

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

2005

								
T. Corporate ID No.	2 Name of Corporate							
115086 3 Street Address Principal Busines	ISLAND PONT	D, INC.	Cur	State	20			
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4 Business Phone No		5 State of Incorporati	011		6 SIC Code			
401-466	5 5 72	RHODE ISLAN	<u> </u>		3095			
∃ Brof Description of the Characte CONDUCTING A RE\$1	or of Business Conducted i FAURANT AND LOUN	n Rhode Island GE BUSINESS						
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9. NAMES AND ADDRESSE	 S OF THE DIRECTO	PRS: ("X" BOX FOR	: <i>ATTACHMENT</i>) ∏ FILL	 IN SPACES BEFORE US	 SING ATTACHMENTS			
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This report must be	signed in ink by ci	ther the President, Vic	e President, Secretary, Assis	stant Secretary, Treasurer	Receiver or Trustee			
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File Date FILED

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By By By Bornard OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that including any accompanying schedules and states	
companed herein are true and correct	1-18-65
Signature of Officer	Date
Clifton Payne	
Print or Type Name of Officer	



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

Secretary of State 401.222 3040

PROFIT CO		NNUAL REPOF	RT FOR THE YE.	AR200	4
	D OR PRINTED IN BLACK)	eg			
1. Corporate ID No.	2. Name of Corpo	ation		· · · - ·	
115086	ISLAND POR	ID, INC.			
3. Street Address Principe	_ ·	5	121 1-1-1	State	Zip
4. Business Phone No.	o Coin neck	5. State of Incorporation	1 DOCK IS lan	VG I KIT.	02807 6. SIC Cixle
401-46		RHODE ISLAND			3095
CONDUCTING	Character of Business Conducte A RESTAURANT AND LOU	NGE BUSINESS			
8. NAMES AND AD	DRESSES OF THE OFFIC	ERS: (*X" BOX FOR AT	TACHMENT) 📋 FILL IN	SPACES BEFORE USIN	IG ATTACHMENTS
President Name	\mathcal{I}		Vice President Name		
()1-fr'	tayne_		Edmard.	<u>Jands</u> -	tayne_
Sure Address BUX646	· Cornnect	c Kd	Connuec	k Road	
TO LOVE TO	State	Zip \ 7	- Startsky	N State	2(p) 7
Secretary Name	invol NT	TOAGO	Treasurer Name	~ / ~ +	JUARU/
and a second			recommendant		
Street Address			Street Address		
City	State	Zip	City	State	Zip
	DRESSES OF THE DIREC	TORS: ("X" BOX FOR A	. —	IN SPACES BEFORE US	ING ATTACHMENTS
Director Name	0		Director Name		
Street Address		 -	Street Address		
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City	State	Zip	City	State	Zip
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Director Name			Director Name		
					
Street Address			Street Address		
City	State	Zip	City	State	Zip
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10. SHARES AUTHO	ORIZED ("X" BOX FOR	ATTACHMENT) 🔲	11. SHARES ISSUED	("X" BOX FOR ATTAC	HMENT)
AUTHORIZED SHARES			ISSUED SHARES		_
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600 NO PAR VALU	<u> </u>		-		
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inis report	must be signed in the by	either the President, Vice	President, Secretary, Assis	tant Secretary, Treasurer	, Receiver or Trustee
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					that I have examined this re- tatements, and that all statem
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File Date	<i>50 U 9</i>		Cel.	Tarme	1-22-84
, ()	3	_	Signature of Officer		Date
Check No		_		Payne	
] [JD		Print or Type Name	 _	- -

2. Name of Corporation

1 Corporate ID No.

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

2003 PROFIT' CORPORATION ANNUAL REPORT FOR THE YEAR _



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

115080	ISLAND POND, I	NÇ.			
Street Address Principal Business C			Catho	State	Zip
,	n neck Rd.	A Maria de la constant	10lock Ish	nd KT	6. SIC Code
Business Phone No.	-~->	5. State of Incorporation			3095
4/01 - 46655	of Business Conducted in Rho	RHODE ISLAND			3033
Brief Description of the Character of th	d				
B. NAMES AND ADDRESS	SES OF THE OFFICER	RS ("X" BOX FOR ATTACH	MENT) FILL IN SPACES I	BEFORE USING ATTAC	HMENTS
resident Name	\triangleright_{\wedge}		Vice President Name		
Chifton treet Address Box 646	Myne	- i	Street Address		
Box louis	nn neck	Rd.	SOFE MUNICIPAL		
		/1p	City	State	Zip
HakIstand	State 9	702E0"			
ecretary Name			Treasurer Name		
			Street Address	•	
treet Address			Street Mouless		
lity	State	Zip	City	State	Zip
P. NAMES AND ADDRESS	SES OF THE DIRECT	ORS ("X" BOX FOR ATTAC	CHMENT) FILL IN SPACE Director Name	ES BEFORE USING ATT	ACHMENTS
Director Name	(some as	(In))	Director Nume		
Street Address	Come	ر ۱۳۵۰ د	Street Address		•
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Dity (State	Zip	City	State	Zip
December Name			Director Name		
Director Name			Different Marie		
Street Address			Street Address		
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City	State	Zıp	City	State	Zıp
10. SHARES AUTHORIZEI	D (*x* rox for attach	MENT)	11. SHARES ISSUED ("X" BOX FOR ATTACHMEN	T)
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Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600 NO PAR VALUE			600		hone
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This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

* 1 1 5 0 8 6 *	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and
ile Date:	that all statements contained herein are true and correct. 1
Sheck No.:	Print of Type Name of Officer
OR SECRETARY OF STATE USE ONLY	Peesident

Feet 630 12/02



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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR _

401-222-3040

Filing	Period:	lanuarv	1-March	1 •	Filing	Fee:	\$50.00
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(FORM MUST BE TYPED IN BLACK)			

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1. Corporate ID No.

2. Name of Corporation

115086

ISLAND POND, INC.

