



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 2005

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 17790		2. Name of Corporation LaMond Associates, Ltd.		
3. Street Address Principal Business Office 375 MIDDLE ROAD		City PORTSMOUTH	State RI	Zip 02871
4. Business Phone No. (401) 683-9091		5. State of Incorporation RHODE ISLAND		6. SIC Code 5520
7. Brief Description of the Character of Business Conducted in Rhode Island SALE AND MANAGEMENT OF REAL ESTATE				
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name FRANK M. OLIVEIRA		Vice President Name FLORENCE OLIVEIRA		
Street Address 375 MIDDLE ROAD		Street Address 375 MIDDLE ROAD		
City PORTSMOUTH	State RI	Zip 02871	City PORTSMOUTH	State RI
Secretary Name FRANK M. OLIVEIRA		Treasurer Name FLORENCE OLIVEIRA		
Street Address 375 MIDDLE ROAD		Street Address 375 MIDDLE ROAD		
City PORTSMOUTH	State RI	Zip 02871	City PORTSMOUTH	State RI
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name NONE		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
500 NO PAR VALUE			500 NO PAR VALUE	
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



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.

Frank M. Oliveira  
Signature of Officer

1/5/2005  
Date

FRANK M. OLIVEIRA  
Print or Type Name of Officer

PRESIDENT  
Title of Officer

File Date	<u>1/6/05</u>
Check No.	<u>4575</u>
By:	<u>VS</u>
FOR SECRETARY OF STATE USE ONLY	



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. <b>17790</b>		2. Name of Corporation <b>LaMond Associates, Ltd.</b>	
3. Street Address Principal Business Office <b>375 Middle Road</b>		City <b>Portsmouth</b>	State <b>RI</b>
4. Business Phone No. <b>(401) 683-9091</b>		5. State of Incorporation <b>RHODE ISLAND</b>	
7. Brief Description of the Character of Business Conducted in Rhode Island <b>SALE AND MANAGEMENT OF REAL ESTATE</b>		6. SIC Code <b>5520</b>	
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name <b>Frank M. Oliveira</b>		Vice President Name <b>Florence Oliveira</b>	
Street Address <b>375 Middle Road</b>		Street Address <b>375 Middle Road</b>	
City <b>Portsmouth</b>	State <b>RI</b>	City <b>Portsmouth</b>	State <b>RI</b>
Secretary Name <b>Frank M. Oliveira</b>		Treasurer Name <b>Florence Oliveira</b>	
Street Address <b>375 Middle Road</b>		Street Address <b>375 Middle Road</b>	
City <b>Portsmouth</b>	State <b>RI</b>	City <b>Portsmouth</b>	State <b>RI</b>
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name <b>NONE</b>		Director Name	
Street Address		Street Address	
City	State	City	State
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
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	Number of Shares	Class/Series
<b>500 NO PAR VALUE</b>		<b>500 NO PAR VALUE</b>	

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



\* 1 7 7 9 0 \*

File Date 2/17/04  
Check No. 15618  
By: 18  
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.

Frank M. Oliveira  
Signature of Officer  
**FRANK M. OLIVEIRA**  
Print or Type Name of Officer  
PRESIDENT  
Title of Officer

1/5/04  
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.

17790

2. Name of Corporation

LaMond Associates, Ltd.

3. Street Address Principal Business Office

375 Middle Road

4. Business Phone No.

(401)847-7676

5. State of Incorporation

RHODE ISLAND

City

Portsmouth

State

RI

Zip

02871

6. SIC Code

5520

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

Sale and management of real estate.

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

**FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name

Frank M. Oliveira

Street Address

375 Middle Road

City

State

Zip

Portsmouth

RI

02871

Secretary Name

Frank M. Oliveira

Street Address

375 Middle Road

City

State

Zip

Portsmouth

RI

02871

Vice President Name

Florence Oliveira

Street Address

375 Middle Road

City

State

Zip

Portsmouth

RI

02871

Treasurer Name

Florence Oliveira

Street Address

375 Middle Road

City

State

Zip

Portsmouth

RI

02871

**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

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

500 NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

0

0



\* 1 7 7 9 0 \*

File Date: 2-11-03

Check No.: 4196

By: UP

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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

FRANK M. OLIVEIRA

Print or Type Name of Officer

PRESIDENT

Title of Officer

5

1/17/03

Date

**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. 17790 2. Name of Corporation LaMond Associates, Ltd.  
3. Street Address Principal Business Office 375 Middle Rd. City Portsmouth State RI Zip 02871  
4. Business Phone No. 401-847-7676 5. State of Incorporation RI 6. SIC Code 5520

