

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, Rt 02903-1335 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

(FORM MUST BE TYPE	ry I - March [●	Filing Fee: \$50.00			
1. Corporate ID No.	2. Name of Corp	Poration			
83787	Berkeley A	cquisition Corporatio	n		
3. Street Address Principal		 <u></u> -	City	State	Zip
60 Industrial	Drive		Cumberland	RI	02864
4. Business Phone No.		5. State of Incorpor	ration ·	 .l	6. SIC Code
(401) 334-4677		Rhode Island			8888
7. Brief Description of the ACQUIRING INTERE	ST IN REAL ESTA	TE		······································	I
8. NAMES AND ADD	RESSES OF THE OF	FICERS ("X" BOX FOR	RATTACHMENT) FILL INS	PACES BEFORE USING	TTACHMENTS
President Name Bradford A. Dea			, Vice President Name	· · · · · · · · · · · · · · · · · · ·	······································
Street Address			· None		
16 Jasons Grant	. Drive		Street Address		
Ciry	State	12/m	* * * * * * * * * * * * * * * * * * *		
, Cumberland	RI	<i>Zip</i> 02864	City	State	Zıp
Secretary Name			Treasurer Name	.	
Bradford A. Dea	in		Bradford A. De	an	
Street Address			Street Address		
16 Jasons Grant	: Drive		.16 Jasons Gran	t Drive	
City	State	Zip	*City	State	Zip
Cumberland	RI	02864	. Cumberland	РТ	02064
9. NAMES AND ADDI	RESSES OF THE DIE	ECTORS ("X" BOX FO	PRATTACHMENT) FILL IN	SPACES BEFORE USING	ATTACHMENTS
None Name			, Director Name	•	**************************************
·	··		·		
Street Address			· Street Address		
City	State	Zip	·City	State	Zip
• • • • • • • • • • • •]		• '	,	130
Director Name			Director Name		
Sireei Address		·	·Street Address	 -	
Ciny	Siaie	Zip	.City	State	Zip
10. SHARES AUTHOR	217FD ("V" POV 50-	15716711717			
AUTHORIZED SHARES	ONED LY BOY LOK	ATTACHMENT) U	11. SHARES ISSUED (")	(" BOX FOR ATTACHMEN	ית 🗆
Number of Shares	Class/Series	Par Value	ISSUED SHARES Number of Shares	Class/Series	16
			Thin see by Shares	i Class/Series	Par Value
8,000	Common	\$1.00	100	Common	\$1.00
<i>ii</i>					
nis report must be sig	gned in ink by eithe	r the President, Vice	President, Secretary, Assis	stant Secretary, Treast	irer, Receiver or Truste
	 				
8 3	7 8 7		Under penalty of per	jury, I declare and affirm (hat I have examined
			this report, including	any accompanying sched	ules and statements.
11.01	ا م		and that all statemen	ts contained herein are tru	e and correct.
File Date O S	05	_	/ L.	10/len	2000
13/ 3	2 2	⁻	Signature of Officer	-11 / run	2.9.05
Check No. 1005	37	_	R		ate ———
۱۸			Print or Type Name of	Officer	<u></u>
β <u>γ:</u> V J·				-,,	
FOR SECRETARY OF STA	TE USE ONLY		Title of Officer	DENT	
			tine of Officer		Form 630 12/0



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

Matthew A. Brown, Secretary of State

Corporations Divis 100 North Main Sti Providence, RI 02903-1₂ 401,222 30

PROFIT CORPORATION	N.	ANNUAL REPORT FOR THE YEAR	•	2004	
Filing Period: January 1 - March 1	•	Filing Fcc: \$50.00			

