

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 3640

Business the me. No. 401-849-8540 Broot loss replained the Character of Business Conducted in Rhooke Island A GENERAL INVESTMENT AND MAMAGEMENT ADVISORY BUSINESS. NAMES AND ADDRESSES OF THE OVERCERS: ("X" BOX FOR ATTACK red Address 227 Australian Ave. Palm Beach State FL 249 33480 retery Name Same as Pres vert Address V State Zip Cotter Name Per Address State	MENT) [] FILL, ce President Name Sav reet Address ty HMENT) [] FILL rector Name Contact Address	State L IN SPACES BEFORE USING	Zip Zip
Description of the Character of Business Conducted in Rhoofe Island Brief Description of the Character of Business Conducted in Rhoofe Island A GENERAL INVESTMENT ADDRESSES OF THE STREET ADVISORY BUSINESS FRANKS AND ADDRESSES OF THE STREET S. (*** **BOX* FOR ATTACK** **STREET** **C. **C. **C. **C. **C. **C. **C. *	ELATING TO TRIVES MENT) [] FILL ce President Name Sov rect Address by HMENT) [] FILL rector Name Pool Address	TMENTS AND THE OPERATE IN SPACES BEFORE USING State L IN SPACES BEFORE USING	6 SIG Corde 5130 CHOF ATTACHMENTS Zip Zip G ATTACHMENT
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THOMESELS CHARLES	,	3000	Zip
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uber of Shares Class/Series Par Value N	mber of Shares	Class/Series	Par Value
00 NO PARVALUE COMMON None	10	Common	mone
This report must be signed in ink by either the President, Vice Presi	ent. Secretary Ass	Istant Secretary Treasurer Pe	eceiver or Tenetoe
		man beeretary, freustrer, Ki	eceiver of Trusier

Signature of Officer

Dute

Leila C, Tehkins

Print or Type Name of Officer

Puls

Tale of Officer

Form 630 Rev. 12/03



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 CORPORATION ANNUAL REPORT FOR THE YEAR

lling Period: January 1 - M	farch 1 🔸 🛮 Filli	NUAL REPOR ng Fee: \$50.00	T FOR THE YEA	AR2004		
CORM MUST BE TYPED OR PRIS	2. Name of Corporation	<u> </u>				
82986	LOCKE CAPITA	<u>Al management, inc</u>	<u>, </u>			
P 5 Walnus	Office LSt.		Sin New Don	- State RT	()284-C)	
	5540	5. State of Incorporation RHODE ISLAND			6. SIC Crule 6130	
Inef Description of the Character A GENERAL INVESTME BUGINESS PLANTS PI NAMES AND ADDRESSES sident Name	NT 1540 MANAGEME	Rhode Island ENT ADVISORY BUSINE	SS REZATING TO INVESTMENT) FILL IN	ENISAND-THEOPERATIONS SPACES BEFORE USING	oneof	
Leila	Jenk!	us_	Vice President Name	_		
Address 25 Wa	ilnut St	,	Street Address			
Newport	State RT	02840	City	State	Zip	
ciary Name Scme	as Pre	8 ,	Treasurer Name	as Pacs		
Address		<u> </u>	Street Address	7.10	···	
	State	Zip	City	State	Zip	
AMES AND ADDRESSES	of the director	RS: <i>("X" BOX FOR A</i>	TTACHMENT) [] FILL I	N SPACES BEFORE USIN	G ATTACHMENTS	
t Address			Street Address			
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tor Name	.L		Director Name		1	
Address			Street Address			
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SHARES AUTHORIZED HORIZED SHARES	 (*X" BOX FOR ATT	 TACHMENT)	: 11. SHARES ISSUED (("X" BOX FOR ATTACHM	IENT) [
her of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value	
0 NO PAR VALUE			/	Commo	None	
This report must be s	signed in ink by eith	er the President, Vice	President, Secretary, Assista	int Secretary, Treasurer, R	eceiver or Trustee	
* Baie _ ~ & ~ O	1			rjury. I declare and affirm that apanying schedules and state true and obrrect.		
eck No. 1309			Signature of Officer	ila C. To.	Dute No.	
Jan	r: D=		Print or Type Name of	of Officer	/ <u></u>	



2. Name of Corporation

milestment manage ment

1. Corporate ID No

82986

3. Street Address Principal Business Office

FOR SECRETARY OF STATE USE ONLY

25 Walnut St.

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

Edward S. Inman, III. Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

6. SIC Code

Farm 630 (200)

6130

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

5. State of Incorporation

RHODE ISLAND

8. NAMES AND ADDRESSES OF THE OFFICERS (*x* box for attachment) FILL IN SPACES BEFORE USING ATTACHMENTS



Filing Period: January 1-March 1 • Filing Fee: \$50.00 CORM MUST BE TYPED OR PRINTED IN BLACK!

