

#### CHAIR OF WHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Days. 100 North Main Str Providence, RI 02903-13 101 222 30

2005

PROFIT CORPORATIO	N/	ANNUAL REPORT	FOR	THE	VEAR	
Filing Period: January 1 - March 1	•	Filing Fee: \$50.00	- 0		1 12/11	_

(FORM MUST BE TYPED OR PRI	NTED IN BIACK)	Ting ree: \$50,00			
1. Corporate ID No	2 Name of Corps		<del>-</del>		
80190 3 Street Address Pencipal Business	White Coli	umns Properties, Inc.			
29 Elbow St			City	State	Zip
4 Business Phone No	reet	5 State of Incorporate	<u> Providence</u>	RI	02903
(401) 421-8850					6 SIC Cycle
7 Brief Description of the Character TO ACQUIRE, DEVELO	r of Business Conduct P. OWN, HOLD F	tent on Planda tetran t	ANAGEREAL PROPERTY		5538
8. NAMES AND ADDRESSE	S OF THE OPEN	CERS. CHAN BOX 500 O			
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Warren L. P	urvis		Warren L. Pu	rvie	
Street Address			Street Address		
29 Elbow Sti	reet		29 Elbow Str	eet	
Providence	State RI	γ <sub>φ</sub> 02903	Caty	State	Zip
Secretary Name			Providence	RI	02903
Warren L. Pı	irui o		Treasurer Name		***************************************
Street Address	11 12		Warren L. Pu	cvis	
29 Elbow Str	:eet		29 Elbow Stre	at	
City	State	Zφ	Gily	State	Zφ
Providence	RI	02903	Providence	RI	02903
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Duceta Name			Director Name		
Street Address		<u> </u>			
			Street Address		<del></del>
City	State	Zifi	City	State	
				Suite	Zιp
10. SHARES AUTHORIZED	("X" BOX FOR .	ATTACHMENT) 📋 🗀	11. SHARES ISSUED (")	   BOX FOR ATTACH	 MENTO □
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sumer of strates	Class series	Par Value	Number of Shares	Class/Series	Par Value
4,000 NO PAR VALUE			50		
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This report must be s	igned in ink by	either the President. Vice	President, Secretary, Assistant	Sources Transmiss 1	
	•		Tresident, Secretary, Assistant	secretary, freasurer, i	secciver or trustee
	: [ <b>6]]]                                 </b>				
		<b>                                   </b>	,	j	
			Under penalty of mean	L declare and affirm th	at I have examined this report
		<del>_</del>	including any acceptona	n line schedules and state	ements, and that all statements
File Date 1-31-	سكن-		contained herein are	e and correct.	
File Date		_			
Chrick No 869	/		Signature of Officer		Date
- <u> </u>		-	Warren L. 1		
	<u> </u>		Print or Type Name of O	fficer	
FOR SECRETARY OF STATE	TE USE ONLY		President		
			Title of Officer		
					Form 630 Rev. 12/03



#### GIALE OF KHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Socretary of State

Corporations Diel. 100 North Main St

Form 630 Rev. 12/03

2004

Providence, RI 02903-1. 401.222.3

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR \_

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 80190 White Columns Properties, Inc. 3. Street Address Principal Business Office Zip 29 Elbow Street Providence 02903 RΙ 4 Business Phone No. 5. State of Incorporation 6. SIC Code (401) 421-8850 RHODE ISLAND 7. Brief Description of the Character of Business Conducted in Rhode Island 5538 TO ACQUIRE, DEVELOP, OWN, HOLD FOR INVESTMENT AND MANAGEREAL PROPERTY 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Warren L. Purvis Warren L. Purvis Street Address Street Address 29 Elbow Street 29 Elbow Street City Providence RI 02903 Providence RI 02903 Secretary Name Treasurer Name Warren L. Purvis Warren L. Purvis Street Address Street Address 29 Elbow Street 29 Elbow Street City State Providence 02903 RI Providence RI 02903 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Street Address Street Address City State CIIN State Z.(p Director Name Street Address Street Address City State Zip. City State Z.ip 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 4,000 NO PAR VALUE 50 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 statement contained herej rue and correct. File Date Check No. VIS FOR SECRETARY OF STATE USE ONLY Title of Officer

#### 401-222-30-

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003 Filing Period: January 1-March 1 • Filing Fee: \$50.00

