Identification Number.			Professional Service Corporation (Se	*
For foreign entity, address and telephone	number of principal office	1	1 Limited Liability Company (See RIC	DL 7-16)
	-		fille and mailing address of contact person	n to whom
		_	inications may be directed  EXANDER JOE	
		•	E PRESIDENT	
Phone: ()		; —	· Bax 5109	
Address and telephone of the principal of	fice of business entity in Rho	1	NPORT. RI 0284)	
Island (Provide street address   Not P.O. E	·	1/	tatement of the character of business cond	ucted in Rhode Island:
709 METACOM AVE		<u>Ac</u> c	OUNTING SERVICES	
BRISTOL, RI 02	<u>809</u>			
		Date of	f Organization:	
Phone. (401) 253-1179		Date of	Qualification to do business in Rhode Is	and (if foreign entity)
		'	·	<del></del> -
	THE NAM	MES OF THE OFFIC	ERS ARE:	
PATRICIA JOE		STREET ADDRESS	CITYSTATE DIS	zecoos 02841
CHIÉF OPERATING OFFICER OR WE VICE PRE	SIDESTICKLOSE	X 5109 STREET ADDRESS	NEWPORT, RI.	ZIPCODE
ALEXANDER JOE		× 5109	NEWPORT, RI	OZ841
☐ CUSTOMAN OF RECORDS OR ☐ SECRETARY	/ (Check One)	STREET ADDRESS	CHYSTAIR.	ZIP COD:
CHIEF FINANCIAL OFFICER OR 🚍 TREASURE	ER (Check One)	STREET ADDRESS	CLTYSTATI'	ZIF CODE
NAME	THE NAM	ES OF THE DIRECT STREET ADDRESS	CITYSTATE	WECO:W
NONE				
NAME		STREET ADDRESS	CITYATATE	Z:P CGIX
NAME	· -	STREET ADDRESS	CHANAIF	ZiP COD)
		. ,		
NUMBER OF SHARES AUTHORIZE	D (If Applicable)	NUMBER	OF SHARES ISSUED AND OUTSTAN	iDING (If Applicable)
NUMBER 5000		NUMBER		
CLASS C		CLASS		
CLASS C		CLASS		
SERIES		SERIES		
PAR VALUE OR NO PAR VA	ALLIE	PAR VAI	.UE OR	
WITHOUT PAR		WITHOU	T PAR	<u></u>
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Date 1 MARCH	19 94	By stige	and the De	
8.7	The same of the sa	4. m. a	-2 1	
3 	- 0 100A	ALEXANDA CHORINA PRITRO PIRO		<del></del> · -
W. J.	7 0 1 1-1	VICE PRE		
3) O	9 2 1894 BCheck #370	TITLE DE DESCER SIGNING		
Form 31 - 194				
DESIGNA	TED REGISTERED O	OR RESIDENT AGES	NT FOR SERVICE OF PROCESS:	

## State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID 004 32	81	Annual Report for the y	rear 1993
FIRST: The name of the	corporation is JOE	DYNASTY RESOURCES, M	NC
Second: It is incorpora	ted under the laws of	RHODE ISLAND	
THIRD: Character of bu	siness, briefly stated, is	INDIVIDUAL AND COMMER	CIAL ACCOUNTING
FOURTH: If foreign corp	poration, address of its p	rincipal office. NOT APPLICABLE	
FIFTH: Business address	in Rhode Island 709	METACOM AVE, BRISTO	DL, RI 02809
SIXTH: Names and addi	resses of its directors and	Officers: Address (including numb	(Attach rider if necessary) per, street, zip code)
	Director  Director		
PATRICIA A. JOE		709 METACOM AVE, B	RISTOL, RI 02809
ALEXANDER H. JOB	Vice Preside	ent 711 METACOM AVE, BI	astol, ri 02809
ALEXANDER H. LOE	Treasurer	711 METACOM AVE, BRI	STOL , RI 0 2809
SEVENTH: Number of S	hares authorized:	Series	Par Value or statement that shares are without
5000	C	Series	par value NO PAR VALUE
Eіднтн: Number of Sha	ares issued:	PAID	Par Value or statement that
No. of Shares	Class	APR 2 0 1993 Series SEC'Y OF STATE	shares are without par value
Dated APRIL 17	19 .!	JOE DYNASTY RESOLUTION  (Name of Corporation)  By Slipauluk	ecos, luc
(Report must be signed		Title VICE PRESIDENT	J

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

5M#270

Annual Report for the year 1992  JOE DYMASTY RESOURCES INC  HODE ISLAND  NOIVIDUAL AND BUSINESS TAX  ipal office NOT APPLICABLE
NDIVIDUAL AND BUSINESS TAX
ipal office. NOT APPLICABLE
BOX 5109 NEWIDET, RI 02841
Address (including number, street, zip code)
POBOX 5109 NEWPORT RI 02841
709 METACOM AVE, BRISTOL, RI 02800
709 METACONI AVE, BRISTOL RI 02809
Par Value or statement that shares are without
EB 2 6 1992 NO PAR VALUE
C'Y OF STATE
Par Value
Or statement that shares are without Series par value
,
OF DYNASTY RESOURCES, INC

(Report must be signed by an officer)

