

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

Matthew A. Brown, Secretary of State

Corporations Davision 100 North Main Street Providence RI 92503-1335 401-222-3040

PROFIT CORPORTION OF THE PROFIT CORPORATION OF THE PROFIT CORPORTED OF THE PROFIT CORPORTED OF THE PROFIT CORPORTED OF THE PROFIT CORPORATION OF THE PROFIT CORPORTED OF THE PROFIT CORPORTION OF TH	- March I • F	NNUAL REPOF	RT FOR THE YE	AR200	5
1. Caponate ID No	2 Name of Corpora				
61889	1 ' '	RRY FIELD ESTATES INC.			
3. Street Address Principal Busin	ress Office	ANTICED COINTED INC.	City	State	Z:p
440 ROUTE	ZZ EAST	<del></del>	BRIDGEWATER	NJ	08807
(908) 429-9	100	5 State of Incorporation	1		6 MC Code
7 Boref Description of the Charac	cter of Business Conducter	DELAWARE  1 in Rhode Island	·		8888
TO DIRECTLY OR II INCLUDING OWNIN 8. NAMINCIDENTAL OR RE President Name	NDIRECTLY ENGAGE IG. LEASING AND DE	IN ALL ASPECTS OF TH	E INVESTMENT IN REAL ES Y GROUND FEASE OR OTH Y GROUND FEASE OR OTH	STATE AND RELATED MAT ERVISES WE ALKE USINE	TERS \$\$ XTTACHMENTS
	NNELLY		MICHAEL H	1cCLOSKEY	
Miroet Address			Street Address		
<u>City</u>	COSTA BLUD.	Zip	7909 PARKL		RIVE
SAN RAMON	C19	74 <u>5</u> 83	HOUSTON Treasurer Name	State TX	77036
IZAY TABA	7		MICHAEL 1	1 c CLOSKEY	
Street Address			Street Address		
12657 ALC	OSTA BLVD.	Zip			ZIVE
SAN RAMON 9. names and address	⊂A	94583	LOUSTON	IN SPACES BEFORE USIN	77036
Director Name			Durestor Name		o at tachagen 13
NAMES DOI	UNELLY	<del></del> .	WALTER A	JACHEM	
12657 ALCO	STA BUD.			ZZ EAST	
SAN RAMON	CA	<sup>77</sup> 94583	BRIDGEWATER	State N/T	11p
Prestor Name			DIGINGE WATER		08807
Street Address			Street Address		
.π;·	State	Zip	City	State	Zφ
10. SHARES AUTHORIZEI WITHORIZED SHARES	) > ("X" BOX FOR A	   ITACHMENT	11. SHARES ISSUED  J.SSUED SHARES	 ("X" BOX FOR ATTACHS	 MENT) [
Namber of Strates	Class Series	Par Value	Number of Shares	Gass/genes	Par Value
3,000 COMM \$1.00 PAR \	/ALUF				id.
		<del></del>	100	Соммор	\$1.00
This report must b	e signed in ink by e	ither the President, Vice	President, Secretary, Assist	ant Secretary Treasures D	ecois er or Trustan
	*8188		Under penalty of pe	rjury, I declare and affirm tha	t I have examined this report
File Date			contained herein are	mpanying schedules and states true and correct.	ments, and that all statement
	20.5		Signature of Officer	M. C.	Date
ву <u>В</u>	<del></del>	_	MICHAEL Print of Type Name of		
FOR SECRETARY OF S	STATE USE ONLY		Tule of Officer	R & VICE PRESI	DENT



Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

Form 630 12/01

### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 -	-March I 🏓 Filin	g Fee: \$50.00	ORI FOR THE	EAR 2004	<del></del> _		
I. Carporate ID No.	2. Name of Corporation						
81889		FIELD ESTATES	S INC.				
3. Street Address Principal Busin 440 ROUTE 22 EAST			City	State	Zip		
4. Business Phone No.		16 6	BRIDGEWATER	NJ	08807-		
9084299100		5. State of Incorporation DELAWARE	n		6. SIC Code 8888		
7. Brief Description of the Chard	octer of Business Conduct	ed in Rhode Island		<del></del>			
TO DIRECTLY OR INDIP	RECTLY ENGAGE IN BASING AND DRVET	ALL ASPECTS OF	THEINVESTMENT IN RE Y-GROUND-LEASE-OR.OT TACHMENT)   FILL IN SP. Vice President Name Robert Joyce	WERLITON NAME AND			
Street Address			Street Address		<del></del>		
12657 Alcosta Blvd	i.		7909 Parkwood C	irola Drive			
City	State	Zip	City	State	Zip		
San Ramon	CA	94583	Houston	TX	77036		
Secretary Name	• • • • • • • • • •		Treasurer Name	• • • '• • • • • • • •	!		
Robert Joyce			Michael McClosk	ey			
Street Address	_		Street Address	· · · · · · · · · · · · · · · · · · ·	······································		
7909 Parkwood Circ	le Drive		.440 Route 22 Eas	st			
City	State	Zip	City	State	Zip		
Houston	TX	77036	.Bridgewater	NJ	08807		
9. NAMES AND ADDRESS Director Name	SES OF THE DIRECT	ORS ("X" BOX FOR	ATTACHMENT)   FILL IN S	PACES BEFORE USING	ATTACHMENTS		
James Donnelly			'Walter A. Jache	m			
Street Address			Street Address		· · · · · · · · · · · · · · · · · · ·		
12657 Alcosta Blvd	·		440 Route 22 Eas	st			
City	State	Zip	•Ciry	State	Zip		
San Ramon	CA	94583	Bridgewater	NJ	08807		
Director Name  Robert Joyce			Director Name		• • • • • • • • • • • • • • •		
Street Address	<del></del>		· Const. 4.4.				
7909 Parkwood Circ			Street Address				
City Houston	State	Zip	City	State	Zip		
	TX	77036	<u> </u>				
10. SHARES AUTHORIZE AUTHORIZED SHARES	D ("X" BOX FOR ATTA	ACHMENT) _	11. SHARES ISSUED ("X"	BOX FOR ATTACHMEN	m 🗆 📉		
Number of Shures	Class/Series	Par Value	ISSUED SHARES itumber of Shores	1 20			
	Ciossiseries	1 di vante	itumber of shares	Class/Series	Par Value		
3,000 COMM \$1.00 PAR	VALUE		100	Common	\$1.00		
This report must be signed	t in ink hy either th	e President Vice P	esident Secretory Assist	ant Sagatani Transi	D		
8 1 8	<b>1</b>		Under penalty of perjuenth this report, including a	ary. I declare and affirm	that I have examined lules and statements,		
*81889 FBC 01/14/04 0	3:30:31 PM*		and that all statements	contained herein are tru	e and correct.		
File Dale - 70 -	<u>-04</u>		Struken!	Millerken	1/14/04		
Check No.	32		Signature of Officer Michael McC	11	)ale		
Bv;			Print or Type Name of C		<del></del>		
FOR SECRETARY OF STATE I	JSE ONLY		Treasurer				

#### 2003 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Filing Period: Janua	ry 1-March 1 •	Filing Fee: \$50.00			INS
(FORM MUST BE TYPED OR PRI					
1 Corporate ID No. 81889	2. Name of Corporat				
3. Street Address Principal Busin		RY FIELD ESTATES INC.	City	State	Zip
440 ROUTE 22 4 Business Phone No		5. State of Incorporation	BRIDGEWATER	N J	08807 6 SIC Code
(908) 429-91 7 Brief Description of the Character HOLDING OF F	cter of Business Conducted in	DELAWARE Rhode Island			8888
8. NAMES AND ADDRI		CENC /FUE MAY FOR ATTEC	manage Fill INChacte n	CEANT DON'S ATTA	AND A STATE OF THE
President Name	ESSES OF THE OFF	CERS CA BOA FOR ATTAC	Vice President Name	EFORE USING ATTA	CHMENIS
JAMES DONNI	ELLY		ROBERT A. JOY	CE	
Street Address			Street Address		
12657 ALCOS	TA BLVD.		7909 PARKWOOD	CIRCLE DRIV	E
SAN RAMON	State CA	<sup>Zip</sup> 94583	<sub>си</sub> Houston	State TX	77036
Secretary Name ROBERT A. JO	YCE		Treasurer Name  MIKE MCCLOSKEY	7	
Street Address 7909 PARKWOO	D CIRCLE DRI	I V E	Street Address 440 ROUTE 22 E	EAST	
City HOUSTON	State TX	<sup>Zip</sup> 77036	<sup>City</sup> BRIDGEWATER	State NJ	<sup>Zip</sup> 98807
9. NAMES AND ADDRI Director Name	ESSES OF THE DIRE	CTORS ("X" BOX FOR ATT	Director Name	BEFORE USING ATT	TACHMENTS
JAMES DONNEL	LY		WALTER A. JACH	HEM	
Street Address 12657 ALCOST	A BLVD.		Street Address 440 ROUTE 22 I	EAST	
SAN RAMON	State CA	94583	BRIDGEWATER	NJ	<sup>Zip</sup> <b>9</b> 8807
ROBERT A. JO	YCE		Director Name		
7909 PARKWOO	DD CIRCLE DR	IVE	Street Address		
City HOUSTON	State TX	77036	City	State	Zsp
10. SHARES AUTHORIZ AUTHORIZED SHARES	ED ("x" box for afta	CHMENT)	11. SHARES ISSUED (*X*	BOX FOR ATTACHMEN	(7)
Number of Shares	Class/Series	Par Value	Number of Shates	Class/Series	Par Value

