



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. 124982
2. Name of Corporation Rau Development Corporation

3. Street Address Principal Business Office 392 CRANSTON STREET
City PROVIDENCE State RI Zip 02907-

4. Business Phone No. 5. State of Incorporation RHODE ISLAND
6. SIC Code 5579

7. Brief Description of the Character of Business Conducted in Rhode Island
TO ACQUIRE, MANAGE AND DEVELOP REAL ESTATE

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

President Name Sharon Conard-Wells Street Address 392 Cranston Street City Providence State RI Zip 02907	Vice President Name McArthur Rance Street Address 392 Cranston Street City Providence State RI Zip 02907
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Secretary Name Sharon Conard-Wells Street Address 392 Cranston Street City Providence State RI Zip 02907	Treasurer Name H. Peter Olsen Street Address 1500 Fleet Center City Providence State RI Zip 02907
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9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name Sharon Conard-Wells Street Address 392 Cranston Street City Providence State RI Zip 02907	Director Name Kyle MacDonald Street Address 392 Cranston Street City Providence State RI Zip 02907
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Director Name McArthur Rance Street Address 392 Cranston Street City Providence State RI Zip 02907	Director Name None Street Address City State Zip
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10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
8,000	COMM	NO PAR VALUE

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
1,000	Common	No Par Value

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



124982 DBC 01/11/05 01:40:35 PM

File Date 2/14/05

Check No. 3133

By: D.

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] 2/9/05
Signature of Officer Date

Sharon Conard-Wells
Print or Type Name of Officer

President
Title of Officer



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1. Corporate ID No. 124982		2. Name of Corporation Rau Development Corporation		
3. Street Address Principal Business Office 392 CRANSTON STREET		City PROVIDENCE	State RI	Zip 02907-
4. Business Phone No.		5. State of Incorporation RHODE ISLAND		6. SIC Code 5579
7. Brief Description of the Character of Business Conducted in Rhode Island TO ACQUIRE, MANAGE AND DEVELOP REAL ESTATE				

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

President Name SHARON CONARD-WELLS			Vice President Name MCARTHUR RANCE		
Street Address 392 CRANSTON STREET			Street Address 392 CRANSTON STREET		
City PROVIDENCE	State RI	Zip 02907	City PROVIDENCE	State RI	Zip 02907
Secretary Name SHARON CONARD-WELLS			Treasurer Name H. PETER OLSEN		
Street Address 392 CRANSTON STREET			Street Address 1500 FLEET CENTER		
City PROVIDENCE	State RI	Zip 02907	City PROVIDENCE	State RI	Zip 02903

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

Director Name SHARON CONARD-WELLS			Director Name KYLE MACDONALD		
Street Address 392 CRANSTON STREET			Street Address 392 CRANSTON STREET		
City PROVIDENCE	State RI	Zip 02907	City PROVIDENCE	State RI	Zip 02907
Director Name MCARTHUR RANCE			Director Name NONE		
Street Address 392 CRANSTON STREET			Street Address		
City PROVIDENCE	State RI	Zip 02907	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
8,000	COMM NO PAR VALUE		1,000	COMMON	NO PAR VALUE

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



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124982 DBC 01/28/04 11:28:56 AM
FILED
 File Date
 Check No. FEB 17 2004
 By: By M20270
 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] 2/12/04
 Signature of Officer Date
 SHARON CONARD-WELLS
 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. *124982*		2. Name of Corporation Rau Development Corporation	
3. Street Address Principal Business Office 392 Cranston Street		City Providence	State RI
4. Business Phone No.		5. State of Incorporation RHODE ISLAND	Zip 02907
6. SIC Code 5579		7. Brief Description of the Character of Business Conducted in Rhode Island TO ACQUIRE, MANAGE AND DEVELOP REAL ESTATE	

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Sharon Conard-Wells		Vice President Name Constance Lyons			
Street Address 392 Cranston Street		Street Address 392 Cranston Street			
City Providence	State RI	Zip 02907	City Providence	State RI	Zip 02907
Secretary Name Sharon Conard-Wells		Treasurer Name Joshua L. Celeste, Esq.			
Street Address 392 Cranston Street		Street Address 2300 Financial Plaza			
City Providence	State RI	Zip 02907	City Providence	State RI	Zip 02903

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Sharon Conard-Wells		Director Name Constance Lyons			
Street Address 392 Cranston Street		Street Address 392 Cranston Street			
City Providence	State RI	Zip 02907	City Providence	State RI	Zip 02907
Director Name McArthur Rance		Director Name None			
Street Address 392 Cranston Street		Street Address			
City Providence	State RI	Zip 02907	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	COMM NO PAR VALUE		1,000	Common	No Par Value

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



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124982 DBC1/28/032:59:37 PM

File Date 2/24/03

Check No. 1425

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] Date 2-5-03

Signature of Officer

Sharon Conard-Wells

Print or Type Name of Officer

President

Title of Officer