TORM MUST BE TYPED OR PR.  1. Corporate ID No.					
•	2. Name of Corpo.				•
80190 3. Street Address Principal Busin	White Colu	ımns Properties, Inc.			
29 Elbow St. 4. Rusiness Phone No.		5. State of Incorporation	Providence	State RI	Zip 02903 6. SIC Cude
(401) 421-885( 7. Brief Description of the Chara-		RHODE ISLAND			5538
Real Estate	Rental Pro	perty			
8. NAMES AND ADDRI President Name	ESSES OF THE OF	FICERS ("X" BOX FOR ATTAC	HMENT) FILL IN SPACES BI Vice President Name	EFORE USING ATTA	CHMENTS
Warren L. Pt Street Address	ırvis		Warren L. Pu	ırvis	
29 Elbow Str	reet		29 Elbow Str	reet	
City	State	Zip	City	State	Zip
Providence	RI	02903	Providence	RI	02903
Secretary Name			Treasurer Name		
Warren L. Pi Street Address			Warren L. Pi Street Address	ırvis	
29 Elbow Str	eet		29 Elbow Str	reet	
City	State	Zip	City	State	Zip
Providence	RI	02903	Providence	RI	02903
9. NAMES AND ADDRI Director Name	SSES OF THE DIR	ECTORS ("X" BOX FOR ATT)	ACHMENT) FILL IN SPACES Director Name	BEFORE USING AT	TACHMENTS
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name	•	
itreet Address			Street Address		
lity	State	Zip	City	State	Zip
IO, SHARES AUTHORIZ	ED ("x" box for ati	ACHMENT)	11. SHARES ISSUED ("X"	BOX FOR ATTACHMEN	T)
Sumber of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
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4,000 NO PAR VALUE					

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

* 8 0 1 9 0 *	
File Date 1.23.03	
Check No.: _ 7894	
ву	
FOR SECRETARY OF STATE USE ONLY	

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

Signature of Officer

Warren L. Purvis Print or Type Name of Officer

President, Sec'y, Trea.

Title of Officer

Form 630 12/02

Lowentu is. Intinini, 121, sectelary of Sta Corporations Divisu 100 North Main Street, Providence. RI 02903-135 401-222-304

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

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Filing Period: Janua:	ry 1-March 1 •	Filing Fee: \$50.00	CPORT FOR TH	E YEAR	
FORM MUST BE TYPED IN B					INST
1. Corporate ID No.	2. Name of Corpor	ration			
80190	White Colu	mns Properties, Inc.			
3. Street Address Principal Busine	ss Office	•	Gity	State	Zip
29 Elbow Str	eet		Providence	RI	<sup>~~</sup> 02903
4. Business Phone No. (401)421-885	0	5. State of Incorporation RHODE ISLAN			6. SIC Code 5538
7. Brief Description of the Charac	ter of Business Conducted	in Rhode Island			
Real Estat 8. NAMES AND ADDRE President Name Warren L. Pu Street Address		Property ICERS ("X" BOX FOR ATT	Vice President Name Warren L. Pi		ACHMENTS
29 Elbow Str			Street Address 29 Elbow St	reet	
Providence	State RI	<sup>zip</sup> 02903	Providence	State RI	<sup>zip</sup> 02903
Secretary Name Warren L. Pu Street Address 29 Elbow Str		· • • • • •	Treasurer Name Warren L. Pur Street Address 29 Elbow Stree		
Providence Providence	State RI	<sup>z<sub>ip</sub></sup> 02903	Providence	State R I	<sup>zip</sup> 02903
9. NAMES AND ADDRES	SSES OF THE DIR	ECTORS ("X" BOX FOR AT	TTACHMENT) FILL IN SPACES Director Name	BEFORE USING AT	
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	т)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Far Value

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

50



File Date:	3/1.3/02	
Check No.: _	80190	
Bp:	13	
OR SECRETA	ARY OF STATE USE ONLY	

4,000 NO PAR VALUE

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

Signature of Officer

WARREN L. PUTVIS

Print or Type Name of Officer

Testide w J. Secy J. Wa

Title of Officer

No Par

Form 630 12/01

3. Street Address Principal Business Office

29 Elbow Street

Corporations Divis. 401-222-36

State

## 100 North Main Street, Providence, RI 02903-13

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Filing Period: Januar	y I-March 1 • Filing	Fee: \$50.00	7 0 K 111 E	1 L/1 R
(FORM MUST BE TYPEI) IN BL	ACK)			
1. Corporate ID No. <b>80190</b>	2. Name of Corporation White Columns	Properties, Inc.		