3. Street Address Principal Business Office

State

RHODE ISLAND

BlockIsland State RI

3095

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

	_	00	n	9	9		
•	MARKEC	ABITS	ATM	Súc	cere	OF	

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

President Name L 1 f	Payne

Street Address

State

700

Treasurer Name

Street Address

Street Address

City

State

Zip

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

Director Name

Street Address

State

Zip

Director Name

Street Address

Street Address

City

Zin

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Senes

State

Par Value

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

ISSUED SHARES

600 NO PAR VALUE

Class/Series

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



File Date

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 atements contained herein are true and correct



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

Corporations Division 100 North Main Street, Providence, R1 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

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FORM MUST BE TYPED IN BLACK)				
1. Corporate ID No. 115086	2. Name of Corporation ISLAND POND,	INC.			
3. Street Address Principal Business Of		- .	City	State	Zip
B0x646 (win neck 1		Bock Island	YCI	0280
4. Business Phone No.		S. State of Incorporation RHODE ISLAND			6. SIC Code 3095
461-46655 7. Brief Description of the Character of	Business Conducted in Rho	de Island			3010
	Seasonal		here 20 - 7	ava day	
8. NAMES AND ADDRESSE	S OF THE OFFICER	SICEXE BOX FOR ATTACHN	IENTS FILL IN SPACES BEF	DRE USING ATTACHME	INTS
President Name			Vice President Name		
Cly PA	yne.				
Street Address (all.	Camara	لہ م	Street Address		
BOX 646	Cornnect	Zip	City	State	Zip
PlackIsland	RI	02807			·
Secretary Name		•	Treasurer Name	•	•
Street Address			Street Address		
City	State	Zip	Clry	State	Zip
0 31.13.476 4330 40000000		· ·			
9. NAMES AND ADDRESSE Director Name	S OF THE DIRECTO	JRS ("X" BOX FOR ATTAC	HMENT) FILL IN SPACES BE Director Name	EFORE USING ATTACH	MENIS
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Street Address			Street Address	•	•
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Director Name	17°	·	Director Name	•••	
Street Address			Street Address		
City	State	Zip	City	State	Zip
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600 NO PAR VALUE			600		None
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This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



FILED

* FEB 0 5 2001

File Date: .

Check No.:

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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

Clif Payne

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PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000



Flling Period: January .	1-March 1 • 1	Filing Fee: \$50.00			INSTRU
(FORM MUST BE TYPED IN BLAC	rk)				
I. Corporate ID No.	2. Name of Corporatio	<i>-</i>	-		
3. Street Address Principal Business 3. 4. Business Phone No. 7. Brief Description of the Character of	x 646 Conv	3. State of Incorporation	HakIsland	State KI	21p 0180 - 6. SIC Code 3095
8. NAMES AND ADDRESS	ES OF THE OFFIC	ERS ("X" BOX FOR ATTACH	IMENT) Vice President Name		
Street Address	ne		Street Address		
150×646	State 101	Z(p	City	State	Zip
DIOCK 15610 Secretary Name	KL	02807	Treasurer Name		
Street Address			Street Address		
Clty	State	Zip	City	State	Zip
9. NAMES AND ADDRESS	SES OF THE DIREC	CTORS ("X" BOX FOR ATTA	ICHMENT)		
Director Nama			Director Name		
Street Addies:	1ne		Street Address		
Cliv A La Table	State PT	21p	City	State	Zip
Director Name		0200)	Director Name		
Street Address			Street Address		
City	State	· Zip	City	State	Zip
10. SHARES AUTHORIZEI AUTHORIZEI) SHARES	D ("X" BOX FOR ATTA	CHMENT)	11. SHARES ISSUED (*X*	BOX FÖR ATTACHMENT)	•
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
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This report must be sign:	ed in ink by eith	er the President. Vice	President, Secretary, Assista	int Secretary, Treasure	r, Receiver or
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Trustee

	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and
File Date: PAID	that all spatements contained herein are true and correct. US Jame Crawy 1800
Check No.: 0CT 2 3 2000	Signature of Officer State
STOY OF STATE	Print or Type Name of Officer
FOR SECRETARY OF STATE USE ONLY	The of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Filing Period: January 1	-March 1 • F	iling Fee: \$50.00			[172] REC. 10
(FORM MUST BE TYPED IN BLACK	()				
1. Corporate ID No.	2. Name of Corporation	a Dia-	Tac		
 3. Street Address Principal Business Of		a 100ma,	City	State	Zip
B0x646			islact Island	r <u>kT</u>	02807
4. Business Phone No.		5. State of Incorporation		, –	6. STC Code
401-466-50		EI,			3095
7. Brief Description of the Character of	f Rusiness Conducted in Ri	hode Island			
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	es of the offici	ERS ("X" BOX FOR ATTACH	MENT) Vice President Name		
President Name	, ,		AITE LIESINGUT LANGE		
UU 0	agne		Street Address		
Street Address	V				
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Klock floud	R7_	02507			
Secretary Name	, —	0 - 0 , 7	Treasurer Name		
Street Address			Street Address		
		7)	Cib.	State	Zip
City	State	Zip	City		•
9. NAMES_AND ADDRESS	ES OF THE DIDEC	TORS (*X* ROX FOR ATTA	ACHMENT)		
Director Name	23 OF THE DIREC	TORS (A DON TOWN)	Director Name		
('WHO	izze		•		
Street Address	0	•	Street Address		
150XC 46	9				715
CITY 11 A	State	Zip	City	State	Zip
Blockfilan	KL	0280/	Director Mama		
Director Name			Director Name		
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Street Address					
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED	O ("X" BOX FOR ATTAC	CHMENT)	11. SHARES ISSUED (*X*	BOX FOR ATTACHMENT	
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This report must be sign	e d in ink hv eith:	er the President. Vice	President, Secretary, Assist	ant Secretary, Treasu	rer, Receiver or Tru
This report must be sign	ca in the by con		· · · · · · · · · · · · · · · · · · ·	•	

	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and
PAID 199, HV 68 [1 17 UVIII 18 18 18 18 18 18 18	that all statements contained berein are true and correct. 3-14-00 Signature of Office Date
SECY OF STATE USE ONLY	Print or Type Name of Officer. Print of Officer Thirds Officer