(FORM MUST BE TYPED OR	PRINTED IN BIACK)				
1. Corporate ID No. 83787	2. Name of Corp Berkele	oration y Acquisition Co	orporation		
3. Street Address Principal Bush 60 Industrial	ness Office		City Cumberland	State RI	2.ip 02864
4 Business Phone No. (401) 334-467		5. State of Incorporal RHODE ISL			6. SIC Gide 8888
7. Brief Description of the Chara Acquiring int	erest in rea	ind in Rbode Island 1 estate			
8. NAMES AND ADDRES President Name Bradford A. D		CERS: (*X* BOX FOR A	TTACHMENT) FILL IN Vice President Name None	N SPACES BEFORE USI	NG ATTACHMENTS
Since Address 16 Jasons Gra	nt Drive		Street Address		
Cumberland	State RI	7.ip 02864	City	State	Zip
Secretary Name Bradford A. D	ean	••••••••	Treasurer Name Bradford A. D	l ean	J
Sirvei Address 16 Jasons Gra	nt Drive		Street Address 16 Jasons Gra	nt Drive	
Cumberland	State RI	7.ip 02864	Cun Cumberland	State RI	^{Zip} 02864
9. NAMES AND ADDRES Director Name None	SES OF THE DIREC	CTORS: (*X^ BOX FOR	ATTACHMENT) FILL Director Name	IN SPACES BEFORE US	SING ATTACHMENTS
Street Address			Street Address		
Gity	State	Ζίρ	City	State	Zip
Director Name		·····	Director Name	······································	
Street Address			Sirvei Address		
Cuy	State	Zip	City	State	Zip
10. SHARES AUTHORIZE AUTHORIZED SHARES	D ("X" BOX FOR	ATTACHMENT)	11. SHARES ISSUED	 ("X" BOX FOR ATTAC	HMENT)
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 b	oc signed in ink by	either the President, Vic	e President, Secretary, Assist	ant Secretary, Treasurer	r. Receiver or Trustee
					_
	_ _		Under penalty of pe including any accor	rjury. I declare and affirm	that I have examined this report atements, and that all statemen
File Date	ILED		contained berein are	true and onect.	4.164.
Check NoAPR	1 5 2004		Signature of Officer		Date
By:	NO 2	191150	Print or Type Name o	A. Decon of Officer	
FOR SECRETARY OF	STATE USE ONLY		Preside	nt	
			Title of Officer		Form 630 Rev. 12/03

Corporations Divisit
100 North Main Street, Providence, RI 02903-133,
401-222-30s

401-222-304 STOP

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

COMMITTER TOPES OF POS	NTED IN BLACK				
FORM MUST BE TYPED OR PRIN L. Corporate ID No.	N LED IN BLACK) 2. Name of Corporat	ion			
83787	•	Acquisition Corp	oration		
. Street Address Principal Busine:			City	State	Zip
16 Jason's G	Frant Drive		Cumberland	RI	02864
Business Phone 10.		5. State of Incorporation	•		6 SIC Co
(401) 438-8778 Brief Description of the Charact Acquiring inte					8888
B. NAMES AND ADDRE	SSES OF THE OFFI	CERS ("X" BOX FOR ATTACE	TMENT) FILL IN SPACES Vice President Name	BEFORE USING ATTA	CHMENTS
Bradford A. De	ean		None		
treet Address			Street Address		
16 Jason's Gra	nt Drive				
omy Cumberland	State RI	zip 02864	City	State	Zıp
ecretary Name Bradford A. De	ean	•	Deusurer Name Bradford A. De	an	
treet Address		•	Street * Adress		
16 Jason's Gra	nt Drive		16 Jason's Gran	t Drive	
my Cumberland	State RI	zip 02864	cuy Cumberland	State RI	Zip 02864
P. NAMES AND ADDRE Director Name None	SSES OF THE DIRE	CTORS ("X" BOX FOR ATTA	CHMENT) FILL IN SPACE Director Name	ES BEFORE USING AT	TACHMENTS
treet Address		•	Street Address		
ity	State	Zip	City	State	Zip
irector Name			Director Name		
reet Address			Street Address		
ity	State	2 i p	City	State	Zip
O. SHARES AUTHORIZI	ED (*X* BOX FOR ATTA	CHMENT)	11. SHARES ISSUED (* 8SUED SHARES	X" BOX FOR ATTACHMEN	IT)
umber of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
			100		