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

100



3,000 COMM \$1.00 PAR VALUE

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 that ally statements contained herein are true and correct.

COMMON

\$1

Print or Type Name of Officer

TREASURER Title of Officer

re∰> 5

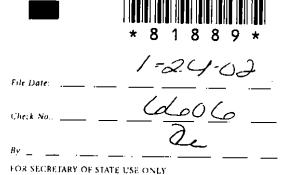
Farm 630 12/02

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

#### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002 Filing Period: January 1-March 1 • Filing Fee: \$50.00

PORM MOST BE TITED IN E					
1. Corporate ID No.	2 Name of Corpor				
81889	STRAWBE	RRY FIELD ESTATES INC.	•		
3. Street Address Principal Busin. 440 ROUTE 22			City	State	Zip
4 Business Phone No	CHOI		BRIDGEWATER	ŊJ	08807
(908) 429-910	0	5. State of Incorporation	1		6. SIG Code
7. Brief Description of the Charac		DELAWARE			8888
HOLDING OF PR		т кнопе тупана			
8. NAMES AND ADDRI		ICEDS (AVE DOWNER			
President Name	.33E3 OF THE OFF	TUERS CAT BOX FOR ATTA	CHMENT) FILL IN SPACES E Vice President Name	BEFORE USING ATTAC	HMENTS
JAMES DONNELL	Y		ROBERT A. JOYO	זי	
Street Address	_		Street Address	) I .	
12657 ALCOSTA	BLVD.		7909 PARKWOOD	CIRCLE DRIVE	3
City	State	Zip	City	State	Zip
SAN RAMON	CA	94583	HOUSTON	ΤX	77036
Secretary Name		* * * * * * * * * * * * * * * * * * * *	Treasurer Name		,,,,,,
GEORGE J. PIE	RSON		MIKE MCCLOSKEY	7	
Street Address			Street Address		
440 ROUTE 22 1	EAST		440 ROUTE 22 I	EAST	
DD T DODULATED	State	Zip	City	State	Zip
BRIDGEWATER	NJ	08807	BRIDGEWATER	NJ	08807
9. NAMES AND ADDRE	SSES OF THE DIR	ECTORS ("X" BOX FOR AT	TACHMENT) FILL IN SPACES	BEFORE USING ATTA	CHMENTS
JAMES DONNELLY	v		Director Name	I PM	
Street Address			WALTER A. JACH	1 L M	
12657 ALCOSTA	BLVD.		Street Address 440 ROUTE 22 I	CAST	
City	State	714	Car.	_	
SAN RAMON	CA	<sup>z</sup> 94583	BRIDGEWATER	<b>\%</b>	໌ ປີ 8807
Director Name		•	Director Name		
GEORGE J. PIE	RSON		The state of the s		
Street Address	KOON		Street Address		
440 ROUTE 22 I	EAST				
City	State	Zip	City	State	Zip
BRIDGEWATER	NJ	08807			•
10. SHARES AUTHORIZE	ED (*X* BOX FOR ATT	ACHMENT)	11. SHARES ISSUED (*x	" BOX FOR ATTACHMENT)	1
AUTHORIZED SHARES			ISSLED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
3,000 COMM \$1.00 PAR	VALUE		100	COMMON	\$1

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.