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

(FORM MUST BE TYPED IN BLACK	•				
1 Corporate ID No.	2. Name of Corporation	Pond T	nc		
3. Street Address Principal Business Off	. , , , ,	10110 -	City	State	Zip
BOX 644 4 Business Phone No.		5. State of Incorporation	Blodasbyd	KI.	6. SIC Code
401-466-53	57) Business Conducted in Rhoo	K. L Je Island			
()	- lounge				
8. NAMES AND ADDRESSE	S OF THE OFFICER	S ("X" BOX FOR ATTACHM			
President Name			Vice President Name		
Street Address DOC 646	gre		Street Address		
Cir Rich Aland	State	2ip	City	State	Zip
Secretary Name	MI	02801	Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSE	S OF THE DIDECT	ODS (*Y* ROY FOR ATTAC	'HMFNT)		
Director Name	To a feet	ORS (N DON TOWN IN	Director Name		
Street Address	agn		Street Address		
City 20 10 10 10 10 10 10 10 10 10 10 10 10 10	State R.L.	Zip	City	State	Zip
Duector Name	八五。	02807	Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED	("X" BOX FOR ATTACH	MENT)	11. SHARES ISSUED (*X* B	OX FOR ATTACHMENT)	
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_	Under penalty of perjury, I declare and affirm that I have examined
	this report, including any accompanying schedules and statements, and
6 700 IIII CC II I 27 MW	that all statements contained herein are true and correct.
te Date: PAID VAD ABOND, IN SE !! 17 894	Cly/Jame 3-14-00_
Meck No. OCT 2.3 2930 S 3/12 3 () 414 383 35	Signature of Office Date
BEORIAED	Print or Type Name of Officer
SECY OF STATE	11 × 11 ×
OR SECRETARY OF STATE USE ONLY	Title ps/Officer



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



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(FORM MUST BE TYPED IN BLAC					
1. Corporate ID No.	2. Name of Corpo	oration / -	丁 .		
3. Street Address Principal Business O	-15/	and fond -	INC	f*	714
	ffice		BlockIslar	State	Zip
5 0x 6 4 C 4. Business Phone No.		5. State of Incorporation	1-21000ET)(CX	id ion	6.51C Code
401-466-	<-s-7\	P.T.			3005
7. Brief Description of the Character of	of Business Conducte	d in Rhode Island			20-12
Bon+1					
8. NAMES AND ADDRESS	ES OF THE OF	FICERS ("X" BOX FOR ATTAC	HMENT)		
President Nagre			Vice President Name		
Ul Fa	me.			,	
Street Address	U		Street Address		
1300046				_	
Cly By into Day	State	ZIp	City	State	Zip
Secretary Name	ML	02807	Treasurer Name		
Streetary traine			:		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESS	es-of the di	RECTORS ("X" BOX FOR ATT	ACHMENT)		
Director Name			Director Name		
Street Address	ayre	. .	Street Address		
Boxwall			Street Address		
and the	State	Zip	City	Stale	Žip
Dlock Labord	KI	(1350)	•		•
Director Name		0000	Director Name	• •	
Street Address			Street Address		
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10. SHARES AUTHORIZED AUTHORIZED SHARES	I CA BOX FOR A	I IACHMEN I)	II. SHAKES ISSUED	(*X* BOX FOR ATTACHMEN	17
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This report must be signe	d in ink by e	ither the President, Vice	President, Secretary, As-	sistant Secretary, Treas	urer, Receiver or Trus
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	Under penalty of perjury, I declare and affirm that I have examined
	this report, including any accompanying schedules and statements, and
PAID VIN and the ell his Earl	that all statements contained herein are true and correct.
He Date: PAID (N) ABY HE 65 11 hiteli	(MA)an 3-14-00
OCT 2 3 2000 75	Signature of Officer Date
Theck No.: 0C1 2 3 2000 3 3171. 30 7574.54035	Clif Parana
SECY OF STATE 03/13/30/38	Print or Type Name of Officer
3501010000	
OR SECRETARY OF STATE USE ONLY	Alsidan
	The of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1994



Filing Period: January 1	-March 1 • F	iling Fee: \$50.00			TXSTRUCTIO
(FORM MUST BE TYPED IN BLACK	<i>(</i>)				
1. Carporate ID No.	2. Name of Corporation				
5 Street Address Principal Business Of. 4. Business Phone No. 401-466- 7. Brief Description of the Character of	5572	5. State of Incorporation	-Inc Block Island	State RI	21p 03807 6. SIC Code 3095
Bas + 10	uncl_				
8. NAMES AND ADDRESSE	es of the offic	ERS ("X" BOX FOR ATTAC	HMENT)		
President Name			Vice President Name		
Myray	ne		Street Address		
Street Address			,		
DOX. G. G. G.	State	Zip	City	State	Zip
To only Dagard	RT	02807			
Secretary Name		00.0	Treasurer Name		
•					
Street Address			Street Address		
City	State	Zıp	City	State	Zip
9. NAMES AND ADDRESS	ES OF THE DIREC	CTORS ("X" BOX FOR ATT	FACHMENT) Director Name		
Street Address Roy (0.1/1	yne		Street Address		
/ JO / W F Y	State	Zip	City	State	Zip
Block Asland Director Name		7807	Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED) (*X* BOX FOR ATTA	CHMENT)	11. SHARES ISSUED ("X	BOX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Velue
1800		sone	1000		None
This report must be sign	ed in ink by eith	er the President, Vice	e President, Secretary, Assis	tant Secretary, Treasu	er, Receiver or Tr

	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and
Check No.: SECY OF S OBAIR OF STATE USE ONLY	Signature of Officer Print or Type Name of Officer Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 995 Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACE	0				
1. Corporate ID No.	2. Name of Corporation	\cap	_		
	Island	d Hord, I	nc		
3. Street Address Principal Business Of	fice	_ ,	City	State	Zip
BOX 644			BlockIsland	RI	02807
4 Business Phone No.		5. State of Incorporation	- , ,		6. SIC Code
401-4663		K-1			3095
7 Brief Description of the Character of					
· 1207-	+ 10009	- e			
8. NAMES AND ADDRESSE	SOF THE OFFICER	S ("X" BOX FOR ATTACHN			
President Name	_		Vice President Name		
The state of the s	type		45 4.44		
Street Admiss	U		Street Address		
100X 646	Serve	7.5	City	State	Zip
ROMA DOLL	PI	(A) (S)	City	June	r.h
Secretary Name	1	O	Treasurer Name		
200701007 1700000			11(2)2		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSE	ES OF THE DIRECTO	ORS ("X" BOX FOR ATTAC	CHMENT)		
Director Name			Director Name		
(My Payne					
Strapt Addiess	_	·	Street Address		
D0X646					
City of A. A.	State -	Zip	City	State	Zip
Deock John d	RI	02807	D . A . M		
Director Name			Director Name		
Street Address			Street Address		
VIII 1144.422			Auto wasters		
City	State	Zip	City	State	Zip
		·			
10. SHARES AUTHORIZED	("X" POX FOR ATTACHS	AENT)	11. SHARES ISSUED (*x* B)	OX FOR ATTACHMENT)	
AUTHORIZZI) SHARES			ISSUIFED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1500		_			
/000		none_	/000		More
		•			
This report must be signed	d in ink by either t	the President, Vice Pr	resident, Secretary, Assistan	it Secretary, Treasurer,	Receiver or Tru
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	þ	AID	
File Date:	0CT 2	9 10 00. Hy se []	_ หว ยนนุ
Check No.:	SEC'Y O	Mid 3.40% कर हिन्दु हुई <mark>सुर्वे के कर</mark> रहर	335535
By:	10 JS26 CU	DEINED 3 TOR	38
FOR SECRETA	RY OF STATE USE O	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.