7. Brief Description of the Character of Business Conducted in Rhode Island  
Sale and management of real estate.

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

President Name Frank M. Oliveira Vice President Name Florence Oliveira  
Street Address 375 Middle Rd. Street Address 375 Middle Rd.  
City Portsmouth State RI Zip 02871 City Portsmouth State RI Zip 02871  
Secretary Name Frank M. Oliveira Treasurer Name Florence Oliveira  
Street Address 375 Middle Rd. Street Address 375 Middle Rd.  
City Portsmouth State RI Zip 02871 City Portsmouth State RI Zip 02871

**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 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

500 Sahres No Par Value

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

ISSUED SHARES  
Number of Shares Class/Series Par Value

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 Frank M. Oliveira Date 10/10/02

Print or Type Name of Officer FRANK M. OLIVEIRA

Title of Officer PRESIDENT

FILED

OCT 11 2002

File Date: OCT 11 2002  
By: CAP  
Check No.: 2093105  
RECEIVED  
SECRETARY OF STATE  
CORPORATIONS DIV

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

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** 2001  
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 17790 2. Name of Corporation LaMond Associates, Ltd.  
3. Street Address Principal Business Office 375 Middle Rd. City Portsmouth State RI Zip 02871  
4. Business Phone No. 401-847-7676 5. State of Incorporation RI 6. SIC Code 5520  
7. Brief Description of the Character of Business Conducted in Rhode Island  
Sale and management of real estate.

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

President Name <u>Frank M. Oliveira</u> Street Address <u>375 Middle Rd.</u> City <u>Portsmouth</u> State <u>RI</u> Zip <u>02871</u>	Vice President Name <u>Florence Oliveira</u> Street Address <u>375 Middle Rd.</u> City <u>Portsmouth</u> State <u>RI</u> Zip <u>02871</u>
Secretary Name <u>Frank M. Oliveira</u> Street Address <u>375 Middle Rd.</u> City <u>Portsmouth</u> State <u>RI</u> Zip <u>02871</u>	Treasurer Name <u>Florence Oliveira</u> Street Address <u>375 Middle Rd.</u> City <u>Portsmouth</u> State <u>RI</u> Zip <u>02871</u>

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

Director Name <u>NONE</u> Street Address  City <u></u> State <u></u> Zip <u></u>	Director Name  Street Address  City <u></u> State <u></u> Zip <u></u>
Director Name  Street Address  City <u></u> State <u></u> Zip <u></u>	Director Name  Street Address  City <u></u> State <u></u> Zip <u></u>

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
------------------	--------------	-----------

500 Shares No Par Value

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
------------------	--------------	-----------

0

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

**FILED**

File Date: 20.11.02

**OCT 11 2002**

Check No. 2013105

By: Frank M. Oliveira

FOR SECRETARY OF STATE

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.

Frank M. Oliveira  
Signature of Officer

10/10/02  
Date

FRANK M. OLIVEIRA  
Print or Type Name of Officer

PRESIDENT  
Title of Officer



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

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 2000

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

17790

2. Name of Corporation

LaMond Associates, Ltd.

3. Street Address Principal Business Office

375 Middle Rd.

City

Portsmouth

State

RI

Zip

02871

4. Business Phone No.

401-847-7676

5. State of Incorporation

RI

6. SIC Code

5520

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

Sale and management of real estate

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

President Name

Frank M. Oliveira

Street Address

375 Middle Rd.

City

Portsmouth

State

RI

Zip

02871

Secretary Name

Frank M. Oliveira

Street Address

375 Middle Rd.

City

Portsmouth

State

RI

Zip

02871

Vice President Name

Florence Oliveira

Street Address

375 Middle Rd.

City

Portsmouth

State

RI

Zip

02871

Treasurer Name

Florence Oliveira

Street Address

375 Middle Rd.

City

Portsmouth

State

RI

Zip

02871

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

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

500 Shares No Par Value

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

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.

Frank M. Oliveira  
Signature of Officer

10/14/02  
Date

FRANK M. OLIVEIRA  
Print or Type Name of Officer

PRESIDENT  
Title of Officer

FILED

File Date: OCT 11 2002

Check No.: By CAM

By: 293105

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

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 1999

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

2. Name of Corporation

17790

LaMond Associates, Ltd.

3. Street Address Principal Business Office

City

State

Zip

375 Middle Road

Portsmouth

RI

02871

4. Business Phone No.

5. State of Incorporation

6. SIC Code

401-847-7676

Rhode Island

5520

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

sale and Management of real estate

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

President Name

Vice President Name

Frank M. Oliveira

Florence Oliveira

Street Address

Street Address

375 Middle Rd.

375 Middle Rd.

City

State

Zip

City

State

Zip

Portsmouth

RI

02871

Portsmouth

RI

02871

Secretary Name

Treasurer Name

Frank M. Oliveira

Florence Oliveira

Street Address

Street Address

375 Middle Rd.

375 Middle Rd.

City

State

Zip

City

State

Zip

Portsmouth

RI

02871

Portsmouth

RI

02871

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

Director Name

Director Name

NONE

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

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

Number of Shares

Class/Series

Par Value

500 Shares No Par Value

Ø

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

File Date:

FILED

Check No.

OCT 11 2002

By:

By GMM

FOR SECRETARY OF STATE USE ONLY

243105

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.

Frank M. Oliveira

Signature of Officer

10/14/02

Date

FRANK M. OLIVEIRA

Print or Type Name of Officer

PRESIDENT

Title of Officer

5



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

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 1998**

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

2. Name of Corporation

17790

LaMond Associates, Ltd.

3. Street Address Principal Business Office

170 Aquidneck Avenue

City

Middletown

State

RI

Zip

02842

4. Business Phone No.

401-847-7676

5. State of Incorporation

RHODE ISLAND

6. SIC Code

5520

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

sale and management of real estate

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

President Name

Frank M. Oliveira

Street Address

375 Middle Road

City

Portsmouth

State

RI

Zip

02871

Secretary Name

Frank Oliveira

Street Address

375 Middle Road

City

Portsmouth

State

RI

Zip

02871

Vice President Name

Florence Oliveira

Street Address

375 Middle Road

City

Portsmouth

State

RI

Zip

02871

Treasurer Name

Florence Oliveira

Street Address

375 Middle Road

City

Portsmouth

State

RI

Zip

02871

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

Director Name

NONE

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

500 SHS NO PAR VAL

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

400

common

without par

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



\* 1 7 7 9 0 \*

File Date: 1/15/98

Check No.: 2930

By: 105

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

Print or Type Name of Officer

Title of Officer





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

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 BLACK)

1. Corporate ID No. **17790** 2. Name of Corporation **LaMond Associates, Ltd.**

3. Street Address Principal Business Office  
**170 Aquidneck Avenue**

City **Middletown** State **RI** Zip **02842**

4. Business Phone No.  
**401-847-7676**

5. State of Incorporation  
**RHODE ISLAND**

6. SIC Code  
**5520**

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

**sale & management of real estate**

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

President Name

**Frank M. Oliveira**

Street Address

**375 Middle Road**

City **Portsmouth** State **RI** Zip **02871**

Secretary Name

**Frank Oliveira**

Street Address

**375 Middle Road**

City **Portsmouth** State **RI** Zip **02871**

Vice President Name

**Florence Oliveira**

Street Address

**375 Middle Road**

City **Portsmouth** State **RI** Zip **02871**

Treasurer Name

**Florence Oliveira**

Street Address

**375 Middle Road**

City **Portsmouth** State **RI** Zip **02871**

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

Director Name

**NONE**

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 AND ISSUED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES

Number of Shares Class/Series Par Value

**500 SHS NO PAR VAL**

ISSUED SHARES

Number of Shares Class/Series Par Value

**0**

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



\* 1 7 7 9 0 \*

File Date: **1/3/97**

Check No.: **1766669**

By: **KUD**

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.

**Florence Oliveira** **1/2/97**  
Signature of Officer Date

**FLORENCE OLIVEIRA**  
Print or Type Name of Officer

**V. PRES.**  
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. 17790 2. NAME OF CORPORATION LaMond Associates, Ltd.

3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 29 Touro Street CITY Newport STATE RI ZIP CODE 02840-2912

4. BUSINESS PHONE NO. 401-847-7676 5. STATE OF INCORPORATION RHODE ISLAND 6. SIC CODE 5520, 5579

7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND  
sale and management of real estate

8. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME Frank Oliveira  
STREET ADDRESS 375 Middle Road  
CITY Portsmouth STATE RI ZIP CODE 02871

VICE PRESIDENT NAME Florence Oliveira  
STREET ADDRESS same  
CITY STATE ZIP CODE

SECRETARY NAME  
STREET ADDRESS  
CITY STATE ZIP CODE

TREASURER NAME Florence Oliveira  
STREET ADDRESS  
CITY STATE ZIP CODE

9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME NONE  
STREET ADDRESS  
CITY STATE ZIP CODE

DIRECTOR NAME  
STREET ADDRESS  
CITY STATE ZIP CODE

DIRECTOR NAME  
STREET ADDRESS  
CITY STATE ZIP CODE

DIRECTOR NAME  
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
500 SHS NO PAR VAL					

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.

