



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>75684                                  |  | 2. Name of Corporation<br>RESERVOIR REALTY COMPANY, INC. |             |                     |
| 3. Street Address Principal Business Office<br>141 Power Road |  | City<br>PAWTUCKET  | State<br>RI | Zip<br>02860        |
| 4. Business Phone No.<br>4019444600                           |  | 5. State of Incorporation<br>RHODE ISLAND                |             | 6. SIC Code<br>5538 |

7. Brief Description of the Character of Business Conducted in Rhode Island  
OWNING, OPERATING, MANAGING, PLANNING, ACQUIRING, BUYING, LEASING, ALTERING, DEALING IN COMMERCIAL AND/OR RESIDENTIAL REAL PROPERTIES.

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

|  |             |              |   |             |              |
|--|-------------|--------------|---|-------------|--------------|
| President Name<br>Dean M. Ponte        |             |              | Vice President Name<br>Manuel C. Ponte, Jr. |             |              |
| Street Address<br>100 Red Hawk Drive   |             |              | Street Address<br>216 Vancouver Avenue      |             |              |
| City<br>Cranston                       | State<br>RI | Zip<br>02921 | City<br>Warwick                             | State<br>RI | Zip<br>02893 |
| Secretary Name<br>Manuel C. Ponte, III |             |              | Treasurer Name<br>Manuel C. Ponte, III      |             |              |
| Street Address<br>103 Juniper Avenue   |             |              | Street Address<br>103 Juniper Avenue        |             |              |
| City<br>West Warwick                   | State<br>RI | Zip<br>02893 | City<br>West Warwick                        | State<br>RI | Zip<br>02893 |

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

|                       |       |     |                |       |     |
|-----------------------|-------|-----|----------------|-------|-----|
| Director Name<br>None |       |     | 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)  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 |
| 2,000             | NO PAR VALUE |           | 1,200            | Common       | No Par    |

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



\*75684 DBC 02/03/05 01:27:37 PM\*

File Date 2/15/05

Check No. 1301

By: DA

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.

Manuel C. Ponte, Jr. 2/14/05  
Signature of Officer Date

Dean M. Ponte  
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.<br>75684  |              | 2. Name of Corporation<br>RESERVOIR REALTY COMPANY, INC. |   |              |                     |
| 3. Street Address Principal Business Office<br>1006 RESERVOIR AVENUE  |              |  | City<br>CRANSTON                            | State<br>RI  | Zip<br>02910        |
| 4. Business Phone No.<br>4019444600   |              | 5. State of Incorporation<br>RHODE ISLAND                |   |              | 6. SIC Code<br>5538 |
| 7. Brief Description of the Character of Business Conducted in Rhode Island<br>OWNING, OPERATING, MANAGING, PLANNING, ACQUIRING, BUYING, LEASING, ALTERING, DEALING IN COMMERCIAL AND/OR RESIDENTIAL REAL PROPERTIES. |              |  |   |              |                     |
| 8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS  |              |  |   |              |                     |
| President Name<br>Dean M. Ponte   |              |  | Vice President Name<br>Manuel C. Ponte, Jr. |              |                     |
| Street Address<br>100 Red Hawk Drive  |              |  | Street Address<br>216 Vancouver Avenue      |              |                     |
| City<br>Cranston  | State<br>RI  | Zip<br>02921   | City<br>Warwick                             | State<br>RI  | Zip                 |
| Secretary Name<br>Manuel C. Ponte, III  |              |  | Treasurer Name<br>Manuel C. Ponte, III      |              |                     |
| Street Address<br>103 Juniper Avenue  |              |  | Street Address<br>103 Juniper Avenue        |              |                     |
| City<br>West Warwick  | State<br>RI  | Zip<br>02893   | City<br>West Warwick                        | State<br>RI  | Zip<br>02893        |
| 9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS   |              |  |   |              |                     |
| Director Name<br>None   |              |  | 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           |
| 2,000   | NO PAR VALUE |  | 1,200                                       | Common       | No Par              |

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



7 5 6 8 4

\*75684 DBC 02/04/04 12:47:07 PM\*

File Date 2/13/04

Check No. 1111

By: MS.