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 994
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK	9				
1. Corporate ID No.	2. Name of Corporation		_		
3. Street Address Principal Business Off 4. Business Phone No. 4. Brief Description of the Character of	71	5. State of Incorporation EL te Island	nc Block Island	State RT	zip 02807 6. SIC Code 3675
(1)	runce		IENT)		
President Name	_		Vice President Name		
Street Address Box 646	٤		Street Address		
892 1- 00 1	State	Zip	City	State	Zip
Blow Albard Secretary Name	RI	02807	Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSE Director your	S OF THE DIRECTO	DRS ("X" BOX FOR ATTAC	HMENT) Director Name		
Street Address			Street Address		
BOX646 Block I Sand	State PL	21p 02807	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" BO)X FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1000	C	None	1000	_	rose
This report must be signed	in ink by either t	he President, Vice Pro	esident, Secretary, Assistan	t Secretary, Treasurer,	Receiver or Trus

		PAID		
File Date:	0	CT 2 3 2000 O	O' HA ee li	P2 880
Check No.:	SEC	Y OF STATE	Me sail in	o Rij
ву:	JD	JSJATES JATES	VEN DE 21VI	18d03\$ ∃8
		TATE LISE ONLY		

Under penalty of perju	ry, I declare and	affirm that I have	e examined
this report, including			
that all spatements cor	itained Perein arc	true and correct	•
Cey	Janne	3 ~	14-03
Signature of Officer	0	Date	

TAYNE

The of Officer



(FORM MUST BE TYPED IN BLACK)

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 1993 Filling Period: January 1-March 1 • Filing Fee: \$50.00



1. Corporate ID No.	2. Name of Corporation	Prod			
3. Street Address Principal Business Off		2 LOALD	City	State	Zip
Box 646			Rick Island	1RT.	02807
4. Business Phone No.		5. State of Incorporation		V —	6. SIC Code
401-466-55 7. Brief Description of the Character of	Business Conducted in Rhod	e Island			3095
Don+1	ounge	•			
8. NAMES AND ADDRESSE	S OF THE OFFICER	S (*X* BOX FOR ATTACHM			
President Name Street Address	Tayre		Vice President Name Street Address		
Lexalo Cir	State	Zip	City	State	Zip
Electronal de Secretary Name	RI	02507	Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSE	S OF THE DIRECTO	ORS ("X" BOX FOR ATTAC	HMENT)		
Director Mayne			Director Name		
Clir Van	ب				
Street Address Do X 6 4 6			Street Address	•	
Class	State	Zip	City	State	Zip
Block Aland Director Name	KL	02807	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* BO	OX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1000	<i>C</i>	rone	1000	_	none
This report must be signed	l in ink by either t	he President, Vice Pr	resident, Secretary, Assistan	it Secretary, Treasurer,	Receiver or Trus

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ect.
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PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR / 99> Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK	·1	·			
1. Carporate ID No.	2. Name of Corporation				
1. Corporate 12 140.	TSIGN -	\mathcal{D}_{1}	1 10		
3. Street Address Principal Business Off		Hond,	Lnc	Pa	7 :-
	, it t			State	Zip
Box 646		6 Park - 6 Park - 1 P	Dock Island	KI	0280/
4. Business Phone No	- 0 \	5 State of Incorporation			6. SIC Code
7. Brief Description of the Character of	5/2	K-L			3095
15aR+	lounge	_			
8. NAMES AND ADDRESSE	S OF THE OFFICER	S ("X" BOX FOR ATTACHM	MENT)		
President Rame			Vice President Name		
Cly Tayon	ا				
Street Address			Street Address		
BOX446					
545 A A A	State -	Zip	City	State	Zip
Dethe Deland	RI	02807			
Secretary Name		/	Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
		•			•
9. NAMES AND ADDRESSE	S OF THE DIRECTO	RS ("X" BOX FOR ATTAC	HMENT)	•	
Director Name			Director Name		
("W to	and /				
Street Address			Street Address		
TRAV (.4(2	•				
City	State RI	Zip	City	State	Zip
Flood Island	RT	^ ^ > ^	•		•
Director Name	14.30	02801	Director Name		
Street Address			Street Address		
			3.7.7.7.4.2.7.3		
City	State	Zip	City	State	Zip
,	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ε.ιμ	City	Jiure	2.17
10 CHARGE AUTHORIZED	(2) 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	·	11 CHAREC ICCUED (The De		
10. SHARES AUTHORIZED	CX HOX FOR ATTACHM	(ENT)	11. SHARES ISSUED (*x* BO	DX FOR ATTACHMENT)	
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1000		1	4.6		
7000	<u></u>	roxl.	10-00		rose
		-			

		Under penalty of perjury, I declare and affirm that I have examined
		this report, including any accompanying schedules and statements, and
	PAID	that all statements contained herein are true and correct.
le Date:	00, NA es 11 42 AAN	2/1/
	nct 2 3 or of	5/14/00
	(Alt) 3 (Alt) 3 (Alt) 40 (40 (40 (40 (40 (40 (40 (40 (40 (40	Signature of Officer
heck No.:		1/1+ Houng
	07417031	Print or Type Name of Officer,
v:	$\frac{\sqrt{(r)}}{\sqrt{3}}$	
OR SECRETA	RY OF STATE USE ONLY	- Juseden
	•	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 1991
Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK)				
1. Corporate ID No.	2. Name of Corporation				
3. Street Address Principal Rusiness Off	======================================	d Lond, I	-NC	State	Zip
BOX 646			Back Island	RI	02807
4. Rusiness Phone No.	- .	S. State of Incorporation			6. SIC Code
401 - 46655 7. Brief Description of the Character of	• -	ドエ) Is island			305
	lounge				
8. NAMES AND ADDRESSE	•	S (*X* BOX FOR ATTACHM	IENT)	••	
President Pame			Vice President Name		
Street Address	gre -		Street Address		
55X 646	State	Zip	City	State	Zip
Secretary Name	RL	02807	Treasurer Name		
Street Addiess			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSE	S OF THE DIRECTO	ORS ("X" BOX FOR ATTAC	HMENT)		
Director Namy			Director Name		
Streep reguess SOX Co 46	ne		Street Address		
City	State	Zip	City	State	Zip
Block Slond Director Name	RL	02807	Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED AUTHORIZED SHARES	(*X* BOX FOR ATTACHM		11. SHARES ISSUED ("X" B	OX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1000		none	1000	<u>_</u>	none
This report must be signed	1 in ink by either t	he President, Vice Pr	resident, Secretary, Assistar	nt Secretary, Treasurer	, Receiver or Trustee