LOCKE CAPITAL MANAGEMENT, INC.

President Name	Tentins		Vice President Name		
Street Address 25 (1)10	Lifevitins Unut St		Street Address	((
City Newly M.	State LT	Zip D2840	City	State	Zip
Secretary Name	<u> </u>	3 ·	Treasurer Name	ff	
Street Address	4		Street Address		
City	State	Zıp	City	State	Zìp
9. NAMES AND ADDRES	SSES OF THE DIRE	ECTORS ("X" BOX FOR ATT		CES BEFORE USING ATTA	CHMENTS
Director Name	It		Director Name	11 00 1	
Street Address			Street Address	hom	
City	State	Zip	City	State	Zip
Director Name	V = 0		Director Name	2 0	
Street Address	u v		Street Address	wwe	
City	State	Zıp	City	State	Zip
10. SHARES AUTHORIZE AUTHORIZED SHARES	D (*X* BOX FOR ATT)	ACHMENT)	11. SHARES ISSUED	(-X" BOX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
200 NO PAR VALUE			/	(Ommor	none
This report must be sign	i ed in ink by eith	er the President, Vice l	President, Secretary, A	ssistant Secretary, Treasur	er, Receiver or Truste
	82986	 	Under penalty of	perjury, I declare and affirm	that I have examined
1 17	V 3	•	this report, includ	ling any accompanying sched 3 confained herein are true a	lules and statements, and
File Date:	<u>.</u>		that an stagement	Company referr are true a	1/12/03
·~ ~ ^					1/1つ/じ-2

Signature of Officer

Title of Officer



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

Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

STOP PLEASE READ INSTRUCTIONS

Filing Period: Jan	nuary 1-March 1 •	Filing Fee: \$50.00		L ILAK	PLEASI
FORM MUST BE TYPED					INSTRUC
1. Corporate ID No.	2. Name of Gosporal	ion			
82986	LOCKE CAP	ITAL MANAGEMENT, INC			
AOI - 84 AOI - 84 7. Brief Description of the G WYUS	Ualnut St. 9-8540 haracter of Business Conducted in	S. State of Incorporation RHODE ISLAND Rhode Island AGE MENT	Newport	State RI	02890 6. SIC Code 6130
terident Kama	Dresses of the office.	CERS (*** BOX FOR ATTACE S	HMENT) FILL IN SPACES Vice President Name	BEFORE USING ATTAC	HMENTS
ireel Address 25 L	Valnut St	•	Street Address		
ecretary Name	M State RI	02840	City	State	Zip
•	ne as Pres.		Treasurer Name Sam Street Address	e as Pres	
lity	State	Zip	City	State	Zip
Virector Name	Presses of the direct	CTORS (*X* BOX FOR ATTA	CHMENT) FILL IN SPACE Director Name Street Address	ES BEFORE USING ATTA	CHMENTS
lty	State	Zip	City	State	Zip
itector Name	•		Director Name		
reet Address			Street Address		
ity	State	Zip	City	State	Zip
O. SHARES AUTHOI uthorized shares	RIZED (*X* BOX FOR ATTAC	CHMENT)	11. SHARES ISSUED (* ISSUED SHARES	'X" BOX FOR ATTACHMENT)	
umber of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Volue
200 NO PAR VALUE			1	Commo	n None

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.:	1288	
Ву:	<u> 2</u> c	
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

Leila C. Jenkins

Title of Officer

(00000

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001 Filing Period: January 1-March 1 • Filing Fee: \$50.00

2. Name of Carporation LOCKE CAPITAL MANAGEMENT, INC.



(FORM MUST BE TYPED IN BLACK)