*Frank M. Oliveira*  
Signature of Officer

FRANK M. OLIVEIRA  
Print or Type Name of Officer

PRESIDENT  
Title of Officer

12/19/96  
Date

File Date: 12/19/96  
Check No: 2318  
By: *ecfcp*  
For Secretary of State Use Only

DETACH BOTTOM BEFORE RETURNING



FILED

JAN 12 1995

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.

0017790

Corporate ID: \_\_\_\_\_ Annual Report for the year: 1995  
LaMond Associates, Ltd.

Name of Corporation: \_\_\_\_\_  
Business entity organized under the laws of the State of: RI  
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: ( ) \_\_\_\_\_  
Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):  
29 Touro Street  
Newport, RI 02840-2912  
Phone: (401) 847-7676

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

sale & management of real estate

THE NAMES OF THE OFFICERS ARE:			
	STREET ADDRESS	CITY/STATE	ZIP CODE
PRESIDENT	Frank M. Oliveira	375 Middle Road,	Portsmouth, RI 02871
VICE PRESIDENT	Florence Oliveira	375 Middle Road	Portsmouth, RI 02871
SECRETARY	Frank Oliveira	375 Middle Road	Portsmouth, RI 02871
TREASURER	Florence Oliveira	375 Middle Road	Portsmouth, RI 02871

THE NAMES OF THE DIRECTORS ARE:			
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
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	500 Class / Series common	Number of Shares	500 Class / Series common
without par value		without par value	

Date May 6, 1995

By Frank M. Oliveira

PRINT OR TYPE NAME OF OFFICER SIGNING

TITLE OF OFFICER SIGNING

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.

FRANCIS M. OLIVEIRA  
29 TOURO STREET  
NEWPORT RI 02840

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: 0017790 Annual Report for the year: 1994

Name of Business Entity: LaMond Associates, Ltd.

Business entity organized under the laws of the State of RI

Federal Taxpayer Identification Number [REDACTED]

For foreign entity, address and telephone number of principal office

Phone (401) 847-7676

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

29 Touro Street  
Newport, RI 02840-2912

Phone (401) 847-7676

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 7-1.6)

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

Frank M. Oliveira, Pres.  
LaMond Associates, Ltd.

29 Touro Street  
Newport, RI 02840-2912

Brief statement of the character of business conducted in Rhode Island

sale & management of real estate

Date of Organization Aug. 7, 1973

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 checked="" type="checkbox"/> CHIEF EXECUTIVE OFFICER OR <input checked="" type="checkbox"/> PRESIDENT (Check One) <u>Frank M. Oliveira</u>	<u>375 Middle Road</u>	<u>Portsmouth, RI</u>	<u>02871</u>
<input type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input type="checkbox"/> VICE PRESIDENT (Check One) <u>Florence Oliveira</u>	<u>375 Middle Road</u>	<u>Portsmouth, RI</u>	<u>02871</u>
<input type="checkbox"/> CLERK OF RECORDS OR <input type="checkbox"/> SECRETARY (Check One) <u>Frank M. Oliveira</u>	<u>375 Middle Road</u>	<u>Portsmouth, RI</u>	<u>02871</u>
<input type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input type="checkbox"/> TREASURER (Check One) <u>Florence Oliveira</u>	<u>375 Middle Road</u>	<u>Portsmouth, RI</u>	<u>02871</u>

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED (If Applicable)

NUMBER 500

CLASS Common

SERIES

PAR VALUE OR WITHOUT PAR without par value

NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)

NUMBER 500

CLASS Common

SERIES

PAR VALUE OR WITHOUT PAR without par value

Date 1/20 19 94

By Frank M. Oliveira

Frank M. Oliveira

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

FILED  
JAN 21 1994  
STATE OF RHODE ISLAND  
3/16/94 #1714

Filing Fee \$50.00

To be filed annually between  
January 1st and March 1st

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0017790

Annual Report for the year 1993

FIRST: The name of the corporation is LaMond Associates, Ltd.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is sale and management of real estate