PAID M. UY GE 11 1-7 ETU	this report, inc that all statem
OCT 2 3 2009	Signature of Office
SECY OF SIZE DE SIZE D	Print of Type Nam



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1990 Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 3. Street Address Principal Business Office 646 02807 4. Business Phone No. 5. State of Incorporation 401-466557 7. Brief Description of the Character of Business Conducted in Rhode Island on + lounge 8. NAMES AND ADDRESSES OF THE DEFICERS ("X" BOX FOR ATTACHMENT) Vice President Name Street Address City State Zip Treasurer Name Street Address Street Address Zip City City State State Zip 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) **Director Name** Street Address City State Zip 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 ISSUEI) SHARES Number of Shares Number of Shares Class/Series Class/Series Par Value 1000 Ċ 1000

alty of perjury, I declare and affirm that I have examined, including any accompanying schedules and statements, and dements contained herein are true and correct. Lagre 03/14/00 Office Date Name of Officer Lagre 10
in ten



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1989 Filing Period: January 1-March 1 • Filing Fee: \$50.00



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(FORM MUST BE TYPED IN BLACK					
1. Corporate ID No.	2. Name of Corporation	d Dad-	<u> </u>		
3. Street Address Principal Business Of	, .	c loud	Inc Blak Island	State	Zip
4. Business Phone No.		S. State of Incorporation	par 136m		6. SIC Code
2/01-4/L26-5. 7. Brief Description of the Character of Day -	572 (Business Conducted in Rho	de Island			3095
8. NAMES AND ADDRESSE	S OF THE OFFICER	S (*X* BOX FOR ATTACHM	IENT)		
President Mame			Vice President Name		
Street Address	one .		Street Address		
130×626	State	Zip	City	State	Zip
BockIshid	RI	02807			
Secretary Name		. 0 0 . /	Treasurer Name	•	
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSI	ES OF THE DIRECT	ORS (*x* BOX FOR ATTAC	HMENT)	•	
Director Name - A			Director Name		
Cly Pa	upe				
Street Address	U		Street Address		
CID	State	Zip	City	State	Zip
Block Island	RI	02507			
Director Name			Director Name	• • •	•••
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED	(*X" BOX FOR ATTACH	MENT)	11. SHARES ISSUED (*x* B	OX FOR ATTACHMENT)	
AUTHORIZED SHARES	Cl (C.)	One Male a	ISSUED SHARES	Class/Series	Par Value
Number of Shares	Class/Serles	Par Value	Number of Shares	Class/stries	
/800	_	none	1000	2	none
m	and the state of t	Alia Bandale in Miss B	idant Constant Assistan	at Socratany Transvers	Doceiver of True
inis report must be signe	a in ink by either	the rresident, vice Pi	resident, Secretary, Assistar	it sectetary, iteasurer,	Vecelaet of itus

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, a that all statements contained herein are true and correct. Signature of Officer Print or Type Name of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1988 Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACE	()				
1. Corporate ID No.	2. Name of Corporation		_		
ر. ،	T 56~	id tond.	Inc		
3. Street Address Principal Business Of	Nee		CMD)	State	Zip
130×646	}		DakIsland	KI	02807
4. Business Phone No.		5. State of Incorporation			6. SIC Code
401-46655	⁻ 7よ	$\mathcal{K}\mathcal{I}$			3095
7. Brief Description of the Character of					•
50-	7/00 m	SL			
8. NAMES AND ADDRESSI	ES OF THE OFFICER	🖒 (*x* box for attach)	MENT)		
President Name			Vice President Name		
Clif fair	26_				
Street Address	, —		Street Address		
B0X6460					
City a A A a	State RI	Zip	City	State	Zip
Block Sand	KI	0280)			
Secretary Name			Treasurer Name		
Street Address			Street Address		
				•	
City	State	ZIP	City	State	Zip
A 1111/20 (110 (0000000)		0.70 (
9. NAMES AND ADDRESSI	ES OF THE DIRECT	ORS ("X" BOX FOR ATTAC	CHMENT) Director Name		
Director Agent	- 11		Director Name		
Sum street & day			Street Address		
70× 641					
Clor	State	Zip	City	State	Zip
Romb Dad	27	A 1 5017	,	•	
Director Name	K-1	02001	Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED	(*X* BOX FOR ATTACH!	MENT)	11. SHARES ISSUED (*X* B	OX FOR ATTACHMENT)	
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1800		none	1000		none
	-	none		<u>-</u> ·	
		•			
This report must be stone	d in ink hy sither	the President Vice D	resident, Secretary, Assistan	it Secretary Treasurer	Receiver or Tru
ima report must be sigue	wild the by citilet	the ricordent, vice r	icinaciit, occidiaiy, maaistaii	occiciany, measurer,	