MICHIEL MC CLOSKE Print or Type Name of Officer

TREASURER



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

# Street, Providence, RI 02903-1335 401-277-3040

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

illing Perlod: January 1–Ma	arch 1 • Filin	g Fee: \$50.00			INSI
FORM MUST BE TYPED IN BLACK)		,			
	iame of Corporation				
	STRAWBERRY	FIELD ESTAT	ES INC.		
Street Address Principal Business Office			City	State	Zip
440 ROUTE 22 EAST			BRIDGEWATER	NJ	08807
. Rusiness Phone No.	:	State of Incorporation			6. SIC Code
(908) 429–9100 Brief Description of the Character of Busin	ness Conducted in Rhode	DELAWARE			8888
HOLDING OF PROPERT					
S. NAMES AND ADDRESSES O	F THE OFFICERS	("X" BOX FOR ATTACHM	ENT) Vice President Name	•	
JAMES DONNELLY treet Address			ROBERT A. JOYC	E	
12657 ALCOSTA BLVD Stat		tip	7909 PARKWOOD	CIRCLE DRIVE	Zip
SAN RAMON	CA	94583	HOUSTON Treasurer Name	<b>TX</b>	77036
GEORGE J. PIERSON treet Address			MIKE MCCLOSKEY		
440 ROUTE 22 EAST State	· .	: Cip	440 RT. 22 EAS	T State	Zip
BRIDGEWATER N. NAMES AND ADDRESSES O		08807 S (*x* box for attack	BRIDGEWATER  MENT)  Director Name	NJ .	08807
JAMES DONNELLY treet Address			WALTER A. JACH	EM	
12657 ALCOSTA BLVD		SIP .	440 RT. 22 EAS	T State	Zip
SAN RAMON C	Α .	94583	BRIDGEWATER Director Name	NJ	08807
GEORGE J. PIERSON    reel Address		•	Street Address		
440 RT. 22 EAST State	e i	!!p	City	State	Zip
BRIDGEWATER N  O. SHARES AUTHORIZED (-x* UTHORIZED) SHARES		0880 <u>7</u> NT)	11. SHARES ISSUED ("X" BO	OX FOR ATTACHMENT)	
umber of Shares Cla	ss/Series I	ar Value	Number of Shares	Class/Series .	Par Value
3,000 C	OMMON	\$1	100	COMMON	\$1

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

	3/2	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, that all statements contained herein are true and correct.
File Date:	6031	Signature of Officer Date Date
By:	Q.	Print or Type Name of Officer
FOR SECRETARY O	F STATE USE ONLY	Title of Officer



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

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

PI EAST INSTRU	READ
0.131.412	

(FORM MUST BE TYPED IN BL	.ACK)				
1. Corporate ID No.	2. Name of Corpora	tion			
81889	STRAWBEI	RRY FIELD ESTATES	INC.		
3. Street Address Principal Busines			Clry	State	Zip
440 Route 22 Eas	st		Bridgewater	NJ	08807-0884
4. Business Chone No.		S. State of Incorporation	J		6. SIC Code
(908) 429-9100 7. Brief Description of the Charact Holding of Pro		DELAW!	ARE		8888
8. NAMES AND ADDRE	SSES OF THE OFF	ICERS (*X* BOX FOR ATTACI	IMENT) Vice President Name		
James Donnelly			Andrew P. Halle	\ <b>r</b>	
Succ <b>l265</b> 7 Alcosta E	Blvd.		Street Address 7909 Parkwood (	-	
City	State	Zip	City	State	Zip
San, Ramon Secretary Name	CA	94583 .	Houston. Treasurer Name	ТХ	77036
Andrew P. Haller Succe Address	:		John Murphy Street Address		
7909 Parkwood Ci	rcle Drive	Zip	12657 Alcosta E	Blvd. State	Zip
Houston  NAMES AND ADDRE	TX SSES OF THE DIR	77036 ECTORS (*X* BOX FOR ATTA	San Ramon	CA	94583
Director Name			Director Name		
James Donnelly Street Address	-		Andrew P. Hall Street Address	er	
12657 Alcosta Bl	vd.		7909 Parkwood	Circle Drive	
City	State	Zip	City	State	Zip
San Ramon Director Name Walter A. Jachem	CA	94583	Houston Director Name	ΤX	77036
Street Address			Street Address		
440 Route			Sirett Muuress		
cny Bridgewater	State NJ	zip 08807-0884	City	State	Zip
10. SHARES AUTHORIZ AUTHORIZZID SHARES	ED ("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED (*)  ISSUED SHARES	K" BOX FOR ATTACHMEN	T)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
3,000	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