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 \_\_\_\_\_ Date \_\_\_\_\_

Dean M. Ponte

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 OR PRINTED IN BLACK)

1. Corporate ID No. **75684** 2. Name of Corporation **RESERVOIR REALTY COMPANY, INC.**

3. Street Address Principal Business Office **1006 Reservoir Avenue** City **Cranston** State **RI** Zip **02910**  
4. Business Phone No. **401-944-4600** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **5538**

7. Brief Description of the Character of Business Conducted in Rhode Island **Owning, operating, managing or otherwise dealing in Commercial and/or residential real estate properties and any other real estate**

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

|  |  |
|--|--|
| President Name<br><b>Dean M. Ponte</b>                       | Vice President Name<br><b>Manuel C. Ponte, Jr.</b>           |
| Street Address<br><b>100 Red Hawk Drive</b>                  | Street Address<br><b>216 Vancouver Avenue</b>                |
| City<br><b>Cranston</b> State <b>RI</b> Zip <b>02921</b>     | City<br><b>Warwick</b> State <b>RI</b> Zip <b>02893</b>      |
| Secretary Name<br><b>Manuel C. Ponte, III</b>                | Treasurer Name<br><b>Manuel C. Ponte, III</b>                |
| Street Address<br><b>103 Juniper Avenue</b>                  | Street Address<br><b>103 Juniper Avenue</b>                  |
| City<br><b>West Warwick</b> State <b>RI</b> Zip <b>02893</b> | City<br><b>West Warwick</b> State <b>RI</b> Zip <b>02893</b> |

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

|                              |                |
|------------------------------|----------------|
| Director Name<br><b>None</b> | 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  
**2,000 NO PAR VALUE**

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

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**1,200 Common No Par**

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



\* 7 5 6 8 4 \*

File Date: 2/13/03  
Check No.: 2172  
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: 2/17/03  
Dean M. Ponte  
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. **75684** 2. Name of Corporation **RESERVOIR REALTY COMPANY, INC.**

3. Street Address Principal Business Office **1006 Reservoir Avenue** City **Cranston** State **RI** Zip **02910**

4. Business Phone No. **401-944-4600** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **5538**

7. Brief Description of the Character of Business Conducted in Rhode Island **Owning, operating, managing or otherwise dealing in Commercial and/or residential real estate properties and any other real estate**

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

President Name **Dean M. Ponte**  
Street Address **100 Red Hawk Drive**  
City **Cranston** State **RI** Zip **02921**

Vice President Name **Manuel C. Ponte, Jr.**  
Street Address **216 Vancouver Avenue**  
City **Warwick** State **RI** Zip **02893**

Secretary Name **Manuel C. Ponte, III**  
Street Address **103 Juniper Avenue**  
City **West Warwick** State **RI** Zip **02893**

Treasurer Name **Manuel C. Ponte, III**  
Street Address **103 Juniper Avenue**  
City **West Warwick** State **RI** Zip **02893**

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

Director Name **NONE**  
Street Address  
City State Zip

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  
Number of Shares Class/Series Par Value  
**2,000 NO PAR VALUE**

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

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**1,200 Common No Par**

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



\* 7 5 6 8 4 \*

File Date: 3-8-02  
Check No.: 2093  
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: 3/6/02  
Dean M. Ponte  
Print or Type Name of Officer  
President  
Title of Officer



**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. **75684** 2 Name of Corporation **RESERVOIR REALTY COMPANY, INC.**  
3 Street Address Principal Business Office **1006 Reservoir Avenue** City **Cranston** State **RI** Zip **02910**  
4 Business Phone No **401 944 4600** 5 State of Incorporation **RHODE ISLAND** 6 SIC Code **5538**

7 Brief Description of the Character of Business Conducted in Rhode Island **owning, operating, managing or otherwise dealing in commercial and/or residential real estate properties and any other real estate**

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

|  |  |
|--|--|
| President Name<br><b>Dean M. Ponte</b>         | Vice President Name<br><b>Manuel C. Ponte, Jr.</b> |
| Street Address<br><b>100 Red Hawk Drive</b>    | Street Address<br><b>216 Vancouver Avenue</b>      |
| City State Zip<br><b>Cranston RI 02921</b>     | City State Zip<br><b>Warwick RI</b>                |
| Secretary Name<br><b>Manuel C. Ponte, III</b>  | Treasurer Name<br><b>Manuel C. Ponte, III</b>      |
| Street Address<br><b>103 Juniper Avenue</b>    | Street Address<br><b>103 Juniper Avenue</b>        |
| City State Zip<br><b>West Warwick RI 02893</b> | City State Zip<br><b>West Warwick RI 02893</b>     |

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

|                              |                |
|------------------------------|----------------|
| Director Name<br><b>NONE</b> | 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             | Class/Series | Par Value |
|-------------------------------|--------------|-----------|
| <b>2,000 SHS NO PAR VALUE</b> |              |           |

