



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 2005**

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

(FORM MUST BE TYPED IN BLACK)

|   |                  |   |   |              |                     |
|---|------------------|---|---|--------------|---------------------|
| 1. Corporate ID No.<br>93183  |                  | 2. Name of Corporation<br>Mayflower Financial Corporation |   |              |                     |
| 3. Street Address Principal Business Office<br>50 PARK ROW WEST, SUITE 102  |                  |   | City<br>PROVIDENCE                            | State<br>RI  | Zip<br>02903-       |
| 4. Business Phone No.<br>401-274-9100   |                  | 5. State of Incorporation<br>RHODE ISLAND                 |   |              | 6. SIC Code<br>3079 |
| 7. Brief Description of the Character of Business Conducted in Rhode Island<br>TO INVEST IN REAL ESTATE.                          |                  |   |   |              |                     |
| 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS  |                  |   |   |              |                     |
| President Name<br>James J. Belliveau  |                  |   | Vice President Name<br>Jeffrey A. St. Sauveur |              |                     |
| Street Address<br>5 Chachapacassett Road  |                  |   | Street Address<br>7 Agawam Road               |              |                     |
| City<br>Barrington  | State<br>RI      | Zip<br>02806  | City<br>Barrington                            | State<br>RI  | Zip<br>02806        |
| Secretary Name<br>Jeffrey A. St. Sauveur  |                  |   | Treasurer Name<br>James J. Belliveau          |              |                     |
| Street Address<br>7 Agawam Road   |                  |   | Street Address<br>5 Chachapacassett Road      |              |                     |
| City<br>Barrington  | State<br>RI      | Zip<br>02806  | City<br>Barrington                            | State<br>RI  | Zip<br>02806        |
| 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS |                  |   |   |              |                     |
| Director Name   |                  |   | 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 ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>   |                  |   |   |              |                     |
| AUTHORIZED SHARES   |                  |   |   |              |                     |
| Number of Shares  | Class/Series     | Par Value   | Number of Shares                              | Class/Series | Par Value           |
| 8,000   | \$1.00 PAR VALUE |   | 52  | COMMON       | \$1.00              |
| 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>   |                  |   |   |              |                     |
| ISSUED SHARES   |                  |   |   |              |                     |
| 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



9 3 1 8 3

\*93183 DBC 01/25/05 07:35:56 PM\*

File Date 8-10-05

Check No. 1244

By: AMF

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.

James J. Belliveau 1-26-05  
Signature of Officer Date

James J. Belliveau  
Print or Type Name of Officer

President  
Title of Officer



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

Matthew A. Brown, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004**

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 93183  
2. Name of Corporation Mayflower Financial Corporation  
3. Street Address Principal Business Office 50 PARK ROW WEST, SUITE 102  
City PROVIDENCE State RI Zip 02903-  
4. Business Phone No. 4012749100 5. State of Incorporation RHODE ISLAND 6. SIC Code 3079  
7. Brief Description of the Character of Business Conducted in Rhode Island TO INVEST IN REAL ESTATE.

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

|   |   |
|---|---|
| President Name<br>James J. Belliveau<br>Street Address<br>5 Chachapacassett Road<br>City State Zip<br>Barrington RI 02806 | Vice President Name<br>Jeffrey A. St. Sauveur<br>Street Address<br>7 Agawam Road<br>City State Zip<br>Barrington RI 02806 |
| Secretary Name<br>Jeffrey A. St. Sauveur<br>Street Address<br>7 Agawam Road<br>City State Zip<br>Barrington RI 02806      | Treasurer Name<br>James J. Belliveau<br>Street Address<br>5 Chachapacassett Road<br>City State Zip<br>Barrington RI 02806 |

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

|               |                |      |       |     |
|---------------|----------------|------|-------|-----|
| Director Name | Street Address | City | State | Zip |
| Director Name | Street Address | City | State | Zip |
| Director Name | Street Address | City | State | Zip |

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

| AUTHORIZED SHARES | Class/Series | Par Value |
|-------------------|--------------|-----------|
| 8,000             | \$1.00       | PAR VALUE |

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

| ISSUED SHARES | Class/Series | Par Value |
|---------------|--------------|-----------|
| 52            | Common       | \$1.00    |

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



9 3 1 8 3

\*93183 DBC 01/13/04 09:11:55 AM\*  
File Date 2/19/04  
Check No. 1176  
By: [Signature]  
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] 1/23/04  
Signature of Officer Date  
James J. Belliveau  
Print or Type Name of Officer  
President  
Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003**