	2/12/00
Date:	3/13/00
rck No.:	20113
	2c

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

Common

\$1.00



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

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

Y FIELD ESTATES  S. State of incorporation DELAWARE hode Island  ERS ("X" BOX FOR ATTACK  Zip 94583  Zip  TORS ("X" BOX FOR ATTACK  TORS ("X" BOX FO	City Wilmington  HMENT) FILL IN SPACES B Vice President Name  Street Address  City : Treasurer Name     Jorgen Flood  Street Address     One Commerce Square City Philadelphia	State DE SEFORE USING ATTAC State PA SEFORE USING ATTAC	zıp træt <sup>Zip</sup> 19103
DELAWARE  hode Island  ERS ("X" BOX FOR ATTACK  Zip  94583	Wilmington  HMENT) FILL IN SPACES B  Vice President Name  Street Address  City : Treasurer Name Jorgen Flood Street Address One Commerce Square City Philadelphia SCHMENT) + FILL IN SPACES	State State State PA	19801 6. SIC Gode 0000  HMENTS  Zip  2ip  19103
DELAWARE  hode Island  ERS ("X" BOX FOR ATTACK  Zip  94583	HMENT) FILL IN SPACES B Vice President Name  Street Address  City  Treasurer Name Jorgen Flood Street Address One Commerce Squarely City  Philadelphia SCHMENT) FILL IN SPACES	State State State State PA	19801 6. SIC Gode 0000  HMENTS  Zip  2ip  19103
DELAWARE  hode Island  ERS ("X" BOX FOR ATTACK  Zip  94583	HMENT) FILL IN SPACES B Vice President Name  Street Address  City  Treasurer Name Jorgen Flood Street Address One Commerce Squarely City  Philadelphia SCHMENT) FILL IN SPACES	State State State State PA	6. SIC Code 0000  SHMENTS  Zip  treet  Zip  19103
ERS ("X" BOX FOR ATTACI Zip 94583 Zip	Vice President Name  Street Address  City  Treasurer Name Jorgen Flood  Street Address  One Commerce Squi City  Philadelphia  ICHMENT)   FILL IN SPACES	State 	zıp træt <sup>Zip</sup> 19103
<sup>Zip</sup> 94583 21p	Vice President Name  Street Address  City  Treasurer Name Jorgen Flood  Street Address  One Commerce Squi City  Philadelphia  ICHMENT)   FILL IN SPACES	State 	Zip 
94583 Zip	Street Address  City : Treasurer Name Jorgen Flood Street Address One Connerce Squicity Philadelphia SCHMENT) : FILL IN SPACES	nare, 2005 Market S State PA	treet <sup>2ip</sup> 19103
94583 Zip	City : Treasurer Name Jorgen Flood Street Address One Commerce Squ City Philadelphia SCHMENT) : FILL IN SPACES	nare, 2005 Market S State PA	treet <sup>2ip</sup> 19103
94583 Zip	: Treasurer Name Jorgen Flood Street Address One Conmerce Squ City Philadelphia SCHMENT) FILL IN SPACES	nare, 2005 Market S State PA	treet <sup>2ip</sup> 19103
94583 Zip	: Treasurer Name Jorgen Flood Street Address One Conmerce Squ City Philadelphia SCHMENT) FILL IN SPACES	nare, 2005 Market S State PA	treet <sup>2ip</sup> 19103
·	Jorgen Flood  Street Address One Commerce Squ  city  Philadelphia  SCHMENT) FILL IN SPACES	State PA	<sup>Zip</sup> . 19103
·	Street Address One Conmerce Squ City Philadelphia (CHMENT) FILL IN SPACES	State PA	<sup>Zip</sup> . 19103
·	One Commerce Squ City Philadelphia (CHMENT) FILL IN SPACES	State PA	<sup>Zip</sup> . 19103
·	city Philadelphia  CHMENT) FILL IN SPACES	State PA	<sup>Zip</sup> . 19103
FORS (*x* box for atta	CHMENT)   FILL IN SPACES	PA	19103
FORS ("X" BOX FOR ATTA	CHMENT)   FILL IN SPACES		·
	Jorgen Flood Street Address	are, 2005 Market S	•
Zin	•		
*	•		zıp 19103
	Director Name	· · · · · · · · · · · · · · · · · · ·	
	Street Address		
Zip	City	State	Zip
MENT)		* BOX FOR ATTACHMENT)	) <b>.</b>
Par Value	Number of Shares	Class/Series	Par Value
\$1.00	100	Сопттоп.	\$1.00
	MENT)  Par Value \$1.00	94583 Philadelphia Director Name Street Address  Zip City  MENT) 11. SHARES ISSUED (*X ISSUED SHARIS Par Value Number of Shares  \$1.00 100	Philadelphia PA  Director Name  Street Address  Zip City State  MENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT, ISSUED SHARES  Par Value Number of Shares Class/Series