1. Curporate ID No. 82986

FOR SECRETARY OF STATE USE ONLY

3. Street Address Principal Business ()1 25 Walnu	of St.		· Newport	State RI	7ip 02846
4. Business Phone No. 401 - 849 -	8540	5. State of Incorporation RHODE ISLAND	,		6 893 5 0
7 Brief Description of the Character of	Business Conducted in Rho	de Island			
8. NAMES AND ADDRESSE		nagement IS (*X-BOX FOR ATTACH!	MENT) FILL IN SPACES BEF Vice President Name	ORE USING ATTACHMI	ENTS
Can 4.25	lnut S		Street Address		
New port	State RI	02840	City	State	/ip
Secretary Name	_		Treasurer Name	•	
Street Address	. Pres		Same as	Pres.	
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSE Director Name	•	ORS ("X" BOX FOR ATTAC	HMENT) FILL IN SPACES B Director Name	EFORE USING ATTACH!	MENTS
Same as	Pres		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 ATTACHM	(ENT)	11. SHARES ISSUED (*X* B	OX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
200 SHS NO PAR VA	LUE		1	Common	none
his report must be signed	in ink by either th	he President, Vice Pr	esident, Secretary, Assistar	it Secretary, Treasurer,	Receiver or Trustee

Prosider

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



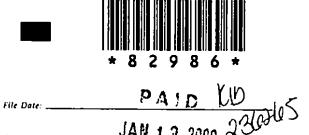
James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, R1 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

STOP PH 351 READ INSIRECTIONS

Filing Period: January 1-March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 82986 LOCKE CAPITAL MANAGEMENT, INC. 3. Street Address Principal Business Office 25 Walnut Street Newport 4. Business Phone No. 5. State of Incorporation 401 - 849 - 8540 RHODE ISLAND 7. Brief Description of the Character of Business Conducted in Rhode Island institutional money management 8. NAMES AND ADDRESSES OF THE OPFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Leila C. Jenkins nonc Street Address 227 Australian tve City Zip Same as F Same as Pres. City City Zip State Zip 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS hone State City 210 Director Name Director Name non 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** ESSLIED SHARES Number of Shares Class/Series Par Value Number of Shares Par Value 200 SHS NO PAR VALUE COMMON

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



SECTY OF STATE

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

heila C. Jenkins

Title of Officer



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 1999



(FORM MUST BE TYPED IN B		Iling Fee: \$50.00			INSTRUCTIO
1. Cornorate ID No.	2 Name of Consession	2 Capital	Maracemer	t. Inc	
3. Street Address Principal Busine 92 Rho	de Island	Ave,	Managemen Newport	State RI	zip 02840
4. Business Phone No. AOI - 849 7. Brief Description of the Charac	-5597	Rhode	Island		6. SIC Code 6 130
Institu	tional w	roney ma	anagement		
8. NAMES AND ADDRI	ESSES OF THE OFFICE	ERS (*x* box for attack	HMENT)		
Leila (: Jenkir	S	Vice President Name		
Street Address QQ RV	rode Islan	nd Ave.	Street Address		
Newpor.	+ State RI	02840	City	State	Zip
Secretary Name	as Pres,		Treasurer Name SAVNE QS Street Address	Pres,	
City	State	Zip	City	State	Zip
9. NAMES AND ADDRE	esses of the direct		CHMENT) Director Name		
Street Address	w 1.02).		Street Address		
City	State	Zip	City	State	Zip
Director Name	•	•	Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZ	ED (*X* BOX FOR ATTACH	IMENT)	11. SHARES ISSUED ("X" B	OX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
20	Common	None	1	Common	none

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

File Date:	PAID COMMICCO
Check No.:	MAR 1 8 1999 30110
Ву:	SECY OF STATE
FOR SECRETARY OF	

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.
LC/C 3/16/99
Leila C. Jenkins
Print or Type Name of Officer President
Title of Officer