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

(FORM MUST BE TYPED IN BLACK)

|  |  |   |             |                     |
|--|--|---|-------------|---------------------|
| 1. Corporate ID No.<br>*93183*   |  | 2. Name of Corporation<br>Mayflower Financial Corporation |             |                     |
| 3. Street Address Principal Business Office<br>50 PARK ROW WEST, SUITE 102                               |  | City<br>PROVIDENCE  | State<br>RI | Zip<br>02903-       |
| 4. Business Phone No.<br>4012749100  |  | 5. State of Incorporation<br>RHODE ISLAND                 |             | 6. SIC Code<br>3079 |
| 7. Brief Description of the Character of Business Conducted in Rhode Island<br>TO INVEST IN REAL ESTATE. |  |   |             |                     |

|  |             |   |                    |             |              |
|--|-------------|---|--------------------|-------------|--------------|
| 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS |             |   |                    |             |              |
| President Name<br>James J. Belliveau   |             | Vice President Name<br>Jeffrey A. St. Sauveur |                    |             |              |
| Street Address<br>5 Chachapacassett Road   |             | Street Address<br>7 Agawam Road               |                    |             |              |
| City<br>Barrington   | State<br>RI | Zip<br>02806                                  | City<br>Barrington | State<br>RI | Zip<br>02806 |
| Secretary Name<br>Jeffrey A. St. Sauveur   |             | Treasurer Name<br>James J. Belliveau          |                    |             |              |
| Street Address<br>7 Agawam Road  |             | Street Address<br>5 Chachapacassett Road      |                    |             |              |
| City<br>Barrington   | State<br>RI | Zip<br>02806                                  | City<br>Barrington | State<br>RI | Zip<br>02806 |

|   |       |                |      |       |     |
|---|-------|----------------|------|-------|-----|
| 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS |       |                |      |       |     |
| Director Name   |       | 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 ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |                  |           | 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |              |           |
| AUTHORIZED SHARES   |                  |           | ISSUED SHARES   |              |           |
| Number of Shares  | Class/Series     | Par Value | Number of Shares  | Class/Series | Par Value |
| 8,000   | \$1.00 PAR VALUE |           | 52  | Common       | \$1.00    |

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



\*\*93183\* 1/22/03 10:01:15 AM\*

File Date 1/22/03

Check No. 1062

By: [Signature]

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] 1/22/03

Signature of Officer Date

James J. Belliveau

Print or Type Name of Officer

President

Title of Officer



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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **93183** 2. Name of Corporation **Mayflower Financial Corporation**  
3. Street Address Principal Business Office **50 Park Row West, Suite 102** City **Providence** State **RI** Zip **02903**  
4. Business Phone No. **(401) 274-9100** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **3079**  
7. Brief Description of the Character of Business Conducted in Rhode Island

Invest in Real Estate and Real Estate Related Business

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

|  |   |
|--|---|
| President Name<br><b>James J. Belliveau</b><br>Street Address<br><b>5 Chachapacassett Rd.</b><br>City <b>Barrington</b> State <b>RI</b> Zip <b>02806</b> | Vice President Name<br><b>Jeffrey A. St. Sauveur</b><br>Street Address<br><b>219 Great Road</b><br>City <b>N. Smithfield</b> State <b>RI</b> Zip <b>02896</b>           |
| Secretary Name<br><b>Jeffrey A. St. Sauveur</b><br>Street Address<br><b>219 Great Road</b><br>City <b>N. Smithfield</b> State <b>RI</b> Zip <b>02896</b> | Treasurer Name<br><b>James J. Belliveau</b><br>Street Address<br><del>Box</del> <b>5 Chachapacassett Rd.</b><br>City <b>Barrington</b> State <b>RI</b> Zip <b>02806</b> |

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

|   |   |
|---|---|
| Director Name<br><br>Street Address<br><br>City<br><br>State<br><br>Zip | Director Name<br><br>Street Address<br><br>City<br><br>State<br><br>Zip |
| Director Name<br><br>Street Address<br><br>City<br><br>State<br><br>Zip | Director Name<br><br>Street Address<br><br>City<br><br>State<br><br>Zip |

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

| Number of Shares | Class/Series  | Par Value        |
|------------------|---------------|------------------|
| <b>8,000</b>     | <b>\$1.00</b> | <b>PAR VALUE</b> |