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

| ISSUED SHARES | Class/Series  | Par Value     |
|---------------|---------------|---------------|
| <b>1200</b>   | <b>common</b> | <b>no par</b> |

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



\* 7 5 6 8 4 \*

File Date: 2/15  
Check No.: 2012  
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: 2/14/01  
**Dean M. Ponte**  
Print or Type Name of Officer  
**President**  
Title of Officer



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

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



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000**

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **75684** 2. Name of Corporation **RESERVOIR REALTY COMPANY, INC.**  
3. Street Address Principal Business Office **1006 Reservoir Avenue** City **Cranston** State **RI** Zip **02910**  
4. Business Phone No. **401 944 4600** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **5538**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**owning, operating, managing or otherwise dealing in commercial and/or residential real estate properties and any other real estate**

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

|  |  |
|--|--|
| President Name<br><b>Dean M. Ponte</b>         | Vice President Name<br><b>Manuel C. Ponte, Jr.</b> |
| Street Address<br><b>100 Red Hawk Drive</b>    | Street Address<br><b>216 Vancourver Avenue</b>     |
| City State Zip<br><b>Cranston RI 02921</b>     | City State Zip<br><b>Warwick RI</b>                |
| Secretary Name<br><b>Manuel C. Ponte, III.</b> | Treasurer Name<br><b>Manuel C. Ponte, III</b>      |
| Street Address<br><b>103 Juniper Avenue</b>    | Street Address<br><b>103 Juniper Avenue</b>        |
| City State Zip<br><b>West Warwick RI 02893</b> | City State Zip<br><b>West Warwick RI 02893</b>     |

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

|                              |                |
|------------------------------|----------------|
| Director Name<br><b>NONE</b> | 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  
**2,000 SHS NO PAR VALUE**

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

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**1200 common no par**

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



\* 7 5 6 8 4 \*

File Date: **PAID**  
Check No.: **JAN 21 2000**  
By: **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.

Signature of Officer **Dean M. Ponte** Date **1/12/00**  
Print or Type Name of Officer  
**President**  
Title of Officer



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

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



**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. **75884** 2. Name of Corporation **RESERVOIR REALTY COMPANY, INC.**  
3. Street Address Principal Business Office City State Zip  
**1006 Reservoir Avenue Cranston RI 02910**  
4. Business Phone No. 401 944 4600 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **5538**

7. Brief Description of the Character of Business Conducted in Rhode Island  
owning, operating, managing or otherwise dealing in commercial and/or residential real estate properties and any other real estate

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

|  |   |
|--|---|
| President Name<br><b>Dean M. Ponte</b><br>Street Address<br><b>100 Red Hawk Drive</b><br>City State Zip<br><b>Cranston RI 02921</b>            | Vice President Name<br><b>Manuel C. Ponte, Jr.</b><br>Street Address<br><b>216 Vancouver <del>Avenue</del></b><br>City State Zip<br><b>Warwick RI</b> |
| Secretary Name<br><b>Manuel C. Ponte, III</b><br>Street Address<br><b>103 Juniper Avenue</b><br>City State Zip<br><b>West Warwick RI 02893</b> | Treasurer Name<br><b>Manuel C. Ponte, III</b><br>Street Address<br><b>103 Juniper Avenue</b><br>City State Zip<br><b>West Warwick RI 02893</b>        |

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

|  |   |
|--|---|
| Director Name<br><b>NONE</b><br>Street Address<br><br>City State Zip | Director Name<br><br>Street Address<br><br>City State Zip |
| Director Name<br><br>Street Address<br><br>City State Zip            | Director Name<br><br>Street Address<br><br>City State Zip |

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

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
**2,000 SHS NO PAR VALUE**

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

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**1200 common no par**

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



\* 7 5 6 8 4 \*

File Date: Feb 11, 99  
Check No.: 1843  
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: 2/4/99  
Dean M. Ponte  
Print or Type Name of Officer  
President  
Title of Officer



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

James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-277-3040



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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **75684** 2. Name of Corporation **RESERVOIR REALTY COMPANY, INC.**  
3. Street Address **1383 Warwick Avenue** City **Warwick** State **RI** Zip **02888**  
4. Business Phone No. **401 463 7405** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **5538**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**owning, operating, managing, etc., or otherwise dealing in commercial and/or residential real properties and any other real estate**

