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.	2. Name of Corporation
83787	Berkeley Acquisition Corporation

3. Street Address Principal Business Office	City	State	Zip
60 Industrial Drive	Cumberland	RI	02864

4. Business Phone No.	5. State of Incorporation	6. SIC Code
(401) 334-4677	Rhode Island	8888

7. Brief Description of the Character of Business Conducted in Rhode Island
ACQUIRING INTEREST IN REAL ESTATE

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

President Name	Vice President Name
Bradford A. Dean	None
Street Address: 16 Jasons Grant Drive	Street Address:
City: Cumberland; State: RI; Zip: 02864	City: ; State: ; Zip:
Secretary Name: Bradford A. Dean	Treasurer Name: Bradford A. Dean
Street Address: 16 Jasons Grant Drive	Street Address: 16 Jasons Grant Drive
City: Cumberland; State: RI; Zip: 02864	City: Cumberland; State: RI; Zip: 02864

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

Director Name	Director Name
None	
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
8,000	Common	$1.00	100	Common	$1.00

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

[redacted] 8 3 7 8 7 [redacted]

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.

Bradford A Dean 2.9.05
Signature of Officer *Date*

BRADFORD A DEAN
Print or Type Name of Officer

PRESIDENT
Title of Officer

[redacted]

File Date 2/18/05
Check No. 126332
By: VD.
FOR SECRETARY OF STATE USE ONLY

Form 630 12/01

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
***Matthew A. Brown**, Secretary of State*

Corporations Divis
100 North Main St
Providence, RI 02903-1;
401.222.3(

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.	2. Name of Corporation			
83787	Berkeley Acquisition Corporation			
3. Street Address Principal Business Office: 60 Industrial Drive		City: Cumberland	State: RI	Zip: 02864
4. Business Phone No.: (401) 334-4677	5. State of Incorporation: RHODE ISLAND			6. SIC Code: 8888

7. Brief Description of the Character of Business Conducted in Rhode Island: Acquiring interest in real estate

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

President Name	Street Address	City	State	Zip
Bradford A. Dean	16 Jasons Grant Drive	Cumberland	RI	02864

Vice President Name	Street Address	City	State	Zip
None				

Secretary Name	Street Address	City	State	Zip
Bradford A. Dean	16 Jasons Grant Drive	Cumberland	RI	02864

Treasurer Name	Street Address	City	State	Zip
Bradford A. Dean	16 Jasons Grant Drive	Cumberland	RI	02864

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

Director Name	Street Address	City	State	Zip
None				

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
8,000	Common	$1.00

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
100	Common	$1.00

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

[redacted]

[redacted]

Under penalty of perjury, I declare and affirm that I have examined this repor including any accompanying schedules and statements, and that all statemen contained herein are true and correct.

Brad A Dean 4.14.04
Signature of Officer *Date*

Brad A. Dean
Print or Type Name of Officer

President
Title of Officer

File Date **FILED**

Check No. APR 15 2004

By: By: 27165

FOR SECRETARY OF STATE USE ONLY

[redacted]

Form 630 Rev. 12/03

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

Corporations Divisi
100 North Main Street, Providence, RI 02903-13
401-222-30

STOP
PLEASE READ INSTRUCTIONS

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.	2. Name of Corporation
83787	Berkeley Acquisition Corporation

3. Street Address Principal Business Office	City	State	Zip
16 Jason's Grant Drive	Cumberland	RI	02864

4. Business Phone No.	5. State of Incorporation	6. SIC Code
(401) 438-8778	RHODE ISLAND	8888

7. Brief Description of the Character of Business Conducted in Rhode Island
Acquiring interest in real estate

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

President Name	Vice President Name
Bradford A. Dean	None
Street Address	**Street Address**
16 Jason's Grant Drive	
City / State / Zip	**City / State / Zip**
Cumberland RI 02864	
Secretary Name	**Treasurer Name**
Bradford A. Dean	Bradford A. Dean
Street Address	**Street Address**
16 Jason's Grant Drive	16 Jason's Grant Drive
City / State / Zip	**City / State / Zip**
Cumberland RI 02864	Cumberland RI 02864

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

Director Name	Director Name
None	
Street Address	**Street Address**
City / State / Zip	**City / State / Zip**
Director Name	**Director Name**
Street Address	**Street Address**
City / State / Zip	**City / State / Zip**

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
8,000	Common	$1.00

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
100	Common	$1.00

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

FILED
DEC 15 2003

File Date: DEC 15
Check No.: 144159

By:

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.