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

| Number of Shares | Class/Series  | Par Value     |
|------------------|---------------|---------------|
| <b>52</b>        | <b>Common</b> | <b>\$1.00</b> |

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



File Date: 1-22-02  
Check No: 10185  
By: [Signature]

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: [Signature] Date: 1-10-02  
Print or Type Name of Officer: JAMES J. BELLIVEAU  
Title of Officer: PRESIDENT



**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. **93183** 2. Name of Corporation **Mayflower Financial Corporation**  
 3. Street Address Principal Business Office **50 Park Row West - Suite 102** City **Providence** State **RI** Zip **02803**  
 4. Business Phone No. **401-274-9100** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **3079**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Invest in Real Estate and Real Estate related Business**

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

|  |  |
|--|--|
| President Name<br><b>James J. Belliveau</b>                      | Vice President Name<br><b>Jeffrey A. St. Sauveur</b>             |
| Street Address<br><b>5 Chachapacassett Road</b>                  | Street Address<br><b>219 Great Road</b>                          |
| City<br><b>Barrington</b> State <b>RI</b> Zip <b>02806</b>       | City<br><b>North Smithfield</b> State <b>RI</b> Zip <b>02896</b> |
| Secretary Name<br><b>Jeffrey A. St. Sauveur</b>                  | Treasurer Name<br><b>James J. Belliveau</b>                      |
| Street Address<br><b>219 Great Road</b>                          | Street Address<br><b>5 Chachapacassett Road</b>                  |
| City<br><b>North Smithfield</b> State <b>RI</b> Zip <b>02896</b> | City<br><b>Barrington</b> State <b>RI</b> Zip <b>02806</b>       |

**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 State Zip |
| Director Name  | Director Name  |
| Street Address | Street Address |
| City State Zip | City State Zip |

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

AUTHORIZED SHARES  
 Number of Shares Class/Series Par Value  
**8,000 \$1.00 PAR VALUE**

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

ISSUED SHARES  
 Number of Shares Class/Series Par Value  
**52 Common \$1.00**

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



\* 9 3 1 8 3 \*

File Date: 5-10-01  
 Check No.: 8120  
 By: [Signature]

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.

Jeffrey A. St. Sauveur 3/12/01  
 Signature of Officer Date

Jeffrey A. St. Sauveur, Vice President  
 Print or Type Name of Officer  
Vice President/Secretary

Title of Officer



**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. **93183** 2. Name of Corporation **Mayflower Financial Corporation**  
3. Street Address Principal Business Office **One Regency Plaza, Suite 4, Providence** City **Providence** State **RI** Zip **02903**  
4. Business Phone No. **401-274-9100** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **3079**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Invest in Real Estate and Real Estate related business**

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

|  |   |
|--|---|
| President Name<br><b>James J. Belliveau</b><br>Street Address<br><b>565 Angell Street</b><br>City<br><b>Providence</b> State <b>RI</b> Zip <b>02906</b>        | Vice President Name<br><b>Jeffrey A. St. Sauveur</b><br>Street Address<br><b>219 Great Road</b><br>City<br><b>North Smithfield</b> State <b>RI</b> Zip <b>02896</b> |
| Secretary Name<br><b>Jeffrey A. St. Sauveur</b><br>Street Address<br><b>219 Great Road</b><br>City<br><b>North Smithfield</b> State <b>RI</b> Zip <b>02896</b> | Treasurer Name<br><b>James J. Belliveau</b><br>Street Address<br><b>565 Angell Street</b><br>City<br><b>Providence</b> State <b>RI</b> Zip <b>02906</b>             |

**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           | City           |
| State          | State          |
| Zip            | Zip            |
| Director Name  | Director Name  |
| Street Address | Street Address |
| City           | City           |
| State          | State          |
| Zip            | Zip            |

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

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
**8,000 \$1.00 PAR VALUE**

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

ISSUED SHARES  
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



\* 9 3 1 8 3 \*

File Date: \_\_\_\_\_  
Check No.: \_\_\_\_\_  
By: \_\_\_\_\_  
FOR SECRETARY OF STATE USE ONLY

**PAID**  
**FEB 08 2000**  
**SECY OF STATE**

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.