	PAID	Under penalty of perjury, i declare and affirm that I have examined this report, including any accompanying schedules and statements, and
lle Date: _	OCT 2 3 2000 00. ΗΣ 6ε 1 1/2 υνμ	that all statements contained herein are true and correct.
heck No.:	SEC'Y OF STATE (March 1969) 184138035	Signature of Officer Date
lv:	RECEIVED CELOSO	Print or Type Name of Officer
OR SECRET	TARY OF STATE USE ONLY	Areachant Inde of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1987 Filing Perlod: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLAC		711113 700.00			
1. Corporate ID No.	2. Name of Corpora	tion Pood	Enc.		
3. Street Address Principal Business (Office	10100	_ IFrc Bluck Islan	d State	7.1p
4. Business Phone No.		5. State of Incorporation	1010 CK ISING		6. SIC Code
401-466-5		VCI			3095
7. Brief Description of the Character	,				
ープライ 8. NAMES AND ADDRESS	· lours		· ·ument)		-
President Karpe	L3 OF THE OFG	CERS I A BOA FOR ATTAC	Vice President Name		
Street Address	ine		Street Address		
B0x646	•				
20.11.0	State KI	7.1p	City	State	Zip
Secretary Name	KI	02801	Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESS	ES OF THE DIR	ECTORS ("X" BOX FOR AT	FACHMENT)		
Director Name	\bigcirc		Director Name		
Cly	Jayre		Access Address		
Street Address	U		Street Address		
27 0 1 1 1	State	ZIP	City	State	Zip
Block & Sland	RL	02807			
Director Name		, ,	Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZEI	O ("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED (*)	(* BOX FOR ATTACHMEN	T)
AUTHORIZED SHARES Number of Shares	Class/Series	Par Value	ISSUED SHARES Number of Shares	Class/Series	Par Value
1000	C .	none	1000	<u> </u>	17 846
		•	•		
This common ways to a st		has Aba Daasidassa 30	Descident Constant Andre	tant Sacratam Tana	urer Deceiver or Tr
inis report must be sign	ec in ink by eit	ner the President, Vice	President, Secretary, Assis	tant secretary, ireas	outer, Receiver of Itu

	Under penalty of perjury, I declare and affirm that I have examined
	this report, including any accompanying schedules and statements, and
27	that all statements contained herein are true and correct.
The Date: 0. W 68 11 17 1111	Clip Carne 3/14/00
MCT 2 2 MAY CO. AIC SEVER SUBJECT OF	Signature of Officer Date
Theek No.: 0CT 2 3 (1) 20 31418 40 14151035	Clif Pryne
WEDENAED SECTION OF SE	Print or Type Name of Officer
FOR SECRETARY OF STATE USE ONLY	president
The storic interest of state of the storic interest of the storic in	Tive 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 1986 Filing Period: January 1-March 1 • Filing Fee: \$50.00



FORM MUST BE TYPED IN BLACE	()				
1 Corporate ID No.	2 Name of Corporation				
3 Street Address Principal Business vi	in John d	e tond I	Inc cio	State	Zip
Box 646			Black_Island	KI	02807
4. Business Phone No. 4/01-4/6654	~ 7)	5. State of Incorporation			6. SIC Code
7. Brief Description of the Character of		de Island			-2045
Pron +	lourae				
8. NAMES AND ADDRESSE	- ₁ \ -	S ("X" BOX FOR ATTACHS	MENT)		
President Name	Ω		Vice President Name		
Street Address	Tryne		Street Address		
Civil Discourse	State PL	Zip	City	State	Zip
Secretary Name	RI	62807	Treasurer Name		
Street Address			Street Address		
City	State	Zip	Gity	State	Zip
9. NAMES AND ADDRESSE	S OF THE DIRECTO	ORS (*X* BOX FOR ATTAC	CHMENT)		
Director Name .			Director Name		
Street Address	yre .		Street Address		
BON (-4/2	V		Street Address		
	State	Zip	City	State	Zip
Block Laland	RI	02807			
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zıp
10. SHARES AUTHORIZED AUTHORIZED SHARES	("X" BOX FOR ATTACHE	4ENT)	11. SHARES ISSUED ("X" B	OX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1000	<u></u>	none	1000	\subset	none
				•	
This report must be signed	d in ink by either t	he President, Vice Pi	resident, Secretary, Assistan	it Secretary, Treasurer,	, Receiver or Trus

PAID	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and
THE Date: OCT 2 3 200例。明 6 日 トラ 2世	that all statements contained herein are true and correct.
THE SECTION STATES TO STATE OF STATES TO	Signature of Officer Print or Type Name of Officer
OR SECRETARY OF STATE USE ONLY	The or Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1985 Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)				
I. Corporate ID No.	2. Name of Corporation	<u> </u>	<i>,</i> 		
\	IISlan	& Kond , I	\mathcal{M}		
3. Street Address Principal Rusiness Off			CIN	State D-	Zip
4. Business Phone No.	,	S. State of incorporation	DOUBLE	ML.	6. SIC Code
401-466	-5571	RI		•	3095
7. Brief Description of the Character of	Business Conducted in Rhod	ie Island			_
Bon +	lounge				
8. NAMES AND ADDRESSE	s of the officer	S ("X" BOX FOR ATTACHM	(ENT)	•	·
President Name .			Vice President Name		
Street Address	re		Street Address		
BOX (0. 4)	D State	Zip	City	State	Zip
PHOLITELA	PT PT		City	Jiute	2.7
Secretary Name	N)L	O380 /	Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSE	S OF THE DIRECTO	ORS ("X" BOX FOR ATTAC	HMENT)		
Director None			Director Name		
CIT TH	1nc				
Street Address	. –		Street Address		
C100 7 646	State	Zip	City	State	Zip
Prochtelad	RI RI	·	City	Jinte	2.7
Director Name	\sim \sim	02807	Director Name	•	
Street Address			Street Address		
City	State	Zip	City	State	Zip
				•	
10. SHARES AUTHORIZED	("X" BOX FOR ATTACHE	IENT)	11. SHARES ISSUED (*X* B)	OX FOR ATTACHMENT)	
AUTHORIZED SHARES			ZZSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1000	0	none	1000	C	none
			,	•	
This report must be signed	l in ink he aithar t	ha Dracidant Vica De	racidant Sacratani Assistan	it Socretary Treasurer	Receiver or Tru-

	PAID	00. HA ee 11 - 12 AAN	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.
lle Date:	SEC'Y OF STAXE	740 - 60 - 60 - 60 - 60	Signature of Officer Bate
y:	(10 JS)938	FEORITAIN OF STATE	Print or Type Name of Officer Print or Type Name of Officer
OR SECRETA	ARY OF STATE USE ONLY		Title by Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1984 Filing Period: January 1-March 1 • Filing Fee: \$50.00