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 Jorgen Flood

Print or Type Name of Officer

Treasurer Title of Officer

FOR SECRETARY OF STATE USE ONLY



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

1998

FORM MUST BE TYPED IN BL.	4CK)	
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1. Corporate ID No. 81889

AUTHORIZED SHARES

Number of Shares

3000

<sup>2</sup>STRÁWBERRY FIELD ESTATES INC.

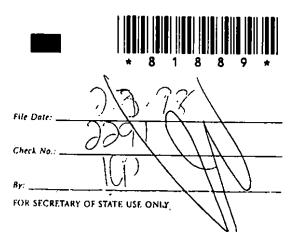
3. Street Address Principal Business O. 116 RODDY AVENUE	ffice		City SOUTH ATTLEBORO	State MA	zip 02703-7974
1. Business Phone No. (508) 399-6400		¹ ďeláware"			6. SIC Code 8888
Brief Description of the Character of Holding of Proper		In Rhode Island			
3. NAMES AND ADDRESSI	ES OF THE OFF	ICERS ("X" BOX FOR ATTACH	IMENT)		
resident Name Charles E. Buckle			Vice President Name Walter A. Jachem		
treet Address 116 Roddy Avenue			Street Address 116 Roddy Avenue		
South Attleboro	State MA	zip 02703-7974	Chy South Attleboro	State MA	zip 02703-7974
rcretary Name Robert M. Armstro	ong		Treasurer Name Charles E. Buckley		
reet Address 116 Roddy Avenue			Street Address 116 Roddy Avenue		
ity South Attleboro	State MA	zip 02703-7974	City South Attleboro	State MA	zıp 02703-7974
. NAMES AND ADDRESSE		ECTORS ("X" BOX FOR ATTA	CHMENT) Director Name		
Charles E. Buckle	ey .				
116 Roddy avenue			Street Address		
lly	State	Zip	City	State	Zip
South Attleboro	MA	02703-7974			,
irector Name Robert M. Armstro	ong		Director Name		•
reel Address 116 Roddy Avenue			Street Address		
ity	State	Zip	City	State	Zip
South Attleboro	MA	02703-7974			
D. SHARES AUTHORIZED	(*X* BOX FOR ATT	ACHMENT) ,	11. SHARES ISSUED (*X* BC	OX FOR ATTACHMENT)	

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

ISSUED SHARES

100

Number of Shares



Class/Series

Common

Par Value

\$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.