Jeffrey A. St. Sauveur 2/7/2000  
Signature of Officer Date  
Jeffrey A. St. Sauveur, Vice president  
Print or Type Name of Officer  
Vice President / Secretary  
Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999**

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



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **93183** 2. Name of Corporation **Mayflower Financial Corporation**  
 3. Street Address Principal Business Office **One Regency Plaza - Suite Four** City **Providence** State **RI** Zip **02903**  
 4. Business Phone No. **(401) 861-1100** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **5553**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Real Estate Related Investments**

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

|  |  |
|--|--|
| President Name<br><b>James J. Belliveau</b>                      | Vice President Name<br><b>Jeffrey A. St. Sauveur</b>             |
| Street Address<br><b>19 Frank Street</b>                         | Street Address<br><b>219 Great Road</b>                          |
| City<br><b>Pawtucket</b> State <b>RI</b> Zip <b>02860</b>        | City<br><b>North Smithfield</b> State <b>RI</b> Zip <b>02896</b> |
| Secretary Name<br><b>Jeffrey A. St. Sauveur</b>                  | Treasurer Name<br><b>James J. Belliveau</b>                      |
| Street Address<br><b>219 Great Road</b>                          | Street Address<br><b>19 Frank Street</b>                         |
| City<br><b>North Smithfield</b> State <b>RI</b> Zip <b>02896</b> | City<br><b>Pawtucket</b> State <b>RI</b> Zip <b>02860</b>        |

**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           | City           |
| State          | State          |
| Zip            | Zip            |
| Director Name  | Director Name  |
| Street Address | Street Address |
| City           | City           |
| State          | State          |
| Zip            | Zip            |

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

| AUTHORIZED SHARES | Class/Series  | Par Value        |
|-------------------|---------------|------------------|
| <b>8,000</b>      | <b>\$1.00</b> | <b>PAR VALUE</b> |

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

| ISSUED SHARES | Class/Series  | Par Value   |
|---------------|---------------|-------------|
| <b>48</b>     | <b>Common</b> | <b>1.00</b> |

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



File Date: Jan 20, 99  
 Check No.: 1063  
 By: JD

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.

James J. Belliveau 1/19/99  
 Signature of Officer Date  
**James J. Belliveau**  
 Print or Type Name of Officer  
**President**  
 Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 93187 2. Name of Corporation Mayflower Financial Corporation  
~~05-0495186~~  
3. Street Address Principal Business Office One Regency Plaza, Suite 4 City Providence State RI Zip 02903  
4. Business Phone No. (401) 274-9100 5. State of Incorporation Rhode Island 6. SIC Code 8888

7. Brief Description of the Character of Business Conducted in Rhode Island  
To invest in real estate and real estate related companies

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

|  |   |
|--|---|
| President Name<br><u>James J. Belliveau</u><br>Street Address<br><u>One Regency Plaza, Suite 4</u><br>City<br><u>Providence</u> State <u>RI</u> Zip <u>02903</u><br>Secretary Name<br><u>Jeffrey A. St. Sauveur</u><br>Street Address<br><u>Same</u><br>City<br><u>Providence</u> State <u>RI</u> Zip <u>02903</u> | Vice President Name<br><u>Jeffrey A. St. Sauveur</u><br>Street Address<br><u>Same</u><br>City<br><u>Providence</u> State <u>RI</u> Zip <u>02903</u><br>Treasurer Name<br><u>James J. Belliveau</u><br>Street Address<br><u>Same</u><br>City<br><u>Providence</u> State <u>RI</u> Zip <u>02903</u> |
|--|---|

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

|  |   |
|--|---|
| Director Name<br><u>None- Close Corporation</u><br>Street Address<br><u>None</u><br>City<br><u>Providence</u> State <u>RI</u> Zip <u>02903</u> | Director Name<br><u>None</u><br>Street Address<br><u>None</u><br>City<br><u>Providence</u> State <u>RI</u> Zip <u>02903</u> |
|--|---|

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

| AUTHORIZED SHARES | Class/Series  | Par Value     |
|-------------------|---------------|---------------|
| Number of Shares  |               |               |
| <u>8,000</u>      | <u>common</u> | <u>\$1.00</u> |

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

| ISSUED SHARES    | Class/Series  | Par Value     |
|------------------|---------------|---------------|
| Number of Shares |               |               |
| <u>48</u>        | <u>common</u> | <u>\$1.00</u> |

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

File Date: 2/26  
Check No.: 153  
By: KW

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.

James J. Belliveau 2/24/98  
Signature of Officer Date  
James J. Belliveau  
Print or Type Name of Officer  
President  
Title of Officer