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(FORM MUST BE TYPED IN BLAC	(K)				
1. Corporate ID No.	2. Name of Corporation				
3. Street Address Principal Business C	office The Sto	nd lond	TINC	State	Zip
Fox 646			Black Island	RI	02807
4. Business Phone No.		5. State of Incorporation		, -	6. SIC Code
401-466	-557a	EI			3615
7. Brief Description of the Character of	of Business Conducted in RI				
8. NAMES AND ADDRESS			MENT)		
President Name			Vice President Name		
Street Address	Sime		Street Address		
	//		Street Address		
\$0x64	State	Zip ·	City	State	Zip
Block-Orland	PT	02807	chy	37916	2.17
Secretary Name		00001	Treasurer Name		
,					
Street Address			Street Address		
City	State	Zip	City	State	Zip
,		•	•		•
9. NAMES AND ADDRESS	ES OF THE DIRECT	CORS ("X" BOX FOR ATTAI	CHMENT)		
Director Name	0		Director Name		
(ly	Parme	,			
Street Address			Street Address		
DOX649					
City, Little	State	Zip	City	State	Zip
Dlock Island	RI	02807			
Director Name			Director Name		
Street Address			Court Address		
Street Maaress			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED) (eve bov con attract	nerimi	11 CHADEC (CCITED /eye o	OF FOR ATTACOMENT)	
AUTHORIZED SHARES	T CA BOA FOR MITAGE	IMEN I7	11. SHARES ISSUED ("X" B ISSUED SHARES	OX FOR ATTACHMENT	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1000	C	10.15-0	100-	C	.0+-0
, , , , ,		NONE	1000		none
This report must be signe	d in ink by either	the President, Vice P	resident. Secretary. Assistar	nt Secretary. Treasurer	. Receiver or Trust

PAID File Date: OCT 2 3 2690 UD 3 00. HV 68 11 17 HVN	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. O3/14/00
Check No.: SECY OF STATE	Signature of Officer Date Date Print or Type Name of Officer
FOR SECRETARY OF STATE USE ONLY	Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1983 Filing Period: January 1-March 1 • Filing Fee: \$50.00

STOP PILASE RIAD INSTRUCTIONS

, , , , ,					
(FORM MUST BE TYPED IN BLACK	9				
1. Corporate ID No.	2. Name of Corporation	nd Pond	Trc Cinplock Island		
3. Street Address Principal Business Of	•		CITY	State	Zip
Box 646			DockIsland	K,T	02807
4. Business Phone No.		5. State of Incorporation	. ~	·	6. SIC Code
HO 1 - 466 7. Brief Description of the Character of	Business Conducted in Rho				3095
Bor	+ 1000000				
8. NAMES AND ADDRESSE	S OF THE OFFICER	IS ("X" BOX FOR ATTACHM	ient)		
President Name)		Vice President Name		
C/IF FX	yne_				
Street Address	, ,		Street Address		
Street Address Box 64 City Bock Island	4				
CIP (1)	State	Zip	City	State	Zip
· · · · · · · · · · · · · · · · · · ·	EL	0780/			
Secretary Name			Treasurer Name		
Street Address			Street Address		
		·	Street Manies		
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O MANGE AND ADDRESS	C OF THE DIRECT	ORE /ave now ron attac			
9. NAMES AND ADDRESSE	S OF THE DIRECT	OKS ("A" BOX FOR ATTAC	Director Name		
11/1F A	Ayne				
Street Address	7776		Street Address		
B0x646					
Box 646 Block Island	State	21p	City	State	Zip
Block Island	KI	COSLO			
Director Name	. –		Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
•		•	- ,		•
10. SHARES AUTHORIZED	("X" BOX FOR ATTACHN	MENT)	11. SHARES ISSUED (*x* B	OX FOR ATTACHMENT)	
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1000	_			,	
1000		none	1000		none

PAID	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and
e Date: 0CT 2 3 200000 [13 SE] 1 17 STU	that all statements contained herein are true and correct.
SECTY OF STATE	Signature of Officer Date Date
BECEIVED JOSE ONLY	Print or Type Name of Officer OLO LAM T
OR SECRETARY OF STATE USE ONLY	Thirds Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1982 Filing Period: January 1-March 1 • Filing Fee: \$50,00

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riling Period: January	I-March 1 • 1	Filing Fee: \$50.00			PLIASER Instruct
(FORM MUST BE TYPED IN BLA	сю				TANKET I
L. Corporate ID No.	2. Name of Corporatio	n —			
•	Isbno	. 1)	Inc		
3. Street Address Principal Business		3 10KG -	Con		
Box 646			Black Island	State	Zip
4 Business Phone No		6 Ca. 1	DIOCE ISONO	RI	02807 6. SIC Code
	ぐくつく	5. State of Incorporation			6. SIC Code
401-466 7. Brief Description of the Character	of Business Constructions	RI			3095
Description of the contracter	Up Business Conducted in F	chode Island			
420-	1 -1 10 Un	9			
8. NAMES AND ADDRESS	SES OF THE OFFICE	ERS ("X" BOX FOR ATTAC	HMENT)		
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President Name Street Address BOX 646 City Block ISkend	Ayne				
Street Address	,		Street Address		
50×646					
City 1. 1. 1.	State	02807	City	State	Zip
DIOCKINDENC	KL	02807			•
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESS	ES OF THE DIREC	TORS ("X" BOX FOR ATT)	ACHMENT)		
Director Name)		Director Name	•	
(/1+ +	Aune.				
Street Address			Street Address		
150x 64	6				
Street Address Sox 6 4 Block Island	State	Zip	City	State	Zip
· DIOCKISLONG	1 RI	02807		****	C.Iy
Director Name	, – <u>, </u>		Director Name	ı	
treet Address			Street Address		
lity .	State	Zıp	City	State	40
		•	5.1,	State	Zip
10. SHARES AUTHORIZED	("X" BOX FOR ATTACE	(MENT)	11 CHADEC ICCHED /	WW POR ATTRICTURE	
CTHORIZED SHARES		1.411.1447	11. SHARES ISSUED ("X" B	OX FOR ATTACHMENT)	
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		•			
his report must be signed	d in ink by siths-	Abo Descident Mr. B		_	•

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

PAID	as in a. H. L.T. W.T.
Elle Date: - 0C1 2 3 1899	面 間 8 11
Check No.	x
SEC'Y OF STATE	30x75 40 94 10 3 A 30x75 40 94 10 3 A
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 Officer Date
_ C/1+ TA-411e

Print or Type Name of Officer,
Plesider



PROFIT	CORPORATION	I A	ANNUAL	REPORT	FOR	THE	YEAR	1981
Filing Period	l: January 1-March 1 •	F	Filing Fee: \$50	.00				



