



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Division
100 North Main St
Providence, RI 02903-1313
(401) 222-3000

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. 80190		2. Name of Corporation White Columns Properties, Inc.		
3. Street Address Principal Business Office 29 Elbow Street		City Providence	State RI	Zip 02903
4. Business Phone No. (401) 421-8850		5. State of Incorporation RHODE ISLAND		6. SIC Code 5538
7. Brief Description of the Character of Business Conducted in Rhode Island TO ACQUIRE, DEVELOP, OWN, HOLD FOR INVESTMENT AND MANAGERIAL PROPERTY				
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Warren L. Purvis		Vice President Name Warren L. Purvis		
Street Address 29 Elbow Street		Street Address 29 Elbow Street		
City Providence	State RI	Zip 02903	City Providence	State RI
Secretary Name Warren L. Purvis		Treasurer Name Warren L. Purvis		
Street Address 29 Elbow Street		Street Address 29 Elbow Street		
City Providence	State RI	Zip 02903	City Providence	State RI
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
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
AUTHORIZED SHARES				
Number of Shares	Class Series	Par Value	Number of Shares	Class Series
4,000 NO PAR VALUE			50	No Par
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
ISSUED SHARES				
Number of Shares	Class Series	Par Value	Number of Shares	Class Series

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

File Date 1-31-05
Check No 8691
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 of Officer
Warren L. Purvis
Print or Type Name of Officer
President
Title of Officer



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. 80190		2. Name of Corporation White Columns Properties, Inc.		
3. Street Address Principal Business Office 29 Elbow Street		City Providence	State RI	Zip 02903
4. Business Phone No. (401) 421-8850		5. State of Incorporation RHODE ISLAND		6. SIC Code 5538
7. Brief Description of the Character of Business Conducted in Rhode Island TO ACQUIRE, DEVELOP, OWN, HOLD FOR INVESTMENT AND MANAGERIAL PROPERTY				
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Warren L. Purvis		Vice President Name Warren L. Purvis		
Street Address 29 Elbow Street		Street Address 29 Elbow Street		
City Providence	State RI	Zip 02903	City Providence	State RI
Secretary Name Warren L. Purvis		Treasurer Name Warren L. Purvis		
Street Address 29 Elbow Street		Street Address 29 Elbow Street		
City Providence	State RI	Zip 02903	City Providence	State RI
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
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
AUTHORIZED SHARES				
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series
4,000 NO PAR VALUE			50	No Par
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
ISSUED SHARES				
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series

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 1-22-04
Check No. 8286
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 statement contained herein are true and correct.

Signature of Officer

WARREN L. Purvis, MD

Print or Type Name of Officer

President, Inc.
Title of Officer

1/20/04
Date

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

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

FORM MUST BE TYPED OR PRINTED IN BLACK

1. Corporate ID No.

2. Name of Corporation

80190

White Columns Properties, Inc.

3. Street Address Principal Business Office

29 Elbow Street

4. Business Phone No.

5. State of Incorporation

(401) 421-8850

RHODE ISLAND

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

Real Estate Rental Property

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

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Warren L. Purvis

Street Address

29 Elbow Street

City

State

Zip

Providence

RI

02903

Secretary Name

Warren L. Purvis

Street Address

29 Elbow Street

City

State

Zip

Providence

RI

02903

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

FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

Vice President Name

Warren L. Purvis

Street Address

29 Elbow Street

City

State

Zip

Providence

RI

02903

Treasurer Name

Warren L. Purvis

Street Address

29 Elbow Street

City

State

Zip

Providence

RI

02903

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

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)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

4,000 NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

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



* 8 0 1 9 0 *

File Date: 1.23.03

Check No.: 7894

By: UP

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

Date

Print or Type Name of Officer: Warren L. Purvis

President, Sec'y, Trea.

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. **80190**
2. Name of Corporation **White Columns Properties, Inc.**
3. Street Address Principal Business Office
29 Elbow Street
4. Business Phone No. **(401)421-8850**
5. State of Incorporation **RHODE ISLAND**
7. Brief Description of the Character of Business Conducted in Rhode Island

City **Providence** State **RI** Zip **02903**
6. SIC Code **5538**

Real Estate Rental Property

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

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name
Warren L. Purvis
Street Address
29 Elbow Street
City **Providence** State **RI** Zip **02903**

Vice President Name
Warren L. Purvis
Street Address
29 Elbow Street
City **Providence** State **RI** Zip **02903**

Secretary Name
Warren L. Purvis
Street Address
29 Elbow Street
City **Providence** State **RI** Zip **02903**

Treasurer Name
Warren L. Purvis
Street Address
29 Elbow Street
City **Providence** State **RI** Zip **02903**