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

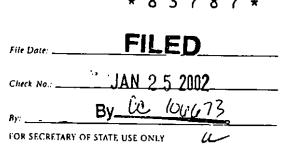
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DEC 15 2003[0, Kd 8th 7 5] 03[]	this report, that all stat
File Date:	Be
Check No.: 4 14 15 14 15 15 15 15 15 15 15 15 15 15 15 15 15	Signature of C
FOR SECRETARY OF STATE USE ONLY	Print or Type
	Title of Office

Farm 630 12/02

Edward S. Inman, 111, Secretary of Sta. Corporations Divisio 100 North Main Street, Providence, RI 02903-133 401-222-304

1. Corporate ID No. 83787 3. Street Address Principal Busines 60 Industrial D:	2. Name of Corpor Rorkolov A	atlon			
3. Street Address Principal Busines	Rorkolou A				
60 Industrial D	Delinately Mi	cquisition Corporation			
	rive		Cuy Cumberland	State RI	zip 02864
t. Business Phone No. (401) 334-467	7	S. State of Incorporation RHODE ISLAND		***	6. SIC Code 888
Brief Description of the Characte Acquiring intere	er of Business Conducted est in real e	in Rhode Island			000
	SSES OF THE OFF	ICERS ("X" BOX FOR ATTACH	MENT) FILL IN SPACES	BEFORE USING ATTA	CHMENTS
resident Name Bradford A. Dear	n		Vice President Name None		
treet Address 60 Industrial Di	rive		Street Address		
Cumberland	State RI	^z ίδ2864	City	State	Zip
recetary Name Bradford A. Dear	า	••	Trepsucer Name Bradford A. De	an	
rees Address 60 Industrial Di	rive		Street Address 60 Industrial	Drive	
Cumberland	State RI	⁷ 02864	Ciry Cumberland	State RI	^{Zip} 02864
. NAMES AND ADDRES irector Name None	SSES OF THE DIR	ECTORS ("X" BOX FOR ATTAC		S BEFORE USING ATTA	
reet Address			Street Address		
îty	State	Zip	Cuy	State	Zip
litector Name	•	• • • • • •	Director Name	·	
teel Address			Street Address		
ty	State	Zip	City	State	Zip
). SHARES AUTHORIZE	D ("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED (*)	X° BOX FOR ATTACHMENT	ין
unber of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000 \$1.00 PAR VALUE			100	Common	\$1.00

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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 that all statements contained herein are true and correct. Title of Officer

Form 630 12/01

Corporations Divisi
100 North Main Street, Providence, RI 02903-13
401-222.30

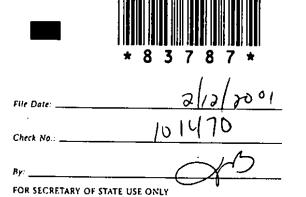
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

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 Corpor	ation A cquisition c	Sepper etio n		
3. Street Address Principal Busi		•	Clly	· State	Zip
60 Industrial	Drive P.O.	Box 7849	Cumberland	RI	02864
4. Business Phane No. (401) 334-46	77	5. State of Incorpor RHODE IS			6 8888
7. Bilef Description of the Char Acquiring inte	acter of Business Conducted rest in real e	in Rhode Island State			
8. NAMES AND ADDI	RESSES OF THE OFF	ICERS (*X* BOX FOR /	NTTACHMENT) FILL IN SPACE Vice President Name	S BEFORE USING ATTA	CHMENTS
Bradford A. De	an		None		
Street Address			Street Address	•	
60 Industrial	Drive				
City	State	Zip	City	State	Zip
Cumberland	RI	02864			
Secretary Name			Treasurer Name	• • • • • • • • • • • • • • • • • • • •	
Bradford A. Dei Street Address	an		Bradford A. De	ean	
60 Industrial i	Drive		60 Industrial	Drive	
City	State	Zip	City	State	Zip
Cumberland	RI	02864	Cumberland	RI	02864
9. NAMES AND ADDR Director Name	RESSES OF THE DIR	ECTORS ("X" BOX FO	R ATTACHMENT) FILL IN SPAC	CES BEFORE USING ATT	
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 AUTHORI AUTHORIZED SHARES	ZED (*X* BOX FOR ATT	ACHMENT)	11. SHARES ISSUED	(°X° BOX FOR ATTACHMENT	r)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000 SHS \$1.0	O PAR VAI		transcript of privates	(//waa/ Delies	rar value
-, 0110 4140	- 1 71% (7.5%)		100	Common	\$1.00

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



this report, including any accompanying schedules and statements, and that all statements contained herein original and correct.