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

|                             |           |              |                             |           |              |
|-----------------------------|-----------|--------------|-----------------------------|-----------|--------------|
| President Name              |           |              | Vice President Name         |           |              |
| <b>Dean M. Ponte</b>        |           |              | <b>Manuel C. Ponte, Jr.</b> |           |              |
| Street Address              |           |              | Street Address              |           |              |
| <b>4158 Post Road</b>       |           |              | <b>216 Vancouver Avenue</b> |           |              |
| City                        | State     | Zip          | City                        | State     | Zip          |
| <b>Warwick</b>              | <b>RI</b> | <b>02886</b> | <b>Warwick</b>              | <b>RI</b> |              |
| Secretary Name              |           |              | Treasurer Name              |           |              |
| <b>Manuel C. Ponte, III</b> |           |              | <b>Manuel C. Ponte, III</b> |           |              |
| Street Address              |           |              | Street Address              |           |              |
| <b>103 Juniper Avenue</b>   |           |              | <b>103 Juniper Avenue</b>   |           |              |
| City                        | State     | Zip          | City                        | State     | Zip          |
| <b>West Warwick</b>         | <b>RI</b> | <b>02893</b> | <b>West Warwick</b>         | <b>RI</b> | <b>02893</b> |

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

|                |       |     |                |       |     |
|----------------|-------|-----|----------------|-------|-----|
| Director Name  |       |     | Director Name  |       |     |
| <b>NONE</b>    |       |     |                |       |     |
| 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  
**2,000 SHS NO PAR VALUE**

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

ISSUED SHARES  
Number of Shares      Class/Series      Par Value  
**1200      common      no par**

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



File Date: **2.5.98**  
Check No.: **1704**  
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]**      **1/26/98**  
Signature of Officer      Date  
**Dean M. Ponte**  
Print or Type Name of Officer  
**President**  
Title of Officer



**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. **75684** 2. Name of Corporation **RESERVOIR REALTY COMPANY, INC.**  
3. Street Address Principal Business Office **1383 Warwick Avenue** City **Warwick** State **RI** Zip **02888**  
4. Business Phone No. **401 463 7405** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **5538**  
7. Brief Description of the Character of Business Conducted in Rhode Island **owning, operating, managing, etc., or otherwise dealing in commercial and/or residential real properties and any other real estate**  
8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT)

|   |   |
|---|---|
| President Name<br><b>Dean M. Ponte</b><br>Street Address<br><b>4158 Post Road</b><br>City <b>Warwick,</b> State <b>RI</b> Zip <b>02886</b>                | Vice President Name<br><b>Manuel C. Ponte, Jr.</b><br>Street Address<br><b>216 Vancouver Avenue</b><br>City <b>Warwick</b> State <b>RI</b> Zip <b>02888</b> |
| Secretary Name<br><b>Manuel C. Ponte, III</b><br>Street Address<br><b>103 Juniper Avenue</b><br>City <b>West Warwick</b> State <b>RI</b> Zip <b>02893</b> | Treasurer Name<br><b>Manuel C. Ponte, III</b><br>Street Address<br><b>103 Juniper Avenue</b><br>City <b>West Warwick</b> State <b>RI</b> Zip <b>02893</b>   |

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

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

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

| AUTHORIZED SHARES             |              |           | ISSUED SHARES    |               |               |
|-------------------------------|--------------|-----------|------------------|---------------|---------------|
| Number of Shares              | Class/Series | Par Value | Number of Shares | Class/Series  | Par Value     |
| <b>2,000 SHS NO PAR VALUE</b> |              |           | <b>1200</b>      | <b>common</b> | <b>no par</b> |

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



File Date: 2-13-97  
Check No.: 1694  
By: VP/Sec  
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.

Dean M. Ponte 2/10/97  
Signature of Officer Date  
Dean M. Ponte  
Print or Type Name of Officer  
President  
Title of Officer

# PROFIT CORPORATION ANNUAL REPORT

## 1996



State of Rhode Island and Providence Plantations  
James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street  
Providence, Rhode Island 02903-1335 • (401) 277-3040

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

PLEASE TYPE OR PRINT IN BLACK INK.