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29 Elbow Stre	et		Providence	ri	02903
4. Business Phone No. (401)421-8850		5. State of Incorporation RHODE ISLA	on NND		6. SIC Code 5538
7. Brief Description of the Charac	ter of Business Conducted	in Rhode Island			
8. NAMES AND ADDRE	SSES OF THE OFF	ICERS ("X" BOX FOR ATT	TACHMENT) FILL IN SPACES	BEFORE USING ATTA	CHMENTS
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29 Elbow Stree	et		29 Elbow Str	aat	
Providence	State RI	<sup>Zip</sup> 02903	Providence	State RT .	<sup>Zip</sup> 02903
Secretary Name		•	Treasurer Name		•
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRE Director Name Warren Purvis	SSES OF THE DIR	ECTORS (*x* box for a	TTACHMENT) FILL IN SPACE Director Name	S BEFORE USING ATT	TACHMENTS
Street Address 29 Elbow Stree	et		Street Address		
cny Providence	State RI	<sup>Zip</sup> 02903	City	State	Zip
Director Name	••		Director Name	• •	
Street Address			Street Address		
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10. SHARES AUTHORIZI	ED (*x* box for att.	ACHMENT)	11. SHARES ISSUED (*)	C BOX FOR ATTACHMEN	Τ)
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4,000 SHS NO PA	R VALUE		100	Common	

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee t ISSIEL IEITL GELET HING LOID GEN LOCK

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File Date:	2/21
Check No.:	7042
Ву:	<u> </u>
FOR SECRETARY OF	F STATE USE ONLY

Under penalty of perfury, I declare an	d affirm that I have examined
Under penalty of perfury, I declare and this report, vicining any accompany	ing schedules and statements, and
that all statements contained herein a	re true and correct.
- Ch	2.20-01
Signature of Officer	Date

Common

No Par

Warren Purvis

Print or Type Name of Officer President

Title of Officer

Form 630 12/00

women are manageress, decreasely up to 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)

I. Corporate	<sup>/D</sup> 801	90

2. Name of Corporation
White Columns Properties, Inc.

3.	Street	Address	Principal	Business	Office
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29 Elbow Street

State

4. Business Phone No.

(401)421-8850

Providence 5. State of Incorporation RHODE ISLAND

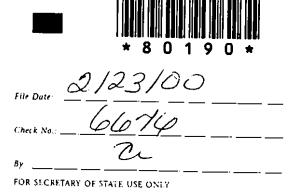
RΙ

02903

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

President Name			Vice President Name		
Warren Purvis,			Warren Purvi Street Address	s, M.D.	
29 Elbow Stree	t				
Providence	State R I	02903	City	State	Zip
Secretary Name	•		Treasurer Name		
Warren Purvis, Street Address	M.D.		Warren Purvi:	s, M.D.	•
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City	State	Zip	City	State	21p
Street Address			Street Address		
9. NAMES AND ADDRESSE Director Name			Director Nume	BEFORE USING ATT	ACIDIENTS
lity					
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Director Name			Director Name		
treet Address			Street Address		
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UTHORIZED SHARES	· · · · · · · · · · · · · · · · · · ·	ACHME(41)	11. SHARES ISSUED (*X'	BOX FOR ATTACHMENT	r)
iumber of Shares	Class/Series	Par Value	Number of Shares	Class/Serles	
4,000 SHS NO PAR V	ALUE		·		Par Value
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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 peport, preliading any accompanying schedules and statements, and that all statements contained herein are true and correct.

