

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

Matthew A. Brown, Secretary of State

Corporations Durision 100 North Mani Street Providence Rl 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 OR PRINTED IN BLACK) 1. Corporate ID No. 2 Name of Gapmanen 92782 PEZCO, INC. Street Address Principal Business Office North Kingston State 28 Mason Street RI 02852 4. Business Phone No. 5 State of Incomporation 6 SIC Code 401-295-2660 RHODE ISLAND 5520 Brief Description of the Character of Business Conducted in Rhode Island THE OWNING AND MANAGING REAL ESTATE. 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name John A. Pezza same 28 Mason Street Street Address 1000 City Ζψ North Kingston 02852 RI waterder same same same Street Address Street Address Zψ State 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name John A. Pezza Street Address Street Address 28 Mason Street Citi State 7110 North Kingston 02852 Director Name Street Address Mreet Address Gib $Z\phi$ Gin State Zφ 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Class Series Pro Value Stouber of Shares Class/Series Par Value 100 NO PAR VALUE none 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 WAY

Under penalty of perjusy. Tileclare and affirm including any accompanying schedules and contained herein are true and correct.	that I have examined this reportatements, and that all statement
Suprimer of Officer/ John A. Pezza	Date
Print or Type Name of Officer President	



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

Matthew A. Brown, Secretary of State

FOR SECRETARY OF STATE USE ONLY

Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222.3040

PK	(Jŀ	ľ	Ι	CORPORATION ANNUAL	REPORT	FOR	THE VEAD
		_						THE LEAR

### Address Of The Director Name State of Incorporation State S	
Street Address Street Street Street North Kingstown RI 0 State RI 0 Morth Kingstown RI 0 State RI 0 State RI 0 Morth Kingstown RI 0 State RI 0	
28 Mason Street North Kingstown RI	
Insures Mone No. A 01-295-2660 Inter Description of the Chameter of Insulines Conducted in Rhode Island Feal estate NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENT of the Chameter of State Street Address Stree	
### Address State Address State State	02852
Treal estate NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTAC NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTAC Same Same Server Address Server Address Server Address Since Same Since Since Zup O 2852 Tressiver Nome Same Same Since Since Zup O 2852 Tressiver Nome Same Since Since Since Zup O 2852 Tressiver Nome Same Since Since Since Zup O 2852 Tressiver Nome Same Since Since Since Zup O 2852 Tressiver Nome Same Since Since Since Zup Director Name Therefore Name Therefore Name Therefore Name Therefore Name Since Since Zup Since Zup City Since Zup Since Zup City Since Zup Since Zup City Since Zup Since Zup Since Zup City Since Zup Since Zu	SIC Code
real estate NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTAC MARKES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTAC MARKES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENT) NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENT NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENT NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENT NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENT NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) Since Zup NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FO	5520
Same Same Street Address Street	CHMENTS
NOXTH Kingstown RI 02852 NOXTH Kingstown RI 02852 Trasser Name Same Same State V State Zup City State Sirver Address S	
State Stat	
NO.X.th. Kings.town RI 0.285.2 Trassurer Name Same Since Address V State 2tp City State 2tp NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENT AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENT AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENT AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) City State 2tp NO.T.T. Kingstown RI 0.2852 Director Name No.T.T. State 2tp State 2tp City State 2tp City State 2tp No.T.T. State 2tp State 2tp Thorized Shares State 2tp Thorized Shares City State 2tp Thorized Address City Stat	
NOXTH Kingstown RI 02852 State Same Same Same Same Same Same Same Same Same State Sta	
Same Same Same Same Sinver Address Street Address Street Address State Ztp City State Ztp NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENT) TODAD A. Pezza Street Address Ztp City State Ztp	
Same Same State Street Address Street Address Street Address Street Address NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENT Fill IN SPAC	• • • • • • • • • • • • • • • • • • • •
State Ztp Gty State Ztp Ztp State Ztp Ztp	
NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENT I Conn A. Pezza Evi Address 28 Mason Street V State 24 City State 24 Director Name Director Name Director Name Street Address 25 Street Address 26 City State 27 City State 28 Street Address 29 City State 29 City State 20 City State 20 City State 21 Director Name 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES miber of Shares Class/Scries Par Value Number of Shares Class/Scries Par Value Number of Shares Class/Scries Par Name Number of Shares Number of Shares Number of Shares Number of Shares Class/Scries Par Value Number of Shares Class/Scries Par Name Number of Shares Class/Scries Par Name Number of Shares Number of Shares Class/Scries Par Name Number of Shares	
NAMES AND ADDRESSES OF THE DIRECTORS: (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENT Director Name John A. Pezza	
NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENT Director Name Director Name John A. Pezza Sirect Address Sirect Address Sirect Address North. Kingstown RI 02852 Director Name Director Name North State Zip City State Street Address St	
Ion A. Pezza Visual State Vi	
Corth. Kingstown RI 02852 Director Name State Zip City State Zip State Zip City State Zip Shares Authorized ("X" BOX FOR ATTACHMENT) [11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) [15. SHARES ISSUED ("X" BOX FOR ATTACHMENT) [15. SHARES ISSUED ("X" BOX FOR ATTACHMENT) [16. SHARES ISSUED ("X" BOX FOR ATTACHMENT] [16. SHARES ISSUED	
NOrth. Kingstown RI 02852 cetter Name Director Name State Zφ City State Zip SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) [THORIZED SHARES ibber of Shares Class/Series Par Value Number of Shares Class/Series Par 100 no par value none	
State Zip State Zip State State State State City State Zip SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) In thorized shares	
State State Zip City State Zip	••••••
State State Zip City State Zip 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) THORIZED SHARES ISSUED SHARES INdeer of Shares Class/Series Par Value Number of Shares Class/Series Par Number of Shares	
SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) THORIZED SHARES Thori of Shares Class/Series Par Value To City State Zip 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES Number of Shares Class/Series Par Number of Shares To none	
SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) [11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) [ISSUED SHARES ISSU	
THORIZED SHARES IDEA SHARES I	
100 no par value none Class/Series Par	<u> </u>
none	Value
This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver	<u> </u>
This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver	
This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver	
Receiver of the Signed in link by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver	
	or Trustee
Under penalty of perjury, I declare and affirm that I have e	examined the
including any accompanying schedules and statements, an	
LO HE 17 HO Contained herein are true and egyect.	nd that all st
	nd that all st
JUL 0 8 2004 Signature of Officer	nd that all st