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

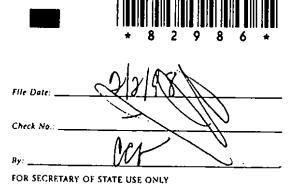
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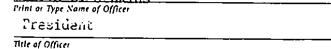
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BL	ACK)				
1. Corporate ID No. 986	²L'OCKE°C¤	THAL MANAGEM	ENT, INC.		`
3. Street Address Principal Busines.	s Office		City	State	Zip
25 Walnut Stree	et .		Йемport	RI	02840
4. Rusiness Phone No. 401-849-5597		⁵ AHODENSE	AND		6. SIC 6130
7. Brief Description of the Characte institutional m	er of Business Conducted IONEY Managem	In Rhode Island ent			
8. NAMES AND ADDRES	SSES OF THE OFF	ICERS (*X* BOX FOR AT	TACHMENT)		
President Name			Vice President Name		
Leila C. Jenkin	S		same as Pi	res.	
Street Address			Street Address		
25 Walnut Stree	t	•			
City	State	Zip	City	State	Zip
Newport	81	02840			
Secretary Name			Treasurer Name		
same as Pres.			same as Pa	res.	
Street Address			Street Address		
City	State	Zip	City	State	Zip
O MANES AND ADDRES	SEES OF THE OLD			•	
9. NAMES AND ADDRES	SES OF THE DIK	ECTORS (*X* BOX FOR			
same as Pres.			Director Name		
Street Address		-			
Secret Madical			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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AUTHORIZED SHARES	₩ IN BUN FUR MII	ACHMEN 17	II. SHARES ISSUED	("X" BOX FOR ATTACHMEN	T)
Number of Shares	Glass/Series	Par Value	Number of Shares	Class/Series	Par Value
200 SHS NO PAR VA	ALUE				
			1	common	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 my accompanying schedules and statements, and that all statements spritained herein are true and correct. 1/30/98 Signature of Officer Date Leila C. Jenkins
Print or Type Name of Officer





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

PROFIT CORPORATION ANNUAL REPORT 1997 Filing Period: January 1-March 1 • Filing Fee: \$50.00

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FORM MUST BE TYPED	IN BLACK)				OMI COMI THIS
l. Corporate ID No.	2. Name of Corpora	ation			
82986	Lock	e Capital Manag	gement. Inc.		_
3. Street Address Principal I	Business Office	•	City	State	Zip
25 Walnut	Street		Newport	RI	02840
t. Business Phone No.		5. State of Incorporat		***	6. SIC Code
401-849-55	597	RI			6130
7. Brief Description of the C	Character of Business Conducted				0130
institutio	onal money manag	ement			
	DRESSES OF THE OFF		TACHMENT)		
resident Name			Vice President Name		
Leila C.	Jenkins		same as Pre	esident	
Street Address			Street Address	Staciic	
25 Walnut	Street	-	-		
City	State	Zip	City	State	ZIp
Newport	RI	02840			
Secretary Name		02040	Treasurer Name		•
same as Pi	resident		same as Pre	anidant.	
Street Address	COIGCIIC		Street Address	saraeur	
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City	State	Zip	City	State	7:5
			<i>,</i>	State	Zip
9. NAMES AND AD	DRESSES OF THE DIR	FCTODS (*Y* BOY EOB	ATTACULATINT		-
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same as Pi	resident				
Street Address	COIGCIIC		Street Address		•
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Sity	State	Zip	City	State	3 :-
			••••	State	Zip
Director Name			Director Name		
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treet Address			Street Address		
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AUTHORIZEZ) SHARES	ANIELD AND 1930LD	A BUA FUR ATTACHME			
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,	sympay acrica	THE VALUE	Number of Shares	Class/Series	Par Value
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- -				common	none

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

	8.7.97	
File Date:	0 7 7	
Check No.:	1746	
 Ву:	icp	
	RY 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.

6/23/97

Signature of Office:

Date

Leila C. Jenkins
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 IO NO.	2. NAME OF CORPORATION	T LEASE TIPE O	A FRINT IN BLACK INC.		
82986	LOCKE	CAPITAL MANAG	EMENT, INC.		
3 STREET ADDRESS PRINCIPAL BUSINE			CITY 1	SIATE	ZIP CODE
25 l	valnut S	t.	Newport	L RI	02840
4 BUSHNESS PHONE NO	49 5597	5 STATE OF LYCORPORATION RHODE	'		6 SIC CODE
_	•		L T		6130
7. BHILE DESCRIPTION OF THE CHARACT	ER OF BUSINESS CONDUCTED IN RHODE IS WESTER	A advi	SOV	• "	
PRESIDENT NAME	8. NA	MES AND ADD	RESSES OF THE OI VICE PRESIDENT HAME	FFICERS	
<u></u>	2 C. Jen	tino	·		
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under penalty of perjury, I declare and effirm that) have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer