

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

Matthew A. Brown, Secretary of State

Corporations Dursion 100 North Main Street Providence RI 02903-1335 401 222 3046

1. Corporate ID No.	2 Name of Corpore	etro)				
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<u>113089</u> 3. Street Address Penicipal Busii	B&G Assoc	iates, Ltd.	La	State	Zp	
245 Waterman Street		Providence	RI	02906		
i Business Phone No. 5 State of the orporation			1 1	5 SIC Oute		
272-0804		RHODE ISLAND			5579	
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Aram G. Garabe	dian		Dan M. Bliss			
Street Address			Street Address			
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City	Sare	Zιρ	City	State	Zφ	
Providence Scretar Name	RI	02906	Providence Treasurer Name	RI RI	02906	
Lisa B. Regan			Marc Genereux	\		
Street Address		Street Address	Street Address			
245 Waterman Street		245 Waterman	Street			
Cuy	State	Z.#:	City	State	Zip	
Providence	RI	02906	Providence	RI	02906	
9. NAMES AND ADDRES	SES OF THE DIRECT	TORS: ("X" BOX FOR A		SPACES BEFORE USING A	ATTACHMENTS	
Director Same			Director Name			
Aram G. Garabe Street Address	dian		: Dan M. Bliss			
			Street Address	_	•	
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	State	Ζφ	City	State	Ζφ	
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Gary B. Garabe	dian		Lisa B. Regar	1	 -	
	*****			Chront		
245 Waterman S	State	Zip	245 Waterman	Street	Zip	
Providence		02906	Providence	RI	02906	
10. SHARES AUTHORIZE	RI ED ("X" BOX FOR /			"X" BOX FOR ATTACHME.	Į.	
AUTHORIZED SHARES	(,	I ISSUED SHARES		,	
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10,000 COMM NO PAR 1	VALUE		9,900	Class B Non-	NO PAR VALUE	
·			7,700	Voting	1	
			1	1	1	

	113089
File Date 3 05	
Check No. 155	
By: \(\int_{\chi} \) .	
FOR SECRETARY OF STATE USE ON	LY

Under penalty of perjury, I declare and affirm that	•
including any accompanying schedules and statemic contained herein are true and correct.	ents, and that all statements
Signature of Office	
MANIA GENERALUS	
Fruit or Type Name of Officer	
MERSUNEN	
Title of Officer	



State of Rhode Island and Providence Plantations Office of the Secretary of State Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335

401.222.3040

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.	2. Name of Corporati	ou				
113089	B & G Associa	ates, Ltd.				
3 Street Address Principal Business Office			City	State		Zip
245 Waterman Stre	et		Providence	RI		02906
4. Business Phone No		5. State of Incorporation				6 SIC Code
272-0804		RHODE ISLAND				5579
7. Brief Description of the Characte TO OWN AND OPERAT AND HOLD THE STOC 8. NAMES AND ADDRESSE President Name Aram G. Garabedia Street Address	TE BUSINESSES, PL K OF OTHER CORPO S OF THE OFFICER	ANTS AND DEAL AND DE	RSON PROPERTY OF VER' ITEREST IN OTHER BUSING CHMENT) FILL IN S Vice President Name Dan M. Bliss Street Address	Y KIND AND TO ESS ENTITIES SPACES BEFOR	PURCHASE, E USING AT	OWN, TACHMENTS
245 Waterman Stre	oet 1		245 Waterman St	troot		
Chy	State	Zip	: Giy	State		Zıp
Providence	RI	02906	Providence	RI		02906
Secretary Name		·····	Tryasury Name	٠٠٠٠٠١٠٠٠٠٠٠	••••••	
Lisa B. Regan			Marc Genereux			
Street Address			Street Address			
245 Waterman Street		245 Waterman Street				
City	State	Zip	: City	State		Zip
Providence	RI	02906	Providence	RI	!	02906
Director Name Aram G. Garabedia Street Address 245 Waterman Street			Director Name Dan M. Bliss Street Address			
City	State	Zip	245 Waterman St	State	,	7/6
Providence	RI	02906	Providence	RI		7ip 02906
Director Name Gary B. Garabedia Street Address	in		Director Name Lisa B. Regan Street Address		••••••	
245 Waterman Stre	State	7.0	245 Waterman Si	State		7.0
Providence		λ _i ρ 02006	City			Zip 02006
10. SHARES AUTHORIZED	RI	02906	Providence 11. SHARES ISSUED ("V" POV FOR	ATTACUME	02906
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Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series		Par Value
		· · · · · · · · · · · · · · · · ·	100		Voting	NO PAR VALU
10,000 COMM NO PAR VA	LUE		9,900	Class B		NO PAR VALU
This report must be	signed in ink by ei	ther the President, Vice F	resident, Secretary, Assista	nt Secretary, Tr	easurer, Reco	Leiver or Trustee

	* 1 1 3 0 8 9 *	
File Date _	1/30/04	
Check No	143	
Ву:	KMC	
FC	OR SECRETARY OF STATE USE ONLY	

	d affirm that I have examined this report,
including any accompanying schedule	es and statements, and that all statements
contained herein are true and correct.	L odzdoj
Signature of Officer	Date
MARC R GET	VRAGUY
Print or Type Name of Officer	
TREASURER	
Title of Officer	Form 630 Pey 12/03

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 2003 Filing Period: January 1-March 1 • Filing Fee: \$50.00

FORM MUST BE TYPED OR PRINTED I.	· ·				
1. Corporate ID No	2. Name of Corporatio				
3. Street Address Principal Business Offic	B & G Associa	nes, Lta.	City	State	Zip
245 Waterman Street		5 State of Incorporation	Providence	RI	02906 6. SIC Code
272-0804 7. Brief Description of the Character of Bi	usiness Conducted in I	RHODE ISLAND			5579
To own and operate 8. NAMES AND ADDRESSES President Name	real and pe OF THE OFFIC	rsonal property. ERS (*x* BOX FOR ATTACH	MENT) FILL IN SPACES B	BEFORE USING	ATTACHMENTS
Aram G. Garabedian Street Address			Dan M. Bliss Street Address		
245 Waterman Street	state	Zip	245 Waterman St	reet	Zip
Providence Secretary Name	RI	02906	Providence Treasurer Name	RI	02906
Lisa B. Regan Street Address			Marc Genereux Street Address		
245 Waterman Street	state	Zip	245 Waterman St	reet	Zip
Providence 9. NAMES AND ADDRESSES Director Nume	RI OF THE DIREC	02906 TORS ("X" BOX FOR ATTAC	Providence (HMENT) FILL IN SPACES (Director Name)	RI S BEFORE USING	02906 ATTACHMENTS
Aram G. Carabedian			Dan M. Bliss Street Address		
245 Waterman Street	tate	Zip	245 Waterman St	reet	Zıp
Providence Director Name	RI	02906	Providence Director Name	RI	02906
Gary B. Garabedian			Lisa B. Regan		
245 Waterman Street	itate	Zip	245 Waterman St	reet State	Zip
Providence 10. SHARES AUTHORIZED (*) AUTHORIZED SHARES	RI X" BOX FOR ATTAC.	02906 (HMENT)	Providence 11. SHARES ISSUED ("X	- RI C BOX FOR ATTAC	02906
Number of Shares c	Tass/Series	Par Value	Number of Shares	Class/Series	Par Value
10,000 COMM NO PAR VALUE			100 9,900	Class A Class B	
			·		oting NO 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

* 1 1 3 0 8 9 *	
ile Date: _ 3 24/03	
Threek No	-
OR 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.

Print or Type Name of Office IMENSURRE

Title of Officer .4 👟 S

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



riting Period: January 1-March I	•	Filing Fee: \$50.00
FORM MUST BE TYPED IN BLACK!		

2. Name of Corpor	ation			
B & G Asso	ociates, Ltd.			
Office		City	State	Zip
eet	5 State of Incorporation	Providence	RI	02906 6. SIC Code
of Business Conducted	RHODE ISLAND in Rhode Island			5579
te real and SES OF THE OFF	personal property. ICERS ("X" BOX FOR ATTACH	MENT) FILL IN SPACES BE	EFORE USING ATTACHM	ENTS
		Dan M. Bliss Street Address		
et State	Ζιρ	245 Waterman S	Street State	Zip
RI	02906	Providence Treasurer Name	RI	02906
		Marc Genereux Street Address		
et State	Zıp	245 Waterman S	Street	7.1p
RI SES OF THE DIR	02906 ECTORS ("X" BOX FOR ATTAC	Providence CHMENT) FILL IN SPACES Director Name	RI BEFORE USING ATTACH	02906
ın		Dan M. Bliss Street Address		
eet State	Zip	245 Waterman S	Street State	Zip
RI	02906	Providence Director Name	RI	02906
ın		Lisa B. Regan		
eet State	Zip	245 Waterman S	Street State	Zip
RI O ("X" BOX FOR ATT	02906 ACHMENT)	Providence 11. SHARES ISSUED ("X"	RI BOX FOR ATTACHMENT)	02906
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LUE		100	Class A Voting	NO PAR VALUE
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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 Title of Officer

Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001 Filing Period: January 1-March 1 • Filing Fee: \$50.00

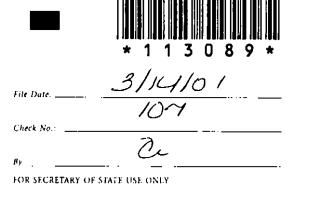
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Tilling Teriou. Junuary 1-march 1	•	riting ree: \$30.00
(FORM MUST BE TYPED IN BLACK)		

. Carparate ID No.	2. Name of Corpora	•			
113089		sociates, Ltd.			
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272-0804 Brief Description of the Character	of Business Conducted i	RHODE ISLAND n Rhode Island			5579
		personal property CERS ("x" BOX FOR ATTACHN		EFORE USING ATTACHME	NTS
Aram G. Garabedi	lan		Dan M. Bliss Street Address		
245 Waterman Sti	reet State	Zip	245 Waterman S	treet State	Zip
Providence eccetary Name	RI	02906	Providence Treasurer Name	RI	02906
Gary B. Garabed:	ian		Lisa B. Regan Street Address		
245 Waterman Sti	reet State	Zip	245 Waterman S	treet State	Zip
Providence NAMES AND ADDRESS Director Name	RI SES OF THE DIRI	02906 ECTORS ("X" BOX FOR ATTAC	Providence CHMENT) FILL IN SPACES Director Name	RI BEFORE USING ATTACHM	02906 MENTS .
Aram G. Garabed:	lan		Dan M. Bliss Street Address		
245 Waterman Str	reet State	Zip	245 Waterman S	treet State	Zip
Providence Director Name	RI	02906	Providence Director Name	RI	02906
Cary B. Garabed:			Lisa B. Regan		
245 Waterman St	reet State	Zip	City 245 Waterman S	treet State	Ζιρ
Providence 10. SHARES AUTHORIZE AUTHORIZED SHARES	RI D ("X" BOX FOR ATT	02906 ACHMENT)	Providence 11. SHARES ISSUED (*x ISSUED SHARES	RI *BOX FOR ATTACHMENT)	02906
lumber of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
	PAD VALUE		100	Class A Voting	NO PAR VALUE
10,000 COMM NO I	AK TALUL		9,900	Class B	

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

Title of Officer



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

Print or Type Name of Officer