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

FILL IN SPACES BEFORE USING ATTACHMENTS

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

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

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

AUTHORIZED SHARES

Number of Shares Class/Series Par Value
4,000 NO PAR VALUE

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

ISSUED SHARES

Number of Shares Class/Series 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



* 8 0 1 9 0 *

File Date: 3/13/02

Check No.: 80190

By: TB

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

Date

WARREN L. Purvis

Print or Type Name of Officer

President, Secy, Treas

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. **80190** 2. Name of Corporation **White Columns Properties, Inc.**

3. Street Address Principal Business Office **29 Elbow Street** City **Providence** State **ri** Zip **02903**

4. Business Phone No. **(401)421-8850** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **5538**

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

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

President Name **Warren Purvis** Vice President Name **Warren Purvis**
Street Address **29 Elbow Street** Street Address **29 Elbow Street**
City **Providence** State **RI** Zip **02903** City **Providence** State **RI** Zip **02903**

Secretary Name _____ Treasurer Name _____
Street Address _____ Street Address _____
City _____ State _____ Zip _____ City _____ State _____ Zip _____

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

Director Name **Warren Purvis** Director Name _____
Street Address **29 Elbow Street** Street Address _____
City **Providence** State **RI** Zip **02903** 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
4,000 SHS NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
100 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: **2/21**
Check No.: **7042**
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 of Officer **[Signature]** Date **2-20-01**
Print or Type Name of Officer **Warren Purvis**
Title of Officer **President**



AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Corporations Division
100 North Main Street, Providence, RI 02903-1
401-222-3

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **80190** 2. Name of Corporation **White Columns Properties, Inc.**

3. Street Address Principal Business Office

29 Elbow Street

City

Providence

State

RI

Zip

02903

4. Business Phone No.

(401)421-8850

5. State of Incorporation

RHODE ISLAND

6. SIC Code

5538

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

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

President Name

Warren Purvis, M.D.

Street Address

29 Elbow Street

City

Providence

State

RI

Zip

02903

Vice President Name

Warren Purvis, M.D.

Street Address

City

State

Zip

Secretary Name

Warren Purvis, M.D.

Street Address

City

State

Zip

Treasurer Name

Warren Purvis, M.D.

Street Address

City

State

Zip

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

Director Name

Street Address

City

State

Zip

Director Name

Street Address

City

State

Zip

Director Name

Street Address

City

State

Zip

Director Name

Street Address

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

4,000 SHS NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

100

Common

No Par

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: **2/23/00**

Check No.: **6674**

By: **W**

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

Date

Warren Purvis, M.D.

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.

80190

2. Name of Corporation

White Columns Properties, Inc.

3. Street Address Principal Business Office

29 Elbow Street

City

Providence

State

RI

Zip

02903

4. Business Phone No.

(401)421-8850

5. State of Incorporation

RHODE ISLAND

6. SIC Code

5538

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

Real Estate

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

President Name

Warren Purvis

Vice President Name

Warren Purvis

Street Address

29 Elbow Street

Street Address

City

Providence

State

RI

Zip

02903

City

State

Zip

Secretary Name

Warren Purvis

Treasurer Name

Warren Purvis

Street Address

Street Address

City

State

Zip

City

State

Zip

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

Director Name

Warren Purvis

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

4,000 SHS NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

none

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: **Feb 9, 99**

Check No.: **6306**

By: **JD**

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 Purvis

Print or Type Name of Officer

President

Title of Officer

2-2-99

Date



AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

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

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. **80190** 2. Name of Corporation **White Columns Properties, Inc.**
3. Street Address Principal Business Office **29 Elbow Street** City **Providence** State **RI** Zip **02903**
4. Business Phone No. **(401)421-8850** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **5538**

7. Brief Description of the Character of Business Conducted in Rhode Island
Real Estate-operations & lessors of buildings, including residential

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

President Name Warren Purvis, M.D.	Vice President Name same
Street Address 29 Elbow Street	Street Address same
City Providence State RI Zip 02903	City Providence State RI Zip 02903
Secretary Name same	Treasurer Name same
Street Address same	Street Address same
City Providence State RI Zip 02903	City Providence State RI Zip 02903

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

Director Name same	Director Name same
Street Address same	Street Address same
City Providence State RI Zip 02903	City Providence State RI Zip 02903
Director Name same	Director Name same
Street Address same	Street Address same
City Providence State RI Zip 02903	City Providence State RI Zip 02903

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

AUTHORIZED SHARES
Number of Shares **4,000 SHS NO PAR VALUE** Class/Series **1.00** Par Value **1.00**

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

ISSUED SHARES
Number of Shares **none** Class/Series **1.00** Par Value **1.00**

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



File Date: **2.10.98**
Check No.: **6047**
By: **ICP**
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 Purvis, M.D.** Date **1/13/98**
Print or Type Name of Officer
Title of Officer **President**