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 29 Touro Street, Newport, RI 02840

SIXTH: Names and addresses of its directors and officers:

(Attach rider if necessary)

Name

Office

Address (including number, street, zip code)

Director

Director

Director

Francis M. Oliveira President 375 Middle Road, Portsmouth, RI 02871

Florence Oliveira Vice President 375 Middle Road, Portsmouth, RI 02871

Francis M. Oliveira Secretary 375 Middle Road, Portsmouth, RI 02871

Florence Oliveira Treasurer 375 Middle Road, Portsmouth, RI 02871

SEVENTH: Number of Shares authorized:

No. of Shares

Class

Series

Par Value  
or statement that  
shares are without  
par value

500

common

without par value

EIGHTH: Number of Shares issued:

No. of Shares

Class

Series

Par Value  
or statement that  
shares are without  
par value

500

common

without par value

FILED  
JAN 6 1994  
Series JH  
Check # 1698

Dated Dec 31, 1993

LaMond Associates, Ltd.  
(Name of Corporation)

By

President

(Report must be signed by an officer)

Filing Fee \$50.00

To be filed annually between  
January 1st and March 1st

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID.....0017790..... Annual Report for the year.....1992.....

FIRST: The name of the corporation is.....LaMond Associates, Ltd. ....

SECOND: It is incorporated under the laws of.....Rhode Island.....

THIRD: Character of business, briefly stated, is.....sale and management of real estate.....

FOURTH: If foreign corporation, address of its principal office.....

FIFTH: Business address in Rhode Island.....29 Touro Street, Newport, RI 02840.....

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

Name

Office

Address (including number, street, zip code)

Director

Director

Director

Francis M. Oliveira President

375 Middle Road, Portsmouth, RI 02871

Florence Oliveira Vice President

375 Middle Road, Portsmouth, RI 02871

Francis M. Oliveira Secretary

375 Middle Road, Portsmouth, RI 02871

Florence Oliveira Treasurer

375 Middle Road, Portsmouth, RI 02871

SEVENTH: Number of Shares authorized:

No. of Shares

Class

Series

Par Value  
or statement that  
shares are without  
par value

500

common

without par value

EIGHTH: Number of Shares issued:

No. of Shares

Class

Series

Par Value  
or statement that  
shares are without  
par value

500

common

without par value

Dated.....1/15..... 19 93.....

LaMond Associates, Ltd.

(Name of Corporation)

By.....

Francis M. Oliveira

Title.....President.....

(Report must be signed by an officer)

Filing Fee \$50.00

To be filed annually between  
January 1st and March 1st

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0017790

Annual Report for the year 1991

FIRST: The name of the corporation is LaMond Associates, Ltd.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is sale and management of real estate

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 294 Valley Road, Middletown, Rhode Island

SIXTH: Names and addresses of its directors and officers:

(Attach rider if necessary)

Name

Office

Address (including number, street, zip code)

Director

Director

Director

Francis M. Oliveira President 375 Middle Road, Portsmouth, Rhode Island

William C. Lalli Vice President 44 Keeher Avenue, Newport, Rhode Island

Francis M. Oliveira Secretary 375 Middle Road, Portsmouth, Rhode Island

William C. Lalli Treasurer 44 Keeher Avenue, Newport, Rhode Island

SEVENTH: Number of Shares authorized:

No. of Shares

Class

500

common

Par Value  
or statement that  
shares are without  
par value

without par value

EIGHTH: Number of Shares issued:

No. of Shares

Class

500

common

Par Value  
or statement that  
shares are without  
par value

without par value

Dated March 1, 1991

LAMOND ASSOCIATES, LTD.

(Name of Corporation)

By Francis M. Oliveira

Title PRES.

(Report must be signed by an officer)

Filing Fee \$15.00

To be filed annually between  
January 1st and March 1st

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0017790 Annual Report for the year 1990

FIRST: The name of the corporation is LaMond Associates, Ltd.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is sales and management of real estate

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 29 Touro Street, Newport, RI 02840

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

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
Francis M. Oliveira	President	375 Middle Rd., Portsmouth, RI 02871
William C. Lalli	Vice President	29 Touro St., Newport, RI 02840
Francis M. Oliveira	Secretary	375 Middle Rd., Portsmouth, RI 02871
William C. Lalli	Treasurer	29 Touro St., Newport, RI 02840

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
500	Common	PAID	without par value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
400	Common	REC'D OF STATE	without par value

Dated February 12, 19 90

LaMond Associates, Ltd

(Name of Corporation)

By Francis M. Oliveira

Francis M. Oliveira

Title President

(Report must be signed by an officer)

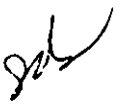


Filing Fee \$15.00

To be filed annually between  
January 1st and March 1st

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903



Corporate ID 0017790 Annual Report for the year 1989

FIRST: The name of the corporation is LaMond Associates, Ltd.