Brad A Dean 12-1-03
Signature of Officer *Date*

BRAD A. DEAN
Print or Type Name of Officer

PRESIDENT
Title of Officer

Form 630 12/02

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

Edward S. Inman, III, Secretary of Sta
Corporations Divisio
100 North Main Street, Providence, RI 02903-133
401-222-304

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

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

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. *Corporate ID No.* 83787

2. *Name of Corporation* Berkeley Acquisition Corporation

3. *Street Address Principal Business Office* 60 Industrial Drive — *City* Cumberland — *State* RI — *Zip* 02864

4. *Business Phone No.* (401) 334-4677

5. *State of Incorporation* RHODE ISLAND

6. *SIC Code* 8888

7. *Brief Description of the Character of Business Conducted in Rhode Island* Acquiring interest in real estate

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

President Name Bradford A. Dean
Street Address 60 Industrial Drive
City Cumberland *State* RI *Zip* 02864

Vice President Name None
Street Address
City *State* *Zip*

Secretary Name Bradford A. Dean
Street Address 60 Industrial Drive
City Cumberland *State* RI *Zip* 02864

Treasurer Name Bradford A. Dean
Street Address 60 Industrial Drive
City Cumberland *State* RI *Zip* 02864

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*
8,000	$1.00 PAR VALUE	

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

ISSUED SHARES

Number of Shares	*Class/Series*	*Par Value*
100	Common	$1.00

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

[redacted]

* 8 3 7 8 7 *

[redacted]

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.

Bradford A Dean — 1-8-02
Signature of Officer — *Date*

BRADFORD A. DEAN
Print or Type Name of Officer

PRESIDENT
Title of Officer

File Date: FILED

Check No.: JAN 25 2002

By: By CR 100673

FOR SECRETARY OF STATE USE ONLY

[redacted]

Form 630 12/01

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

Corporations Divisi
100 North Main Street, Providence, RI 02903-13
401-222-30

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

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

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.
83787 **83787**

2. Name of Corporation
~~Berkeley Acquisition Corporation~~ **Berkeley Acquisition Corporation**

3. Street Address Principal Business Office
60 Industrial Drive -- P.O. Box 7849

City Cumberland *State* RI *Zip* 02864

4. Business Phone No.
(401) 334-4677

5. State of Incorporation
RHODE ISLAND

6. SIC Code
8888

7. Brief Description of the Character of Business Conducted in Rhode Island
Acquiring interest in real estate

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

President Name
Bradford A. Dean
Street Address
60 Industrial Drive
City Cumberland *State* RI *Zip* 02864

Vice President Name
None
Street Address
City *State* *Zip*

Secretary Name
Bradford A. Dean
Street Address
60 Industrial Drive
City Cumberland *State* RI *Zip* 02864

Treasurer Name
Bradford A. Dean
Street Address
60 Industrial Drive
City Cumberland *State* RI *Zip* 02864

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*
8,000 SHS		**$1.00 PAR VAL**

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

ISSUED SHARES

Number of Shares	*Class/Series*	*Par Value*
100	Common	$1.00

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

[redacted]

* 8 3 7 8 7 *

File Date: 2/12/2001

Check No.: 101470

By:

FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

Bradford A. Dean 2.3.01
Signature of Officer *Date*

BRADFORD A. DEAN
Print or Type Name of Officer

PRESIDENT
Title of Officer

Form 630 12/00

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

James R. Langevin, Secretary of S
Corporations Divis
100 North Main Street, Providence, RI 02903-1.
401-222-3

