



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. 70190		2. Name of Corporation Cedar Tree Properties, Inc.			
3. Street Address Principal Business Office 39 Cedar Swamp Road			City Smithfield	State RI	Zip 02917
4. Business Phone No. (401) 232-1010		5. State of Incorporation RHODE ISLAND			6. SIC Code 5553
7. Brief Description of the Character of Business Conducted in Rhode Island DEAL IN REAL PROPERTY.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Armand T. Lusi			Vice President Name John F. Lusi		
Street Address 120 Spencer Avenue			Street Address 380 Orms Street		
City Warwick,	State RI	Zip 02818	City Providence	State RI	Zip 02908
Secretary Name Helen C. Lusi			Treasurer Name Armando F. Lusi		
Street Address 17 Evergreen Drive			Street Address 17 Evergreen Drive		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			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 AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
2,000 NO PAR VALUE			One thousand	Common	No Par

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



* 7 0 1 9 0 *

File Date 1-16-04
Check No. 0205
By: [Signature]

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] 1/12/04
Signature of Officer Date
Armando F. Lusi
Print or Type Name of Officer
Treasurer
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 70190		2. Name of Corporation Cedar Tree Properties, Inc.			
3. Street Address Principal Business Office 39 Cedar Swamp Road			City Smithfield	State RI	Zip 02917
4. Business Phone No. (401) 232-1010		5. State of Incorporation RHODE ISLAND			6. SIC Code 5553
7. Brief Description of the Character of Business Conducted in Rhode Island DEAL IN REAL PROPERTY.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Armand T. Lusi			Vice President Name John F. Lusi		
Street Address 120 Spencer Avenue			Street Address 380 Orms Street		
City Warwick	State RI	Zip 02818	City Providence	State RI	Zip 02908
Secretary Name Helen C. Lusi			Treasurer Name Armando F. Lusi		
Street Address 17 Evergreen Drive			Street Address 17 Evergreen Drive		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			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 AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
2,000 NO PAR VALUE			One Thousand	Common	No Par

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.

Armando F. Lusi 1/3/05
Signature of Officer Date

Armando F. Lusi
Print or Type Name of Officer
Treasurer

Title of Officer

File Date 1/5/05
Check No. 0210
By: W.
FOR SECRETARY OF STATE USE ONLY

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. **70190** 2. Name of Corporation **Cedar Tree Properties, Inc.**
3. Street Address Principal Business Office **39 Cedar Swamp Road** City **Smithfield** State **RI** Zip **02917**
4. Business Phone No. **(401) 232-1010** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **5553**
7. Brief Description of the Character of Business Conducted in Rhode Island
Purchase, lease, and development of real property

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

President Name Armand T. Lusi	Vice President Name John F. Lusi
Street Address 120 Spencer Avenue	Street Address 380 Orms Street
City Warwick State RI Zip 02818	City Providence State RI Zip 02908
Secretary Name Helen C. Lusi	Treasurer Name Armando F. Lusi
Street Address 17 Evergreen Drive	Street Address 17 Evergreen Drive
City Johnston State RI Zip 02919	City Johnston State RI Zip 02919

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

Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip
Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
2,000 NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
One thousand Common No Par

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



* 7 0 1 9 0 *

File Date: 1-21-03
199
Check No.: _____
By: [Signature]

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] 1/14/03
Signature of Officer Date

Armand T. Lusi

Print or Type Name of Officer

President

Title of Officer

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



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **70190** 2. Name of Corporation **Cedar Tree Properties, Inc.**

3. Street Address Principal Business Office
39 Cedar Swamp Road

City **Smithfield** State **RI** Zip **02917**

4. Business Phone No. **(401) 232-1010** 5. State of Incorporation **RHODE ISLAND**

6. SIC Code **5553**

7. Brief Description of the Character of Business Conducted in Rhode Island
Purchase, lease, and development of real property

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

President Name
Armando F. Lusi

Vice President Name
Armand T. Lusi

Street Address
17 Evergreen Drive

Street Address
99 Bay View Avenue

City **Johnston,** State **RI** Zip **02919**

City **Warwick** State **RI** Zip **02818**

Secretary Name
Armand T. Lusi

Treasurer Name
Armando F. Lusi

Street Address
99 Bay View Avenue

Street Address
17 Evergreen Drive

City **Warwick** State **RI** Zip **02818**

City **Johnston** State **RI** Zip **02919**

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

Director Name
none

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 AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
2,000	NO PAR VALUE	

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
One thousand	Common	No Par

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



* 7 0 1 9 0 *

File Date: 1-16-02

Check No.: 193

By: [Signature]

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] 2/14/02
Signature of Officer Date

Armando F. Lusi

Print or Type Name of Officer

President

Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **70190** 2. Name of Corporation **Cedar Tree Properties, Inc.**
3. Street Address Principal Business Office **39 Cedar Swamp Road** City **Smithfield** State **RI** Zip **02917**
4. Business Phone No. **(401) 232-1010** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **5553**
7. Brief Description of the Character of Business Conducted in Rhode Island
Purchase, lease, and development of real property.