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. **80190** 2. Name of Corporation **White Columns Properties, Inc.**

3. Street Address Principal Business Office

29 Elbow Street

City

Providence

State

RI

Zip

02903

4. Business Phone No.

(401) 421-8850

5. State of Incorporation

RHODE ISLAND

6. SIC Code

5538

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

Real estate

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

President Name

Warren Purvis

Vice President Name

Same

Street Address

29 Elbow Street

Street Address

City

Providence

State

RI

Zip

02903

City

State

Zip

Secretary Name

Same

Treasurer Name

Same

Street Address

Street Address

City

State

Zip

City

State

Zip

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

Director Name

Same

Director Name

Same

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 AND ISSUED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

4,000 SHS NO PAR VALUE

ISSUED SHARES ✓

Number of Shares

Class/Series

Par Value

None

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



File Date: **2-24-97**

Check No.: **SGC 4**

By: **UP**

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

Date

Warren Purvis

Print or Type Name of Officer

President

Title of Officer

ANNUAL REPORT

1996



James R. Langevin, Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335 • (401) 277-30

Filing Period: January 1-March 1

Filing Fee: \$50.00

PLEASE TYPE OR PRINT IN BLACK INK.

1 CORPORATE ID NO

2 NAME OF CORPORATION

80190

White Columns Properties, Inc.

3 STREET ADDRESS PRINCIPAL BUSINESS OFFICE

CITY

STATE

ZIP CODE

29 Elbow Street

Providence

RI

02903

4 BUSINESS PHONE NO.

(401)421-8850

5 STATE OF INCORPORATION

RHODE ISLAND

6 SIC CODE

5538

7 BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND

Rent out office space

8. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME

Warren Purvis, M.D.

VICE PRESIDENT NAME

STREET ADDRESS

29 Elbow Street

STREET ADDRESS

CITY

Providence

STATE

RI

ZIP CODE

02903

CITY

STATE

ZIP CODE

SECRETARY NAME

Justin Holden

TREASURER NAME

Warren Purvis, M.D.

STREET ADDRESS

321 South Main Street

STREET ADDRESS

29 Elbow Street

CITY

Providence

STATE

RI

ZIP CODE

02903

CITY

Providence

STATE

RI

ZIP CODE

02903

9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME

NONE

DIRECTOR NAME

STREET ADDRESS

STREET ADDRESS

CITY

STATE

ZIP CODE

CITY

STATE

ZIP CODE

DIRECTOR NAME

DIRECTOR NAME

STREET ADDRESS

STREET ADDRESS

CITY

STATE

ZIP CODE

CITY

STATE

ZIP CODE

10. SHARES AUTHORIZED AND ISSUED

NUMBER OF SHARES

AUTHORIZED SHARES

CLASS / SERIES

PAR VALUE

NUMBER OF SHARES

ISSUED SHARES

CLASS / SERIES

PAR VALUE

4,000 SHS NO PAR VALUE

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 contained herein are true and correct.

Signature of Officer

Warren Purvis, M.D., President
Print or Type Name of Officer

President

Title of Officer

Date

DETACH BOTTOM BEFORE RETURNING

FORM 31 12/95

File Date:

Check No:

By:

For Secretary of State Use Only



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

ANNUAL REPORT

Please Type or Print
File Annually -- Jan. 1 - March
Filing Fee \$50

Make Checks Payable to: Secretary of State

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

Corporate ID: 80190

Annual Report for the year: 1995

Name of Corporation: White Columns Properties, Inc.

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

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

N/A

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):

29 Elbow Street, Unit #1

Providence, RI 02903

Phone: (401) 421-8850

THE NAMES OF THE OFFICERS ARE:

OFFICER	STREET ADDRESS	CITY/STATE	ZIP CODE
PRESIDENT <u>Warren Purvis</u>	<u>29 Elbow Street, Unit #1, Providence, RI</u>	<u>02903</u>	

OFFICER	STREET ADDRESS	CITY/STATE	ZIP CODE
VICE PRESIDENT			

OFFICER	STREET ADDRESS	CITY/STATE	ZIP CODE
SECRETARY <u>Justin S. Holden</u>	<u>321 South Main Street, Providence, RI</u>	<u>02903</u>	

OFFICER	STREET ADDRESS	CITY/STATE	ZIP CODE
TREASURER <u>Warren Purvis</u>	<u>same as above</u>		

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>NONE</u>			

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	Class / Series
<u>4000</u>	<u>Common No Par</u>

NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)

Number of Shares	Class / Series
<u>100</u>	<u>Common No Par</u>

Date February 19 95

By: Warren Purvis President

PRINT OR TYPE NAME OF OFFICER SIGNING: President

TITLE OF OFFICER SIGNING

Form 3-135

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

PAID

FEB 16 1995

SECY OF STATE
OK #5029