Class/Series

Common

Signature of Officer

Walter A. Jachem Print or Type Name of Officer

Vice President

Title of Officer



Par Value

\$1.00



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

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

(FORM MUST BE TYPED IN BLAC	CK)				COMPLET
1. Corporate ID No. 81889	2. Name of Corporati STRAWBER	RY FIELD ESTATES	INC.		THIS FOR
3. Street Address Principal Business (	Office		City	State	Zip
116 RODDY AVENUE  4. Business Phone No.	3	5. State of incorporation	SOUTH ATTLEBORO	MA	02703-797 6. SIC Cade
(508) 399-6400 7. Brief Description of the Character		DELAWARE Rhode Island			8888
Holding of Prope 8. NAMES AND ADDRESS President Name		CERS ("X" BOX FOR ATTACE	HMENT) Vice President Name		
Charles E. Buckl	.ey		Walter A. Jachem Street Address		
116 Roddy Avenue	State	Zip	116 Roddy Avenue	State	Zip
South Attleboro Secretary Name	MA	02703-7974	South Attleboro Treasurer Name	MA	02703-7974
Robert M. Armstr Street Address	ong		Charles E. Buckle	у	
116 Roddy Avenue	State	Zip	116 Roddy Avenue	State	Zip
South Attleboro  9. NAMES AND ADDRESS Director Name Charles E. Buckl		02703-7974 CTORS (*X* BOX FOR ATTA	South Attleboro (CHMENT) Director Name	MA	02703-7974
Street Address 116 Roddy Avenue	-		Street Address		
City South Attleboro	State MA	zip 02703-7974	City	State	Zip
Robert M. Armstr	ong		Director Name		•
Street Address 116 Roddy Avenue			Street Address		
South Attleboro	State MA	zip 02703-7974	Ċity	State	Zip
10. SHARES AUTHORIZED AUTHORIZED SHARES	AND ISSUED (*X	* BOX FOR ATTACHMENT)	ESSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
3000	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

* 8 1 8 8 9 *	Under penal
2 20	this report,
File Date: 2-3-91/	that all state
1730	Wa
Check No.:	Signature of Of
(1)	Walter
Ву:	Print or Type N
FOR SECRETARY OF STATE USE ONLY	Vice P
	Title of Officer

enalty of perjury, I declare and affirm that I have examined ort, Including any accompanying schedules and statements, and statements contained herein are true and correct. of Officer er A. Jachem pe Name of Officer President

## **PROFIT CORPORATION ANNUAL REPORT**

1996



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

100 North Main Street Providence, Rhode Island 02903-1335 • (401) 277-3040

Filing Period: January 1-March 1

81889	STRAWBERRY FIELD ESTATES INC.					
TREET ADORESS PRINCIPAL BUSINESS OFFICE	The particular of administration of the control of		ary	STATE	ZP CODE	
116 RODDY AVENUE	· · · · · · · · · · · · · · · · · · ·		SOUTH ATTLEBORO	MA	02703-7974	
siness phone no. (508) 399-6400		S STATE OF INCORPORATION DELAWARE			8888	
REF DESCRIPTION OF THE CHARACTER OF BUS	INESS CONDUCTED IN RHOOE IS	<u> </u>				
Holding of Proper	-					
Charles E. Buckle	8. NA F	MES AND ADDRE	SSES OF THE OFFI MOX PRESIDENT NAME Walter A. Jachem	CERS		
fi ADDRESS 116 Roddy Avenue			STREET ADDRESS 116 Roddy Avenue	·····	· · · · · · · · · · · · · · · · · · ·	
South Attleboro	STATE MA	<sup>227</sup> α00€ 02703−7974	South Attleboro	STATE	ZP COOE 02703−7974	
Burnett Norton		······	TREASURER NAME , Charles E. Buckley			
FT ADDRESS			STREET ADDRESS	<del></del>		
116 Roddy Avenue	STATE	72P CODE	116 Roddy Avenue			
South Attleboro	MA	02703-7974	South Attleboro	STATE MA	79° 600€ 02703-7974	
Charles E. Buckle Francess 116 Roddy Avenue	у	<del></del>	STREET ADDRESS		·····	
South Attleboro	STATE MA	ZP C00E 02703-7974	αιν	STATE	ZP COOE	
Dobort M America	-		DIRECTOR NAME	<del></del>		
Robert M. Armstro	ng	·	STREET ADDRESS	··-		
116 Roddy Avenue			1			
	STATE	22º CODE	CITY	STATE	JP COOK	
South Attleboro	MA	02703-7974				
	1 0 . S H AUTHORIZED SHARES	ARES AUTHORIZ	ED AND ISSUED		· · · · · · · · · · · · · · · · · · ·	
MUMBER OF SHARES	CLASS / SERIES	PAR VALLE	NUMBER OF SHARES	ISSUED SHARES  CLASS / SERIES	PARVALLE	
3000	Common	\$1.00	100	Common	\$1.00	
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***************************************			ED IN INK by either the			