"	
Signature of Officer	Date

rid	rren	Pur	.Vls.	M.D.
			<u> </u>	_:
Print or	Type Name	of Offic	'er	

President

FOR SECRETARY OF STATE USE ONLY

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

401-222-31

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

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(FORM MUST BE TYPED IN BL	ACK)				(	ISSINCU III
1. Corporate ID No. <b>80190</b>	2. Name of Corpo White Col	umns Properties, inc.	<del></del>		<del></del> <del></del>	
3. Street Address Principal Busines:		• ,	Gity			
29 Elbow St	reet		Providence	State R I	zip 029(	13
4. Business Phone No.		5. State of Incorporation	rrovidence			
(401)421-88  2. Brief Description of the Characte  Real Estate	of Business Conducted	RHODE ISLAN	D		6. SIC Code <b>5538</b>	
8. NAMES AND ADDRES		FICERS ("X" BOX FOR ATTAC	HMENT) ' FILL IN SPACES I	REFORE LISING ATTA	CUMENTE	-
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Warren Purv	15		Warren Purv	is		
Street Address 29 Elbow St	reet		Street Address			
Providence	State RI	<sup>Zip</sup> 02903	City	State	Zip	
Secretary Name	•	••	T		** ** ** **	,
Warren Purv	is		Treosurer Name Warren Purv	ic		
Street Address			Street Address	15		
•			Titeet Wattiet??			
City	State	Zip	City	State	Zip	
9. NAMES AND ADDRES  Director Name  Warren Purv  Street Address		ECTORS (*x* box for atta	CHMENT) + FILL IN SPACE  Director Name  Street Address	S BEFORE USING AT	TACHMENTS	]
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City	State	ZIP	City	State	Zip	
10. SHARES AUTHORIZEI AUTHORIZED SHARIS	D (*X* BOX FOR ATT	ACHMENT)	11. SHARES ISSUED ("X	BOX FOR ATTACHMEN	7)	
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his report must be signe	ed in ink by eith	ner the President, Vice P	resident, Secretary, Assist	ant Secretary Treas	urer Deceluer o	
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					_	
~ Q		<b>4</b>	Under penalty of perjo	ury, I declare and affire	n that I have exan	nined
1 1	0.00		this report, inclyding	any accompanying sch	edules and statem	ents, and
File Date:	4,40		that all statements co	ntained herein are truc	and correct.	
	1007	<del></del>	~ ~ ~		2-2-99	
Check No :	700		Signature of Officer		Date	

Date

Warren Purvis Print or Type Name of Officer

<u>President</u>

Title of Officer

somes as amageria, secretary of 5. Corporations Divis 100 North Main Street, Providence, RI 02903-1. 401-277-31

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Filing Périod: January 1-March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK) J. L. Corporate ID No. 2. Name of Corporation 80190 White Columns Properties, Inc. 3. Street Address Principal Business Office 29 Elbow Street Providence RI 4. Business Phone No. 5. State of Incorporation

02903 6. SIC Code (401)421-8850 RHODE ISLAND 5538 7. Brief Description of the Character of Business Conducted in Rhode Island Real Estate-operations & leasors of buildings, including residential 8. NAMES AND ADDRESSES OF THE OFFICERS (\*X" BOX FOR ATTACHMENT) President Name Vice President Name Warren Purvis, M.D. same Street Address Street Address 29 Elbow Street Same City State RI Zip Providence 02903 Secretary Name Treasurer Name Same Street Address Street Address City State Zip City State 2.10 9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) Director Name Director Name same Street Address Street Address City State Zip City State Zip Director Name Director Name Street Address Street Address State Zip City State Zip 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series Par Value 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

<u>President</u>

Title of Officer

ISSUED SHARES

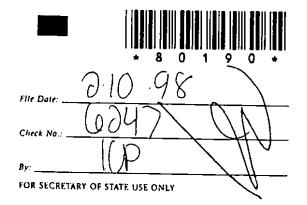
Number of Shares

Class/Series

Par Value

4.000 SHS NO PAR VALUE

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



this report includ				
this report, includ	ring any actioms	anying sch	edules and statem	ents, and
that all statements	compined heri	eln are truc	and correct.	
·	6 h		1/13/98	
Signature of Officer			Date	
Warren	Purvis,	M.D.		
Print or Type Name of	Officer			· · ·

Corporations Divis

#### 100 North Main Street, Providence, RI 02903-13 401-277-3(

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

(FORM MUST BE TYPED IN BL	ACK)				BIJI COMP
1. Corporate ID No. 80190	2. Name of Corpo	ration umns Properties, I	inc.		1018
3. Street Address Principal Busines		•	City	State	
29 Elbow	Street		Providence		Zip
4. Business Phone No.		5. State of Incorpor	ation	RI	02903 6. SIC Code
(401)421- 7. Brief Description of the Characti FEW ES	er of Business Conducted	RHODE IS In Rhode Island	LAND		5538
8. NAMES AND ADDRES	SSES OF THE OF	FICERS (*X* BOX FOR A			
Warren Pu	ruia		Vice President Name		
Street Address	LVIS		Same		
29 Elbow	Stroot		Street Address		
City	State	Zip	Class		
Providence	RI	02903	City	State	Zip
Secretary Name		02303.	Treasurer Name		
Same			Same		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRES Director Name	SES OF THE DIR	ECTORS ("X" BOX FOR			••
Same			Director Name		
Sircet Address			Same Street Address		
City	State	Zip	City	State	Zip
Director Name	٠		Director Name		·
Street Address			Street Address		
City	State	ZIp	City	State	Zip
10. SHARES AUTHORIZE	D AND ISSUED (	*X* BOX FOR ATTACHME	NT)	• •	
AUTHORIZED SHARES Number of Shares			ISSUED SHARES		
variable of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
4,000 SHS NO PAR V	ALUE		None		