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

President Name Armando F. Lusi	Vice President Name Armand T. Lusi
Street Address 17 Evergreen Drive	Street Address 99 Bay View Avenue
City State Zip Johnston RI 02919	City State Zip Warwick RI 02818
Secretary Name Armand T. Lusi	Treasurer Name Armando F. Lusi
Street Address 99 Bay View Avenue	Street Address 17 Evergreen Drive
City State Zip Warwick RI 02818	City State Zip Johnston RI 02919

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

Director Name none	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 AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
2,000 SHS NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
One thousand Common No par

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



* 7 0 1 9 0 *

FILED

File Date: _____

MAR 01 2001

Check No.: _____

By CCOLBS

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.

Armand T. Lusi 2-28-01

Signature of Officer Date

Armand T. Lusi

Print or Type Name of Officer

Vice President

Title of Officer

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. **70190** 2. Name of Corporation **Cedar Tree Properties, Inc.**
3. Street Address Principal Business Office **39 Cedar Swamp Road** City **Smithfield** State **RI** Zip **02917**
4. Business Phone No. **(401) 232-1010** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **5553**

7. Brief Description of the Character of Business Conducted in Rhode Island
Purchase, lease, and development of real property.

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

President Name Armando F. Lusi Street Address 17 Evergreen Drive City Johnston State RI Zip 02919	Vice President Name Armand T. Lusi Street Address 99 Bay View Avenue City Warwick State RI Zip 02818
Secretary Name Armand T. Lusi Street Address 99 Bay View Avenue City Warwick State RI Zip 02818	Treasurer Name Armando F. Lusi Street Address 17 Evergreen Drive City Johnston State RI Zip 02919

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 none Street Address City _____ State _____ Zip _____
Director Name none Street Address City _____ State _____ Zip _____	Director Name none Street Address City _____ State _____ Zip _____

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
2,000 SHS NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
One Thousand Common No par

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



File Date: FEB 25 2000
By: 660178

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.

Armando F. Lusi 2-25-00
Signature of Officer Date

Armando F. Lusi
Print or Type Name of Officer

President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **70190** 2. Name of Corporation **Cedar Tree Properties, Inc.**
3. Street Address Principal Business Office
39 Cedar Swamp Road City **Smithfield** State **RI** Zip **02917**
4. Business Phone No. **401 232-1010** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **5553**

7. Brief Description of the Character of Business Conducted in Rhode Island
Purchase, lease, and development of real property.

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

President Name Armando F. Lusi Street Address 17 Evergreen Drive City Johnston State RI Zip 02919	Vice President Name Armand T. Lusi Street Address 99 Bay View Avenue City Warwick State RI Zip 02818
Treasurer Name Armando F. Lusi Street Address 17 Evergreen Drive City Johnston State RI Zip 02919	

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

Director Name None Street Address None City _____ State _____ Zip _____	Director Name None Street Address None City _____ State _____ Zip _____
Director Name None Street Address None City _____ State _____ Zip _____	Director Name None Street Address None City _____ State _____ Zip _____

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

AUTHORIZED SHARES
Number of Shares **2,000 SHS NO PAR VALUE** Class/Series _____ Par Value _____

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

ISSUED SHARES
Number of Shares **One thousand** Class/Series **Common** Par Value **No par**

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



File Date: Mar 10, 1999
Check No.: 172
By: [Signature]

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.
Armando F. Lusi 3/8/99
Signature of Officer Date
Armando F. Lusi
Print or Type Name of Officer
President
Title of Officer

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998
Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **70190** 2. Name of Corporation **Cedar Tree Properties, Inc.**
3. Street Address Principal Business Office **39 Cedar Swamp Road** City **Smithfield** State **RI** Zip **02917**
4. Business Phone No. **401 232-1010** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **5553**

7. Brief Description of the Character of Business Conducted in Rhode Island
Purchase, lease, and development of real property.