File Date: Check No: Ву:

2/13/96 24703 Con-1 For Secretary of State Use Only

Signature of Officer

Walter A. Jachem Print or Type Name of Officer

Vice President

#### State of Rhode Island and Providence Plantations Office of The Secretary of State 100 North Main Street Providence, Rhode Island 02903-1335 401-277-3040

Ch# 001045 mrc

#### ANNUAL REPORT

Please Type or Print File Annually - Jan. 1 - March 1

Filing Fee \$50.00

Make Checks Payable to: Secretary of State

# ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.

Corporate ID:	0081889		Annual Report for th	1995		
Name of Corpora	STRAWBER	RY FIELD ESTA	TEE THO			
Business entity orga-	nized under the laws of the State o	[:				
For foreign entity, address and telephone number of principal office: 116 Roddy Avenue			Business Entity is (check one):  [X] Business Corporation (See RIGL Chapter 7-1.1)			
South Attlet	oro, MA 02703		[ ] Professional	Service Corporation (See RIG	L Chapter 7-5.1)	
Phone: ( 508) 3	399-6400		Brief statement of Real estat	the character of business cond e investment		
Island (Provide stree	ne of the principal office of busine it address - Not P.O. Box): poration System	ss entity in Rhode				
123 Dyer St						
Providence,	PT 02903					
Phone: ( 800) 2	225_2024					
PRESIDENT		THE NAMES OF TI	DRESS	CHY/STATE.		
Charles E.	Buckley, 75 Hamilton	Drive, East Gre	enwich RT 02	818	ZIP CODE	
A IC E PRESIDENT		STREET ADI	DRESS	CITYNTATE	ZIP COOF	
James Stanl	ey, Six Lincoln Clos	e Buckden Huntir	ntdon, Cambrida	eshire. England	2 ( ) 2	
		STREET ADD	DRESS	CITY/STATE	ZIP CODE	
Burnett W. I	Norton, 103 Ellis S	treet, Scekonk,	MA 02771			
I REASUREK		STREET ADI	DRESS	CITY/STATE	/IP CODE	
Charles E.	Buckely, 75 Hamilton	Drive, East Gr	eenwich, RI 0	2818		
	————— <u>——</u>	THE NAMES OF TH	E DIRECTORS AR	E:	<del></del>	
	Dugleles 75 u te	STREET ADI	RESS	CITY/STATE	ZIP CODE.	
AME	Buckley, 75 Hamilton	Drive, East Gre	enwich, RI 02	818		
Robert Armsty	mmar 65 Novell Deter	STREET ADD	PRESS	CITY/STATE	ZJP CODE	
SAME	rong, 65 Newell Driv	SIRFET ADD	ro, MA 02760	<del></del>		
	_	STREET AUG	K1.27	CITY/STATE	ZIP CODE	
NUMBER OF SHARE	S AUTHORIZED (Rider may be att.	ached)	NUMBER OF SHARES	ISSUED AND OUTSTANDING	(Rider may be attached)	
Number of Shares	Class / Series		Number of Shares	Class / Series		
3,000	Common	\$1 Par value Per Share	100	Common	\$1 Par value Per Share	
DateJanua	ary 20,	<u> </u>	Bruffle	mituo		
oʻm 31 1/95			PE NAME OF OFFICER SIGNING	Burnett w. Norton		
	- — — — — —		ICER SIGNING	Secretary	<del></del> _	
	<u> </u>	<u> REGISTERED AG</u> F	NT FOR SERVICE	OF PROCESS:	<del></del>	
LEASE NOTE: If the	he registered office and/or registe	red agent indicated below	is incorrect. Form 0 mus	y ha filed		

CT CORPORATION SYSTEM 123 DYER STREET PROVIDENCE RI 02908 PAID JAN 3 0 1995 MMC