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 dontained herein are true and correct.    14/9

Form 31 12/96

### **ANNUAL REPORT**

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

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

1 CORPORATE ID NO	2 NAME OF CORPORATION	PLEASE TYPE OR	PRINT IN BLACK INK.		
80190	White	Columns Drone	•		
3 STREET ADDRESS PRINCIPAL BUSINESS O	FROE	Columns Proper			
			ату	STATE	<b>ΣΡ C00</b> Ε
	ow Street		Providence	RI	02903
4. BUSINESS PHONE HO.		5 STATE OF INCORPORATION	•		6. SIC CODE
(401)42	21-8850	RHODE IS	SLAND		5538
7. BRIEF DESCRIPTION OF THE CHARACTER OF	F BUSINESS CONDUCTED IN RHOOF I	CI AND	<del></del>	<del></del>	JJ30
		2710		·	<del></del> - <u>-</u>
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		MES AND ADDR	ESSES OF THE OF		
PRESIDENT NAME			VICE PRESIDENT NAME		
	Purvis, M.D	•	İ		
STREET ADDRESS		·	STREET ADDRESS		<del></del>
	w Street				
Or or i dame.	STATE	ZIP CODE	any	STATE	7P COOE
Providence	RI	. 02903		V	Dr WOE
SECRETARY HAME			TREASURER NAME	<del></del>	
Justin	Holden		=	on Durwic A	4 Th
STREET ADORESS	<del>-</del> - <del></del> .		STREET ADDRESS	en Purvis, N	1. U.
321 Sou	th Main Str	eet		lbow Street	
CITY -	STATE	ZIP COOE	_ l <sub>ary</sub>		
Providence	, RI	, 02903	1 -	STATE	ZP C006
- second on a wide of color			Providence	.a	- 02903
DIRECTOR NAME	7. A. H. W.	IES AND ADDR		RECTORS	· · · · · ·
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ary		- ·			
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DIRECTOR NAME	· · •			1	
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	10. SH	ARES AUTHORI	ZED AND ISSUED	<b>-</b> -	_ ' •
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Title of Officer **DETACH BOTTOM BEFORE RETURNING** 

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

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Corporate ID: \$0.19.0.		Annual Report for the ye	ear: 1995	
Name of Corporation: Whit	te Columns Propert	•		•
Business entity organized under the laws of the Sta For foreign entity, address and telephone number of N/A	Business Entity is (check one):  [X] Business Corporation (See RIGL Chapter 7-1.1)  [] Professional Service Corporation (See RIGL Chapter 7-5.1)			
		Reinf statement of the	-t	
Phone: ( )		Real estate	character of business conducted	in Rhode Island:
Address and telephone of the principal office of but Island (Provide street address - Not P.O. Box):  29 Elbow Street, Unit #1	siness entity in Rhode	· · · · · · · · · · · · · · · ·		
Providence, RI 02903				
Phone: (401) 421-8850	· · · · · · · · · · · · · · · · · · ·			
PRESIDENT	THE NAMES OF T	HE OFFICERS ARE:		
Warren Purvis	STREET AD  29 Elbow Street,	Unit #1, Provide		ZJP CO
	STREET AD	ORESS ———————————————————————————————————	CITY/STATE	ZIP CO
Justin S. Holden TREASURER		321 South Main Street, Providence,		
Warren Purvis	same as above	DRESS	CITYSTATE	
NAME	THE NAMES OF TH	E DIRECTORS ARE:		
NONE	STREET ADI	DRESS ———————————————————————————————————	CHY/STATE	7JP CO
NAME — — — — — — — — — — — — — — — — — — —	STREET ADD	PRESS	CTTYSTATE	ZIP CO
NAME	STREET ADD	DRESS	CITY/STATE	
NUMBER OF SHARES AUTHORIZED (Rider may b	e attached)	NUMBER OF SHARES ISSU	JED AND OUTSTANDING (Ride	may be attached)
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Date <u>February</u> 19	<u>95</u>	<u> </u>	President	
Farm 3' 1.95	PRINT OR LY	Warren Pur	rvis resident	
<u>DE</u> SIGNA	TED REGISTERED ACT	AT FOR SERVICE OF		
PLEASE NOTE: If the registered office and/or reg	istered agent indicated below	is incorrect. Form 9 must be	filed	··

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