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

President Name			Vice President Name		
Armando F. Lusi			Armand T. Lusi		
Street Address			Street Address		
17 Evergreen Drive			99 Bayview Avenue		
City	State	Zip	City	State	Zip
Johnston	RI	02919	Warwick	RI	02818
Secretary Name			Treasurer Name		
Armand T. Lusi			Armando F. Lusi		
Street Address			Street Address		
99 Bayview Avenue			17 Evergreen Drive		
City	State	Zip	City	State	Zip
Warwick	RI	02818	Johnston	RI	02919

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

Director Name			Director Name		
None			None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
None			None		
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
2,000 SHS	NO PAR VALUE	

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
1000	Common	No par

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



File Date: 1-26-98
Check No.: 103
By: [Signature]

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] Date 1-22-98
Signature of Officer
Armando F. Lusi
Print or Type Name of Officer
President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT 1997

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **70190** 2. Name of Corporation **Cedar Tree Properties, Inc.**
3. Street Address Principal Business Office **39 Cedar Swamp Road** City **Smithfield** State **RI** Zip **02917**
4. Business Phone No. **401 232-1010** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **5553**

7. Brief Description of the Character of Business Conducted in Rhode Island
Purchase, lease, development of real property.

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

President Name Armando F. Lusi Street Address 17 Evergreen Drive City Johnston State RI Zip 02919	Vice President Name Armand T. Lusi Street Address 99 Bayview Avenue City Warwick State RI Zip 02818
Secretary Name Armand T. Lusi Street Address 99 Bayview Avenue City Warwick State RI Zip 02818	Treasurer Name Armando F. Lusi Street Address 17 Evergreen Drive City Johnston State RI Zip 02919

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

Director Name None Street Address City _____ State _____ Zip _____	Director Name None Street Address City _____ State _____ Zip _____
Director Name None Street Address City _____ State _____ Zip _____	Director Name None Street Address City _____ State _____ Zip _____

10. SHARES AUTHORIZED AND ISSUED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
2,000 SHS	NO PAR VALUE		1000	Common	No Par Value

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



* 7 0 1 9 0 *

File Date: 3/12/97

Check No.: 0153

By: [Signature]

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.

Armando F. Lusi 3/10/97
Signature of Officer Date

ARMANDO F. LUSI
Print or Type Name of Officer

PRESIDENT
Title of Officer

ANNUAL REPORT

1996



State of Rhode Island and Providence Plantations
 James R. Langevin, *Secretary of State*
 Corporations Division
 100 North Main Street
 Providence, Rhode Island 02903-1335 • (401) 277-3040

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

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. 70190
 2. NAME OF CORPORATION Cedar Tree Properties, Inc.
 3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE
 39 Cedar Swamp Road
 CITY Smithfield STATE RI ZIP CODE 02917
 4. BUSINESS PHONE NO. 232-1010
 5. STATE OF INCORPORATION RHODE ISLAND
 6. SIC CODE 5553
 7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND
 Purchase, lease, development of real property

8. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME Armando F. Lusi STREET ADDRESS 17 Evergreen Drive CITY Johnston STATE RI ZIP CODE 02919	VICE PRESIDENT NAME Armand T. Lusi STREET ADDRESS 99 Bayview Avenue CITY Warwick STATE RI ZIP CODE 02818
SECRETARY NAME Armand T. Lusi STREET ADDRESS 99 Bayview Avenue CITY Warwick STATE RI ZIP CODE 02818	TREASURER NAME Armando F. Lusi STREET ADDRESS 17 Evergreen Drive CITY Johnston STATE RI ZIP CODE 02919

9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME None STREET ADDRESS CITY STATE ZIP CODE	DIRECTOR NAME None STREET ADDRESS CITY STATE ZIP CODE
DIRECTOR NAME None STREET ADDRESS CITY STATE ZIP CODE	DIRECTOR NAME None 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
2,000 SHS	NO PAR VALUE		1,000	Common	No Par Value

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.

Armando F. Lusi
 Signature of Officer
 ARMANDO F. LUSI
 Print or Type Name of Officer
 PRESIDENT
 Title of Officer
 3/4/96
 Date

File Date: 3/19/96
 Check No: 140
 By: *cc*
 For Secretary of State Use Only

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

Corporate ID: 0070130 Annual Report for the year: 1995

Name of Corporation: Cedar Tree Properties, Inc.