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.: 83787
2. Name of Corporation: Berkeley Acquisition Corporation
3. Street Address Principal Business Office: 60 Industrial Drive — City: Cumberland — State: RI — Zip: 02864
4. Business Phone No.: (401) 334-4677
5. State of Incorporation: RHODE ISLAND
6. SIC Code:
7. Brief Description of the Character of Business Conducted in Rhode Island: Acquiring interest in real estate

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

President Name: Bradford A. Dean
Street Address: 60 Industrial Drive
City: Cumberland — State: RI — Zip: 02864

Vice President Name: None
Street Address:
City: — State: — Zip:

Secretary Name: Bradford A. Dean
Street Address: 60 Industrial Drive
City: Cumberland — State: RI — Zip: 02864

Treasurer Name: Bradford A. Dean
Street Address: 60 Industrial Drive
City: Cumberland — State: RI — Zip: 02864

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
8,000 SHS		$1.00 PAR VAL

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
100	Common	$1.00

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

* 8 3 7 8 7 *

FILED

File Date: JAN 24 2000

Check No.:

By:

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.

Brad A Dean 1.17.2000
Signature of Officer *Date*

BRAD A. DEAN
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 St
Corporations Divis
100 North Main Street, Providence, RI 02903-1
401-222-3(

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

Filing Period: January 1–March 1 • Filing Fee: $50.00

STOP PLEASE READ INSTRUCTION

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.: **83787**

2. Name of Corporation: **Berkeley Acquisition Corporation**

3. Street Address Principal Business Office: 60 Industrial Drive — City: Cumberland — State: RI — Zip: 02864

4. Business Phone No.: (401) 334-4677

5. State of Incorporation: **RHODE ISLAND**

6. SIC Code: **0000**

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

Acquiring interest in real estate

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

President Name: Bradford A. Dean
Street Address: 60 Industrial Drive
City: Cumberland — State: RI — Zip: 02864

Vice President Name: None
Street Address:
City — State — Zip:

Secretary Name: Bradford A. Dean
Street Address: 60 Industrial Drive
City: Cumberland — State: RI — Zip: 02864

Treasurer Name: Bradford A. Dean
Street Address: 60 Industrial Drive
City: Cumberland — State: RI — Zip: 02864

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
8,000 SHS		$1.00 PAR VAL

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
100	Common	$1.00

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

[redacted] [redacted]

* 8 3 7 8 7 *

File Date: Feb 9, 99

Check No.: 89221

By: DD

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.

Brad A. Dean 1.25.99
Signature of Officer *Date*

BRAD A. DEAN
Print or Type Name of Officer

PRESIDENT / SEC.
Title of Officer

[redacted]

AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, Secretary of S.
Corporations Divis
100 North Main Street, Providence, RI 02903-1
401-277-3

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998

Filing Period: January 1–March 1 • Filing Fee: $50.00

STOP
PLEASE REA
INSTRUCTIO

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 83787 *2. Name of Corporation* Berkeley Acquisition Corporation

3. Street Address Principal Business Office
60 Industrial Drive
City Cumberland *State* RI *Zip* 02864

4. Business Phone No.
(401) 334-4677

5. State of Incorporation RHODE ISLAND

6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island
Acquiring interest in real estate

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

President Name
Bradford A. Dean
Street Address
60 Industrial Drive
City Cumberland *State* RI *Zip* 02864

Vice President Name
None
Street Address
City *State* *Zip*

Secretary Name
Bradford A. Dean
Street Address
60 Industrial Drive
City Cumberland *State* RI *Zip* 02864

Treasurer Name
Bradford A. Dean
Street Address
60 Industrial Drive
City Cumberland *State* RI *Zip* 02864

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

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*
8,000 SHS		$1.00 PAR VAL

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

ISSUED SHARES

Number of Shares	*Class/Series*	*Par Value*
100	Common	$1.00

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

[redacted] *837787*

File Date: 2.6.98
Check No.: 41787
By: MP
FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