(FORM MUST BE TYPED IN BLAC	K)				
1. Corporate ID No.	2. Name of Corporation	, 1	1		
3. Street Address Principal Business O		and ton	d Inc Block Is	State T	Zip
4. Business Phone No.		S. State of Incorporation	10015 T2	Knd N.L	6. SIC Code
401-466 7. Brief Description of the Character o		thode Island			3090
	+ lound				
8. NAMES AND ADDRESS		1	HMENT)		•
President Name)		Vice President Name		
Street Address	syne		Street Address		
Box 640	State	Zip	City	State	Zip
Secretary Name		07807	Treasurer Name	•	
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESS	ES OF THE DIREC	TORS ("Y" ROY FOR ATT	ACHMENT)	-	
Director Name		TORS (A DON TOR ATT	Director Name		
Clif	PAyne	-			
Street Address	•		Street Address		
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RicckIsland	IRT.	02507	·		
Director Name	V-1	03 0 - 7.	Director Nome	• • •	•
Street Address			Street Address		
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10. SHARES AUTHORIZED AUTHORIZED SHARES	(*X* BOX FOR ATTAC	CHMENT)	11. SHARES ISSUED	("X" BOX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
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This report must be stone	Alle telle has a table	andra Brasida A. 1810a	Descriptions Considers Av	Consider Transco	

	PAID	Under penalty of perfury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and the all the self-parts and sources.
File Date:	COCTIZES 26001:7 BULL	that all stardments contained herein are true and correct.
Check No.:	SEC'Y OF STATE	Signature of Office PAYNE Date
By:FOR SECRETARY OF STATE US	E ONLY	Print or Type Name of Officer Print of Officer Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1980 Filing Period: January 1-March 1 • Filing Fee: \$50.00



FORM MUST BE TYPED IN BLACK	()				
1. Corporate ID No	2. Name of Corporation	ind Pond -	Inc		
3. Street Address Principal Business Of	fice	,	City	State	Lip Co C
4 Business Phone No 401-466		5. State of Incorporation	1210x 7.510x9	VCI,	6. SIC Code 3095
7 Brief Description of the Character of	Business Conducted in Rho	de Island			
8. NAMES AND ADDRESSE	S OF THE OFFICER	RS ("X" BOX FOR ATTACHN	AENT) Vice President Name		
Street Address	yne-		Street Address		
BOX 6 46	State PT	Zip	Cuy	State	Zip
Secretary Name	RI	02807	Treasurer Name		
Street Address			Street Address		
City	State	Zip	Gity	State	Zip
9. NAMES AND ADDRESSE	\bigcirc	ORS ("X" BOX FOR ATTAC	CHMENT) Director Name		
Street Address	PAYNE		Street Address		
BOX 640	State R.L.	Zip	Сиу	State	Zip
Director Name	N:L	O=280	Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED AUTHORIZED SHARES	("X" BOX FOR ATTACH	MENT)	11. SHARES ISSUED (*X* BI	OX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
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This report must be signe	d in ink by either	the President. Vice Pi	resident, Secretary, Assistan	it Secretary, Treasurer,	Receiver or Trus

		Under penalty of perjury, I declare and	affirm that I have examined
	PAID	this report, including any accompanying	
File Date:	10. 14 3E 11 OCT 2 3 2000	that all statements contained herein and	3 - 14 - 00
Check No .	SECNOF STATE	Signature of Officer PAYNC	Date
B). FOR SECRETARY OF ST	WESELVED SOLVED	Print or Type Name of Officer, Dresiden+	



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1979



Filing Period: Janu	ary 1-March 1 •	Filing Fee: \$50.00			INSTRUCT
FORM MUST BE TYPED IN	I BLACK)				
L. Corporate ID No	2. Name of Corpora				
7. Brief Descri <u>ption of</u> the Cha	16 1065572	S. State of Incorporation RT n Rhode Island	Inc BakIslan	d KI	71p 03807 6. SIC Code 3095
		CERS ("X" BOX FOR ATTACH	IMENT)		
President Name	Payne		Vice President Name Street Address		
Blocker Blockers	byd RI	^{Zip} 03807	City	State	Zip
Secretary Name	••	- /	Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADD	RESSES OF THE DIRI	ECTORS (*x* box for atta	CHMENT) Director Name		
Street Address	44ne		Street Address		
Phodo Take	State	Zip	City	State	Zip
Director Name	WC, CI	U980 1	Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHOR AUTHORIZED SHARES	RIZED ("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED ISSUED SHARES	("X" BOX FOR ATTACHMEN	T)
Number of Shares	Class/Series	Pur Value	Number of Shares	Class/Scries	Par Value
1000	C	none	1000	C	none

PAID	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and
File Date: 00, 11 28 11 00 12 3 2000	that all statements contemped herein are true and correct. 3-14-00
Check No.: SEC YOOF STATE BIVIDEO ANY DECITIONS By QEANED BY UDD SPIZO	Signature of Officer Dute Of PAYNE
TOR SECRETARY OF STATE USE ONLY	Print or Type Name of Officer President Ble of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1778 Filing Period: January 1-March 1 • Filing Fee: \$50.00



riting reriou: junuary 1	- March 1 - Pit	ing ree. \$30.00			A STATE OF
(FORM MUST BE TYPED IN BLACK	9				
1. Corporate ID No.	2. Name of Corporation				
· }	-Island	tond, Inc			
3 Street Address Principal Business Of	fice	,	City	State	Zip
Box 646			BlackIsland	RI	02807
4 Business Phone No.		5. State of Incorporation	•		6. SIC Code
401-4665 7. Brief Description of the Character of		RT de Island			3095
	lounge				
8. NAMES AND ADDRESSE	•	IS ("Y" HOY FOR ATTACHN	AFNT)		
President Name		LJ (A BOA FOR ATTACHI	Vice President Name		
PIE P	tyne				
Street Address	7911		Street Address		
Box 646					
Box 646 Block Island	State	Zip	City	State	Zip
Block Island	L RIE.	02807			
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
A MINER AND ADDRESS	e of the bibeet	ODC (eve nov ron emico	ness zmalmi		
9. NAMES AND ADDRESSE Director Name	ES OF THE DIRECT	OK2 ("X" BOX FOR ATTAC	.HMEN 1) Director Name		
			<i>,</i> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
SIMILADORSS BOX 646	1ne		Street Address		
PCX 646					
City	State	Zip	City	State	Zip
5 Block Island	State LT	02807			
Director Name		0000	Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED	("X" BOX FOR ATTACH	MENT)	11. SHARES ISSUED ("X" B	BOX FOR ATTACHMENT)	
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			•		

PAID	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and
Ede Dote: 00. 88 11 P.Z. AAA CL 3 3 5000	that all statements contained herein are true and correct. 114-00
Check No.: 31413 30 7 34 13 10 SECY OF STAT	E Signature of particer Date C11 & PAY11 &
FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Officer Tile of Officer