Business entity organized under the laws of the State of: Rhode Island
 For foreign entity, address and telephone number of principal office:

Business Entity is (check one):
 Business Corporation (See RIGL Chapter 7-1.1)
 Professional Service Corporation (See RIGL Chapter 7-5.1)

Phone: ()

Brief statement of the character of business conducted in Rhode Island:
Real estate

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

39 Cedar Swamp Road
Smithfield, RI 02828

Phone: (401) 232-1010

THE NAMES OF THE OFFICERS ARE:

	STREET ADDRESS	CITY/STATE	ZIP CODE
PRESIDENT A. Robert Lusi	6 Valley View Drive	Johnston, RI	02919
VICE PRESIDENT Armando F. Lusi	17 Evergreen Drive	Johnston, RI	02919
SECRETARY Armando F. Lusi	17 Evergreen Drive	Johnston, RI	02919
TREASURER A. Robert Lusi	6 Valley View Drive	Johnston, RI	02919

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
NONE			
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED (Rider may be attached)		NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)	
Number of Shares	Class / Series	Number of Shares	Class / Series
2,000	Common No Par	1,000	Common No Par

Date February 15, 19 95

By: A. Robert Lusi
 A. Robert Lusi
PRINT OR TYPE NAME OF OFFICER SIGNING
President
TITLE OF OFFICER SIGNING

Form 31 1-95

DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

A. ROBERT LUSI
 CEDAR TREE PROPERTIES, INC.
 39 CEDAR SWAMP ROAD
 SMITHFIELD RI 02917

MRL
 CA#124

RECEIVED
DEC 23 1994

A. F. LUSI CONSTRUCTION, INC.

Filing Fee \$50.00
Payable to:
Secretary of State

PLEASE TYPE or PRINT
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

File Annually
LLC: Sept 1 - Nov 1
CORP: Jan 1 - March 1

Corporate ID: 0070190 Annual Report for the year: 1994

Name of Business Entity Cedar Tree Properties, Inc.

Business entity organized under the laws of the State of Rhode Island

Federal Taxpayer Identification Number [REDACTED]

For foreign entity, address and telephone number of principal office:

Phone: ()

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

39 Cedar Swamp Road
Smithfield, RI 02828

Phone (401) 232-1010

Business Entity is (check one):

- Business Corporation (See RIGL Chapter 7-1.1)
- Professional Service Corporation (See RIGL Chapter 7-5.1)
- Limited Liability Company (See RIGL 7-16)

Name, title and mailing address of contact person to whom communications may be directed

A. Robert Lusi, President
P. O. Box 701
Greenville, RI 02828

Brief statement of the character of business conducted in Rhode Island:
real estate

Date of Organization 11/2/1992

Date of Qualification to do business in Rhode Island (if foreign entity)

THE NAMES OF THE OFFICERS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<input type="checkbox"/> CHIEF EXECUTIVE OFFICER OR <input checked="" type="checkbox"/> PRESIDENT (SEE RIGL 7-1.1)	A. Robert Lusi 6 Valley View Drive	Johnston, RI	02919
<input type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input checked="" type="checkbox"/> VICE PRESIDENT (SEE RIGL 7-1.1)	Armando F. Lusi 17 Evergreen Drive	Johnston, RI	02919
<input type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input checked="" type="checkbox"/> TREASURER (SEE RIGL 7-1.1)	Armando F. Lusi 17 Evergreen Drive	Johnston, RI	02919
<input type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input checked="" type="checkbox"/> TREASURER (SEE RIGL 7-1.1)	A. Robert Lusi 6 Valley View Drive	Johnston, RI	02919

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
NONE			

NUMBER OF SHARES AUTHORIZED (If Applicable)

NUMBER 2,000

CLASS Common

SERIES

PAR VALUE OR WITHOUT PAR No par

NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)

NUMBER 1,000

CLASS Common

SERIES

PAR VALUE OR WITHOUT PAR No par

Date Feb 11 **FILED** 19 94

FEB 14 1994

By [Signature]

By A. Robert Lusi

A. Robert Lusi
PRINT OR TYPE NAME OF OFFICER SIGNING

President
TITLE OF OFFICER SIGNING

Form 31 1994

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form LLC 3 must be filed.

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

103

Corporate ID 0070150 Annual Report for the year 1993

FIRST: The name of the corporation is Cedar Tree Properties, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Real Estate

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island P.O. Box 701 Greenville, RI 02828

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
A. Robert Lusi	President	6 Valley View Drive, Johnston, RI 02919
Armando F. Lusi	Vice President	17 Evergreen Drive, Johnston, RI 02919
Armando F. Lusi	Secretary	17 Evergreen Drive, Johnston, RI 02919
A. Robert Lusi	Treasurer	6 Valley View Drive, Johnston, RI 02919

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
2,000	Common		NO PAR

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1,000	Common		NO PAR

Dated January 12 19 93

Cedar Tree Properties, Inc.
(Name of Corporation)

By A. Robert Lusi

Title President

(Report must be signed by an officer)