Respect A Ra 2.3.01

Signature of Officer Dean

Print or Type Name of Officer

Under penalty of perjury, I declare and affirm that I have examined

James R. Langevin, Secretary of St Corporations Divis 100 North Main Street, Providence, RI 02903-1. 401-222-31

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000 Filing Period: January 1-March 1 • Filing Fee: \$50.00

Berkeley Acquisition Corporation

STOP PLI VALE III

(FORM MUST BE TYPED IN BLACK)

2. Name of Corporation

1. Corporate ID No.

83787

City	State	Zip
10. SHARES AUTHO	ORIZED (*x* box for att	ACHMENT)
Number of Shares	Class/Series	Par Value
8,000 SHS \$1	.00 PAR VAL	
This report must be	e s igned in ink by eith	ner the President,
]		
	* 8 3 7 8 7	
	FILEC	
File Date:	JAN 2 4 20	<u>100</u>
Check No.:		128
Ву:		
FOR SECRETARY OF STAT	E USE ONLY	

3. Street Address Principal Business 0 60 Industrial Driv	ve Ve		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 Acquiring interest	f Business Conducted (t in real es	n Rhode Island State			
8. NAMES AND ADDRESS President Name Bradford A. Dean	ES OF THE OFFI	CERS ("X" BOX FOR ATTACH	IMENT) FILL IN SPACES Vice President Name None	BEFORE USING ATTA	CHMENTS
Street Address 60 Industrial Driv	<i>r</i> e		Street Address		
Cumberland	State RI	zip 02864	Chy	State	Zíp
Secretary Name Bradford A. Dean			Treasurer Name Bradford A. Dear	n	
Street Address 60 Industrial Driv	<i>r</i> e		Street Address 60 Industrial Dr	rive	
Cumberland	State RI	zip 02864	cmy Cumberland	State RI	zip 02864
9. NAMES AND ADDRESSE Director Name None	S OF THE DIRE	CTORS ("X" BOX FOR ATTA	CHMENT) FILL IN SPACI Director Name	ES BEFORE USING ATT	
Street Address			Street Address		
Elty	State	Zip	City	State	Zip
Director Name			Director Name		
treet Address			Street Address		
City	State	Zip	City	State	Zip
O. SHARES AUTHORIZED UTHORIZED SHARES	(*X* BOX FOR ATTA	CHMENT)	11. SHARES ISSUED (* LESUED SHARES	X° BOX FOR ATTACHMEN	τ)
lumber of Shares	Class/Series	Par Value	Number of Shares	Class/Sertes	Par Value
8,000 SHS \$1.00 PA	AR VAL		100	Common	\$1.00

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

Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Truste-

Title of Officer



(FORM MUST BE TYPED IN BLACK)

File Date: .

Check No .: .

FOR SECRETARY OF STATE USE ONLY

James R. Langevin, Secretary of St Corporations Divis. 100 North Main Street, Providence, RI 02903-1: 401-222-36

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999 Filing Period: January 1-March 1 • Filing Fee: \$50.00