JOHN A PEZZA
Print or Type Name of Officer

President



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

2000

Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222.3040

Matthew A. Brown, Secretary of State

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR Filing Period: January 1 - March 1 Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BIACK) 1. Corporate ID No. 2. Name of Corporation 92782 PEZCO. 3. Street Address Principal Business Office City State 7.ip <u> 28 Mason Street</u> North Kingstown 4. Business Phone No. 02852 5. State of Incorporation 6 SIC Curle <u>401</u>-295-2660 <u>Rhode Island</u> 5520 7. Brief Description of the Character of Business Conducted in Rhode Island real estate 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name John A. Pezza same Street Address Street Address 28 Mason Street State City State Zip North Kingstown RI 02852 Secretary Name Treasurer Name same same Street Address Street Address State Zip City Zφ 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name John A. Pezza Street Address Street Address 28 Mason Street State Zip State Zip North Kingstown Director Name Director Name Street Address Street Address City State Z(p City State *7.*(p 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 none 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. File Date Signature of Officer Date JOHN A. PEZZA Print or Type Name of Officer President FOR SECRETARY OF STATE USE ONLY



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
PLE VALUE VALUE
INSTRUCTIONS

(FORM MUST BE TYPED IN	I RLACK)					
1. Corporate ID No. 92782	2. Name of Carpore PEZCO, IN			•	-	.—/
3. Street Address Principal Bus	iness Office		City	State	7:0	_
28 Maso	n Street		North Kingst	·	Zip	852
4. Business Phone No.		5. State of Incorporation	ın	Own Ki	6. SIC Code 5520	032
	d managing r	in Rhode Island eal estate	ACHMENT) (FILL IN SPACES	S BEFORE USING ATTA		~ <u>~</u>
John A. P	0773		Vice President Name			•
, Street Address	C22a		same			_
28 Mason	Ctroot		Street Address			-
City	State	7:-	-			
North Kin		Zip	City	State	Zip	
Secretary Name	gstown RI	02852		• • • • • • • • • • • • • • • • • • • •		
same			Treasurer Name			
Street Address			same			
3.000 ×200(3)			Street Address			
City	State	Zip	City	State	Zip	
John A. P	ezza	ECTORS (*x* box for a	TTACHMENT) FILL IN SPAC Director Name : Street Address	ES BEFORE USING AT	TACHMENTS	
28 Mason : Gity North Kine	State	<i>zıp</i> 02852	City	^c State	Zip	-
Director Name	gotown Ki	02032	Director Name	• • • • • • • • • • • • • • • • • • • •	****	·······
Street Address			Street Address			-
City	State	Zip	City	State	Zip	
10. SHARES AUTHORS	ZED ("X" BOX FOR ATT)	CHMENT)	11. SHARES ISSUED ("X" BOX FOR ATTACHMEN	m)	-
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value	٠
100 SHS NO PAR	VALUE		none			•
This report must be si	gned in ink by eith	er the President, Vice	President, Secretary, Ass	istant Secretary, Trea	surer, Receiver o	
	18719 18118 31911 18881 18118 1					