|   |                |  |                |
|---|----------------|--|----------------|
| 1. CORPORATE ID NO.<br>75684  |                | 2. NAME OF CORPORATION<br>RESERVOIR REALTY COMPANY, INC. |                |
| 3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE<br>1383 Warwick Avenue  |                | CITY<br>Warwick  | STATE<br>RI    |
| 4. BUSINESS PHONE NO.<br>(401) 463-7405   |                | 5. STATE OF INCORPORATION<br>RHODE ISLAND                |                |
| 6. SIC CODE<br>5538   |                | 7. ZIP CODE<br>02888                                     |                |
| 7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND<br>owning, operation, managing, etc.. or otherwise dealing in commercial and/or residential real properties and any other real estate |                |  |                |
| 8. NAMES AND ADDRESSES OF THE OFFICERS  |                |  |                |
| PRESIDENT NAME<br>Dean M. Ponte   |                | VICE PRESIDENT NAME<br>Manuel C. Ponte, Jr.              |                |
| STREET ADDRESS<br>4158 Post Road  |                | STREET ADDRESS<br>216 Vancouver Avenue                   |                |
| CITY<br>Warwick   | STATE<br>RI    | CITY<br>Warwick  | STATE<br>RI    |
| SECRETARY NAME<br>Manuel C. Ponte, III  |                | TREASURER NAME<br>Manuel C. Ponte, III                   |                |
| STREET ADDRESS<br>103 Juniper Avenue  |                | STREET ADDRESS<br>103 Juniper Avenue                     |                |
| CITY<br>West Warwick  | STATE<br>RI    | CITY<br>West Warwick                                     | STATE<br>RI    |
| 9. NAMES AND ADDRESSES OF THE DIRECTORS   |                |  |                |
| DIRECTOR NAME<br>NONE   |                | DIRECTOR NAME  |                |
| STREET ADDRESS  |                | STREET ADDRESS   |                |
| CITY  | STATE          | CITY   | STATE          |
| DIRECTOR NAME   |                | DIRECTOR NAME  |                |
| STREET ADDRESS  |                | STREET ADDRESS   |                |
| CITY  | STATE          | CITY   | STATE          |
| 10. SHARES AUTHORIZED AND ISSUED  |                |  |                |
| AUTHORIZED SHARES   |                | ISSUED SHARES  |                |
| NUMBER OF SHARES  | CLASS / SERIES | NUMBER OF SHARES   | CLASS / SERIES |
| 2,000 SHS NO PAR VALUE  |                | 1200   | common         |
|   |                |  | no par         |
|   |                |  |                |
|   |                |  |                |

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:

2/5/96

Check No:

1647

By:

cc/MP

*Dean M. Ponte* 1-31-96  
Signature of Officer

Dean M. Ponte  
Print or Type Name of Officer

President

2/5/96



**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: 0075684 Annual Report for the year: 1995

Name of Corporation: RESERVOIR REALTY COMPANY, INC.

Business entity organized under the laws of the State of: Rhode Island Business Entity is (check one):  
 For foreign entity, address and telephone number of principal office:  Business Corporation (See RIGL Chapter 7-1.1)  
 Professional Service Corporation (See RIGL Chapter 7-5.1)

Phone: ( ) Brief statement of the character of business conducted in Rhode Island:  
 Address and telephone of the principal office of business entity in Rhode owning, operating, managing, etc., or  
 Island (Provide street address - Not P.O. Box): otherwise dealing in commercial and/or  
 1383 Warwick Avenue residential real properties and any  
 Warwick, Rhode Island 02888 other real estate.

Phone: (401) 463-7405

**THE NAMES OF THE OFFICERS ARE:**

| NAME                              | STREET ADDRESS        | CITY/STATE       | ZIP CODE |
|-----------------------------------|-----------------------|------------------|----------|
| PRESIDENT<br>Dean M. Ponte        | 4158 Post Road,       | Warwick, RI      |          |
| VICE PRESIDENT                    |                       |                  |          |
| SECRETARY<br>Manuel C. Ponte, Jr. | 216 Vancouver Avenue, | Warwick, RI      |          |
| TREASURER<br>Manuel C. Ponte, III | 103 Juniper Avenue,   | West Warwick, RI |          |
| Manuel C. Ponte, III              | 103 Juniper Avenue,   | West Warwick, RI |          |

**THE NAMES OF THE DIRECTORS ARE:**

| NAME | STREET ADDRESS | CITY/STATE | ZIP CODE |
|------|----------------|------------|----------|
|      |                |            |          |
|      |                |            |          |
|      |                |            |          |

NUMBER OF SHARES AUTHORIZED (Rider may be attached)

Number of Shares 2000 Class / Series COMMON

NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)

Number of Shares 1200 Class / Series COMMON

Date January 26 19 95

By: *[Signature]*  
 Dean M. Ponte  
 President  
 TITLE OF OFFICER SIGNING

Form 31 1/95

**DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:**

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

JOEL ROBINSON  
 1383 WARWICK AVENUE  
 WARWICK RI 02888

CC  
 1034