1. Corporate ID No.	2. Name of Corpor	atlon				<u></u>
83787 3. Street Address Principal Busines	Berkeley A	Acquisition Corporation	City	Esasa		1 _
60 Industrial I 4. Business Phone No. (401) 334-467	Drive	S. State of Incorporation RHODE ISLAND	Cumberland	State RI	21p 02864 6. SIC Code 0000	
2. Brief Description of the Characte Acquiring inter 8. NAMES AND ADDRES President Name Bradford A. Dea Street Address	est in real		Vice President Name None	ES BEFORE USING ATTA		. — <u>.</u>
60 Industrial E	State	Zip	Street Address City	State	Zip	• •
Cumberland Secretary Name Bradford A. Dea	RI n	02864	Treasurer Name	***************************************		•-•••••
Street Address 60 Industrial D		•	Bradford A. De Street Address 60 Industrial		<u>.</u> .	-
City	State	Zip	City	State	- 7 Zip -	
Cumberland	RI	02864	Cumberland	RI	02864	
9. NAMES AND ADDRES Director Name None	SES OF THE DIR	ECTORS ("X" BOX FOR ATTAC	HMENT) FILL IN SPA Director Name	CES BEFORE USING ATT	ACHMENTS	
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 AUTHORIZE AUTHORIZED SHARES	D ("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED	(°X° BOX FOR ATTACHMEN	ŋ	ני:
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value	
8,000 SHS \$1.00 PAI	R VAL	,	100	Common	\$1.00	
·	_			<u> </u>	: 	
This report must be s ign	ed in ink by cith	er the President, Vice Pre	esident, Secretary, As	sistant Secretary, Treas	urer, Receiver o	r Trustee
			Hadastex	andron I do I		
*	5 5 7 8 7	*	Under penalty of	perjury, I declare and affire	n that I have exam	ined

this report, including any accompanying schedules and statements, and

that all statements contained begein are true and correct.

James R. Langevin, Secretary of S.

Corporations Divis
100 North Main Street, Providence, RI 02903-1.
401-277-31

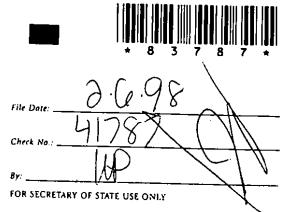
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR Filing Period: January 1-March 1 • Filing Fee: \$50.00

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GORM MUST BE TYPED IN I	BLACK)				4
1. Corporate II) 83787	² Berkeley	Acquisition Corpor	ation		·
3. Street Address Principal Busin	ess Office		City	State	7/-
60 Industrial 4. Business Phone No.	Drive		Cumberland	RI	Zip 02864
(401) 334-46 7. Brief Description of the Characterists		5. AHODETS:	AND		6. SIC Code
Acquiring inte 8. NAMES AND ADDRI President Name	rest in real	estate	TTACHMENT)		
Bradford A. Des	an		Vice President Name NONE Street Address		
60 Industrial	Orive		Street Address		
Cumberland	State RI	Zip 02864	City	State	Zip
Secretary Name			Treasurer Name		
Bradford A. Dea	an		Bradford A. Dea	ın	
60 Industrial I	Orive		Street Address		
City	State	Zip	60 Industrial E		
Cumberland	RI	02864	Cumberland	State RI	Zip 02864
9. NAMES AND ADDRE	SSES OF THE DIR	ECTORS ("X" BOX FOR	ATTACHMENT)	K.Z	02004
None			Director Name		
Street Address			Street Address	•	
City	State	Zip	City	State	Zip
Director Nome	••	•	Director Name	•	• •
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZE AUTHORIZED SHARES	D ("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED ("X" BOX FOR ATTACHMEN	T)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000 SHS \$1.00 PA	R VAL				i wi 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



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 hereign are true and correct.

that all statements contained hereig are true and correct.

Signature of Officer

Date

Print or Type Name of Officer

THE OF OFFICER



fames R. Langevin, Secretary of St. Corporations Divis 100 North Main Street, Providence, RI 02903-13 401-277-36