	* 9 2 7 8 2 *
File Date:	Mar 3, 99.
Check No.:	12187
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 berein are true and correct.

Sixnaint of Officer

Date

JOHN A. PEZZA
Print or Type Name of Officer

PRESIDENT



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

101 211 3010
STOP
PERSERIAD
PLEASE READ TANKS COLONS

2

(FORM MUST BE TYPED IN BLA	CK)				
1. Corporate ID No	2. Name of Corporat	ion			<u> </u>
92782 3 Street Address Principal Business	office PEZCO,	INC.	City	State	Zıp
28 Mason St. 4. Business Phone No.	reet	5. State of Incorporation	North Kingstow	n RI	6. SIC Code 0285
2. Brief Description of the Character	of Business Conducted in	Rhode Island			5520
real estate 8. NAMES AND ADDRESS President Name	SES OF THE OFFIC	CERS (*X" BOX FOR ATT	ACHMENT) Vice President Name		
Margaux Pez	za		Street Address		
Gity 28 Mason St.	reet	Zip	City	State	Zip
North Kingstown Secretary Name	, RI	02852	Treasurer Name		
Same Street Address			Street Address Same		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESS Director Name	SES OF THE DIRE	CTORS (*X* BOX FOR A	TTACHMENT) Director Name		
Margaux Pez:	za		Street Address		Tax constant
Giry 28 Mason St	reet	Zip	City	State	Zip = 1
North Kingston Director Name	RI	02852	Director Name		2 21 AE
Street Address			Street Address		
City	State	Zip	City	State	ين بين Zip
10. SHARES AUTHORIZEI AUTHORIZED SHARES) ("X" BOX FOR ATTA	CHMENT)	11. SHARES ISSUED	(*X* BOX FOR ATTACHMEN	(T)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100 SHS NO I	PAR VALUE		none		

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

)
	5/8/98
File Date:	— · ···/ //
Check No.:	<u> 263'816</u>
Ву	
FOR SECRETARY OF ST	ATE 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

MARGAUX PEZZA

Print or Type Name of Officer
President

Title of Officer

. J C a C



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

401-277-3040

PROFIT	CORPORATION	ANNUAL	REPORT	1997
C.11		O / L L	ALDI OILI	1///

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

2. Name of Corporation

92782

PEZCO, INC.

<i></i> ,	 Maners	rrincipai	eusiness	Office

City

State

Mason Street

North Kingstown 5. State of Incorporation

RI

02852 6. SIC Code

RHODE ISLAND

5520

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

real estate

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

President Name

Street Address

Margaux Pezza

Vice President Name

28 Mason Street

Street Address

No. Kingstown

^{Zip}02852

City

State

Secretary Nume

Treasurer Name

Street Address

same

same

Street Address

same

State

RI

Zip

City

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

Director Name

Margaux Pezza

Director Name

Street Address

28 Mason Street

Street Address

No. Kingstown

RI

02852

State

ZIp

Director Name

Director Name

Street Address

City

Street Address City

State

Zip

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

State

AUTHORIZED SHARES Number of Shares

Class/Series

Par Value

ESSUED SHARES

Number of Shares

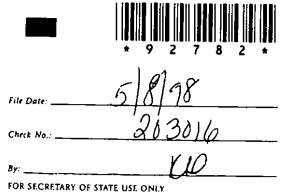
Class/Series

Par Value

100 SHS NO PAR VALUE

none

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 all statements contained herety are true and correct.

Print or Type Name of Officer President