To be filed annually between January 1st and March 1st

## State of Rhode Island and Providence Plantations

The state of the s

CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

porate ID00432		Annual Report for the yea	
First: The name of the c	corporation is	JOE DYNASTY RESOURC	ES INC.
Second: It is incorporate	ed under the laws ofRH	DOE ISLAND	
THIRD: Character of busi	iness, briefly stated, is/NOW	UIDUAL AND BUSINESS	INCOME TAX
PREPARATION			
FOURTH: If foreign corpo	oration, address of its princip	al office. NOT APPLICABLE	
FIFTH: Business address i	in Rhode Island P.O. Box	5109, NEWPORT,	RI 02841-510
SIXTP: Names and addre	esses of its directors and offic	ers: Address (including numbe	(Attach rider if necessar r, street, zip code)
	Director		
	Director	•••••••••••••••••••••••••••••••••••••••	
	Director	•••••	•••••
PATRICIA A. JOE	President	50 BOYDEN BLVD, E	AST PROVIDENCE, RI C
ALEXANDER H. JOE		50 BOYDEN BLVD, EA	IST PROVIDENCE, RI D
••••			
	Secretary		
ALEXANDER H. JOE		50 BOYDEN BLVD, EAS	r Providence . RI 02
		50 BOYDEN BIND, EAS	Par Value or statement that shares are without
	Treasurer	Senies	Par Value or statement that
SEVENTH: Number of S	hares authorized:		Par Value or statement that shares are without par value
SEVENTH: Number of S	hares authorized:	Series	Par Value or statement that shares are without par value NO PAIL VALUE  Par Value or statement that
SEVENTH: Number of SI	hares authorized:	Series PAID	Par Value or statement that shares are without par value  NO PAR VALUE  Par Value or statement that shares are without

## State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0043281		Annual Report for the	e year <u>1990</u>
FIRST: The name of the corp	oration is	JOE DYNASTY RESOURC	ES INC
Second: It is incorporated u	nder the laws of	RHODE ISLAND	
THIRD: Character of business		INDIVIDUAL AND BUSINES	S INCOME TAX
		rincipal office. Nor Applicas	Œ
FIFTH: Business address in R	hode Island 50	BOYDEN BLVD. EAST ACU	VIDENCE RI
SIXTH: Names and addresses	Office	Officers: Address (including nu	(Attach rider if necessary
			······································
			•••••••••••••••••••••••••••••••••••••••
PATRICIA A JOE	· = -	50 BOYDEN BLVD, EAST	
		N SO BOYDEN BLUD, EAST A	
ALEXANDER H. JOE	Secretary Treasurer		MONIDENCE, RI OZ915-
SEVENTH: Number of Shares a		PAID	Par Value or statement that shares are without
5000	Class C	MAR 0 2 1990	par value  NO PAR VALUE
EIGHTH: Number of Shares iss	ued:	SEC'Y, OF STATE	Par V.A.
No. of Charac	lass	Series	Par Value or statement that shares are without par value
$\wp$			
Dated 2/28	• • • • • • • • • • • • • • • • • • • •	JOE DYNASTY RESOURCE	es, luc.
(Report must be signed by an of	By.	le VICE PRESIDENT	July 1

Form 31 1/85

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

Corporate ID	043281	Annual Report for the	year 1988
FIRST: The name	e of the corporation is	JOE DYNASTY RESOURCES INC.	
SECOND: It is inc	corporated under the laws of	of Rhode Island	
THIRD: Characte	er of business, briefly stated.	is Tomanecal serve	ices
FOURTH: If foreign	gn corporation, address of i	its principal office	
FIFTH: Business a	address in Rhode Island	50 Boyden Blud.	East Trou Po
Name	nd addresses of its directors	ce Address (including nur	(Attach rider if necessary)
	Director		
	<b>D</b> :		
PATRICIA A		,	DI / 1. 0
AlexANDER		esident SAME as as	Blud Enlew 029
	Secretar	y	
·····	Treasure	•	
SEVENTH: Number	er of Shares authorized: 6		Par Value
No. of Shares	Class	Series	or statement that shares are without par value
5000	C		NO PAR VALUE
EіGнтн: Number	of Shares issued: Ø		Par Value
No. of Shares	Class	Series PAILD	or statement that shares are without par value
Pated 1/38	19 89	FEO 221989 Loe Dynusty Resource	as Tues
-accu	17 <u></u>	(Name of Corporation) /	
(Report must be	signed by an officer)	By Patricis a.	Jo

1. 17		and and Providence Pla	January 1st and Marc utations
15	270	RPORATIONS DIVISION WESTMINSTER MALL NCE, RHODE ISLAND 02903	
orporate ID	3281		the year 1987 /
FIRST: The na	me of the corporation is	JOE DYNASTY RESOURCES	·
·····	<u>-</u>		•••••••••••••••••••••••••••••••••••••••
SECOND: It is		of RHUDE ISLAND	
		d, is AccountiNG AND 7	
FOURTH: If fo	reign corporation, address of	f its principal office	
	·······		
Fifth: Busines	s address in Rhode Island	711 METERCOM AVENUE	-
B	C15702, RI 0286	9	
SIXTH: Names	and addresses of its director	s and officers:	(Attach rider if necess
Nas	ne O(	Tice Address (including	number, street, zip code)
<i>:</i>	Directo	or	
······································	Directo	or	
	Directo	or	•••••••••••••••••••••••••••••••
PATRICIA A.	Preside	nt 50 BOYDEN BLUD, E	. PROVIDENCE, RI 029.
ALEXANDER H	· JoE Vice Pr	esident //	// //
	Secreta	ry	
ALEXANDER H	. JoE Treasur	er11	// //
SEVENTH: Num	ber of Shares authorized:		Per Value
No of Shares	Class	Series	or statement that shares are without par value
5000	· .	_	NO PARVALUE
F		PAID	
EIGHTH: Numb	er of Shares issued:	MAR 24 1988	Par Value or statement that
	Class	MAR 24 GENTE	shares are without par value
No. of Shares	· <del></del>	<b>さた</b> ん ,	$\searrow$
No. of Shares			
0	10		Medal
No. of Shares  O  ed	19	JOE DYNASTY RESO	٤,
0	19	LOE DYNASTY RESO	٤,