PROFIT COPPORA

(FORM MUST BE TYPED IN	ary 1-March 1 •	, , , , , , , , , , , , , , , , , , ,	.00		188
1. Corporate ID No. 83787	2. Name of Corporat	_{lon} Acquisition (Corporation		Çç
3. Street Address Principal Rus	iness Office		City	6	
60 Industrial	Drive - P.O. Bo	ox 7849	Cumberland	State RI	zip 02864
4. Business Phone No. (401) 334-4	67 7	5. State of Incorpo RHODE IS			6. SIC Code
7. Brief Description of the Chair Acquiring into	racter of Business Conducted in erest in real e	Rhode Island State			
8. NAMES AND ADDI	RESSES OF THE OFFI	CERS ("X" BOX FOR .	ATTACHMENT)		
President Name Bradford A. De			Vice President Name		
Street Address	Jan		None		
60 Industrial	Drive		Street Address		
Cumberland	State RI	Zip 02864	City	State	Zip
Secretary Name			Therewood No. 1		
Bradford A. De	ean		Treasurer Name Bradford A. Dea	ın	
Street Address 60 Industrial	Drive		Street Address 60 Industrial I		
Cumberland	State RI	<i>zip</i> 02864	City Cumberland	State RI	<i>Zip</i> 02864
9. NAMES AND ADDR Director Name None	ESSES OF THE DIREC	CTORS (*X* BOX FO	R ATTACHMENT) Director Name		*****
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIS	ZED AND ISSUED (*X	* BOX FOR ATTACHME		•	-
Number of Shares	Class/Series	Par Value	ISSUED SHARES Number of Shares	Character of	
8,000	Common	\$1.00		Class/Series	Par Value
•	Common	J UU	100	Common	\$1.00

	ent, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trus
	Under penalty of perjury, I declare and affirm that I have examined
Date: 3.4.97	this report, including any accompanying schedules and statements, as that all statements contained hereispare true and correct.
* No.: 7946 /	Signature of Officer Date Date
IOP / SEL	Print or Typy Name of Officer
SECRETARY OF STATE USE ONLY	Title of Officer

PROFIT CORPORATION ANNUAL REPORT

39330

For Secretary of State Use Only

Check No: .

By:

1996



State of Rhode Island and Providence Plantatic James R. Langevin, Secretary of State Corporations Division

Corporations Division 100 North Main Street Providence, Rhode Island 02903-1335 * (401) 277-30

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

CORPORATE ID NO.	2. NAME OF CORPORAL	PLEASE TYPE	OR PRINT IN BLACK INK.		
83787	, Berkel	ey Acquisition C	Corporation		
TREET ADDRESS PRINCIPAL BUSINES	SOFFICE		άιγ		
60 Industrial			Cumberland	STATE	ZP 000€ 02864
P.O. Box 7849) — 		!		02004
5. STATE OF ENCORPORATION		5. STATE OF ENCORPORATION RHODE ISI	LAND		6.50.000E
क्षेत्र क्षेत्रकाराण के तस्त्र क्षेत्रकार Acquiring int	ROFBUSHESS COMDUCTED IN RO erest in real	oossumo Lestate	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	8888
ESIDENT NAME: 8. NAMES AND ADD Bradford A. Dean			RESSES OF THE (VICE PRESIDENT NAME) NOTICE	FFICERS	
REET ADDRESS			STREET ADDRESS		
10 Woodcrest	urive		William Manitage		·
Cumberland	STATE	ZP C00€	COTY	STATE	T an oar-
	RI	02864	1	JIMIE	ZIP COOE
Bradford A. Dean			TREASURER NAME Bradford A. Dean		
**************************************			, SIREET ADDRESS		
To woodcrest p			10 Woodcrest Drive		
Cumberland	STATE	ZIP 000% 02864	Cumberland	STATE RI	ZIP CODE 02864
ET ADORESS	STATE		STREET ADORESS		
	Jainic	ZIP C006	ary	STATE	ZIP COOE
TOR HAME			DIRECTOR HAME		
TADORESS	····		STREET ADORESS		
·	LSTATE				
	SIAIE	ZIP C00€	ary	STATE	ZIP COOE
	1 0 AUTHORIZED SHARES	SHARES AUTHOR	IZED AND ISSUE	0	
NUMBER OF SHARES	CLASS / SERVES	PAR VALUE	PRINTED OF GIVER	ISSUED SHARES	
8,000	Common	\$1.00	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	· · · · · · · · · · · · · · · · · · ·		100	Common	\$1.00
					
			;		
Pres	Th sident, Vice President	nis report must be SIC dent, Secretary, Assis	GNED IN INK by either the tant Secretary, Treasure	ne r. Receiver or Trusts	
		,	Under penalty or	of Deriury 1 declare and	affirm that I have exami
9 Date: 3 – 11	-96		FRA	1/1/	

Title of Officer
DETACH BOTTOM BEFORE RETURNING

Print or Type Name of Officer

Date