Brad A Dean 1/28/98
Signature of Officer *Date*

BRAD A. DEAN
Print or Type Name of Officer

PRESIDENT
Title of Officer

[redacted]

Form 31 12/96

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

James R. Langevin, Secretary of St
Corporations Divis
100 North Main Street, Providence, RI 02903-1
401-277-3(

PROFIT CORPORATION ANNUAL REPORT 1997

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

STOP: PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.
83787

2. Name of Corporation
Berkeley Acquisition Corporation

3. Street Address Principal Business Office
60 Industrial Drive - P.O. Box 7849

City
Cumberland

State
RI

Zip
02864

4. Business Phone No.
(401) 334-4677

5. State of Incorporation
RHODE ISLAND

6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island
Acquiring interest in real estate

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

President Name
Bradford A. Dean

Street Address
60 Industrial Drive

City / *State* / *Zip*
Cumberland / RI / 02864

Vice President Name
None

Street Address

City / *State* / *Zip*

Secretary Name
Bradford A. Dean

Street Address
60 Industrial Drive

City / *State* / *Zip*
Cumberland / RI / 02864

Treasurer Name
Bradford A. Dean

Street Address
60 Industrial Drive

City / *State* / *Zip*
Cumberland / RI / 02864

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

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 AND ISSUED *("X" BOX FOR ATTACHMENT)*

AUTHORIZED SHARES

Number of Shares	*Class/Series*	*Par Value*
8,000	Common	$1.00

ISSUED SHARES

Number of Shares	*Class/Series*	*Par Value*
100	Common	$1.00

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

[redacted]

File Date: 3.4.97

Check No.: 7946

By: IAP / SEC

FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

Bradford A. Dean — 2/28/97
Signature of Officer — *Date*

Bradford A. Dean
Print or Type Name of Officer

Pres
Title of Officer

PROFIT CORPORATION ANNUAL REPORT

1996

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

State of Rhode Island and Providence Plantatic
James R. Langevin, *Secretary of State*
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335 • (401) 277-3(

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO.: 83787
2. NAME OF CORPORATION: Berkeley Acquisition Corporation
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE: 60 Industrial Drive, P.O. Box 7849 — CITY: Cumberland — STATE: RI — ZIP CODE: 02864
4. BUSINESS PHONE NO.: (401) 334-4677
5. STATE OF INCORPORATION: RHODE ISLAND
6. SIC CODE: 8888
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND: Acquiring interest in real estate

8. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME: Bradford A. Dean
STREET ADDRESS: 10 Woodcrest Drive
CITY: Cumberland — STATE: RI — ZIP CODE: 02864

VICE PRESIDENT NAME: None
STREET ADDRESS:
CITY: — STATE: — ZIP CODE:

SECRETARY NAME: Bradford A. Dean
STREET ADDRESS: 10 Woodcrest Drive
CITY: Cumberland — STATE: RI — ZIP CODE: 02864

TREASURER NAME: Bradford A. Dean
STREET ADDRESS: 10 Woodcrest Drive
CITY: Cumberland — STATE: RI — ZIP CODE: 02864

9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME: None
STREET ADDRESS:
CITY: — STATE: — ZIP CODE:

DIRECTOR NAME:
STREET ADDRESS:
CITY: — STATE: — ZIP CODE:

DIRECTOR NAME:
STREET ADDRESS:
CITY: — STATE: — ZIP CODE:

DIRECTOR NAME:
STREET ADDRESS:
CITY: — STATE: — ZIP CODE:

10. SHARES AUTHORIZED AND ISSUED

AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
8,000	Common	$1.00	100	Common	$1.00

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.

Brad A Dean
Signature of Officer

BRAD A. DEAN
Print or Type Name of Officer

PRESIDENT — 2.5.96
Title of Officer — Date

File Date: 3-11-96
Check No: 39330
By: DD

For Secretary of State Use Only

DETACH BOTTOM BEFORE RETURNING

FORM 24 (REV.