SECOND: It is incorporated under the laws of Rhode Island

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

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 29 Touro Street, Newport, RI 02840

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

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
Francis M. Oliveira	President	375 Middle Road, Portsmouth, RI
William C. Lalli	Vice President	29 Touro Street, Newport, RI
Francis M. Oliveira	Secretary	375 Middle Road, Newport, RI
William C. Lalli	Treasurer	29 Touro Street, Newport, RI

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
500	Common		without Par Value

PAID

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
400	Common		without Par Value

FEB 13 1989  
SECY OF STATE

Dated February 9, 19 89 LaMond Associates, Ltd.  
(Name of Corporation)

By Francis M. Oliveira

(Report must be signed by an officer)

Title Francis M. Oliveira, President

Filing Fee \$15.00

To be filed annually between  
January 1st and March 1st

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
270 WESTMINSTER MALL  
PROVIDENCE, RHODE ISLAND 02903

*jm*

Corporate ID 17799 Annual Report for the year 1988

FIRST: The name of the corporation is La Mond Associates, Ltd.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is sales and management of real estate.

FOURTH: If foreign corporation, address of its principal office.....

FIFTH: Business address in Rhode Island.....

29 Touro Street, Newport, Rhode Island 02840

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

Name	Office	Address (including number, street, zip code)
.....	Director	.....
.....	Director	.....
.....	Director	.....
Francis M. Oliveira	President	375 Middle Road, Portsmouth, Rhode Island
William C. Lalli	Vice President	29 Touro Street, Newport, Rhode Island
Francis M. Oliveira	Secretary	375 Middle Road, Portsmouth, Rhode Island
William C. Lalli	Treasurer	29 Touro Street, Newport, Rhode Island

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
500	Common		without par value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
400	Common		without par value

Dated April 8, 19 88

LA MOND ASSOCIATES, LTD.

(Name of Corporation)

By Francis M. Oliveira

Title President

(Report must be signed by an officer)

Filing Fee \$15.00

To be filed annually between  
January 1st and March 1st

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
270 WESTMINSTER MALL  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 17790 Annual Report for the year 1987

FIRST: The name of the corporation is LaMond Associates, Ltd.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is sales and management of real estate.

FOURTH: If foreign corporation, address of its principal office.

FIFTH: Business address in Rhode Island 29 Touro Street, Newport, Rhode Island 02840

SIXTH: Names and addresses of its directors and officers:

(Attach rider if necessary)

Name

Office

Address (including number, street, zip code)

Director

Director

Director

Francis M. Oliveira President 375 Middle Road, Portsmouth, R.I.

William C. Lalli Vice President 29 Touro Street, Newport, R.I.

Francis M. Oliveira Secretary 375 Middle Road, Portsmouth, R.I.

William C. Lalli Treasurer 29 Touro Street, Newport, R.I.

SEVENTH: Number of Shares authorized:

No. of Shares

Class

Series

Par Value  
or statement that  
shares are without  
par value

500

Common

without par value

EIGHTH: Number of Shares issued:

No. of Shares

Class

Series

Par Value  
or statement that  
shares are without  
par value

400

Common

without par value

Dated February 3, 19 87.

LaMond Associates, Inc.

(Name of Corporation)

By Francis M. Oliveira

Francis M. Oliveira

Title President

(Report must be signed by an officer)

Filing Fee \$15.00

To be filed annually between  
January 1st and March 1st

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
270 WESTMINSTER MALL  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 17790 Annual Report for the year 1986

FIRST: The name of the corporation is LaMond Associates, Ltd.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is All phases of real estate

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 29 Touro Street, Newport, RI 02840

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

Name	Office	Address (including number, street, zip code)
------	--------	--

Director

Director

Director

Francis M. Oliveira	President	375 Middle Rd, Portsmouth, RI 02871
---------------------	-----------	-------------------------------------

William C. Lalli	Vice President	29 Touro St, Newport, RI 02840
------------------	----------------	--------------------------------

Francis M. Oliveira	Secretary	375 Middle Rd, Portsmouth, RI 02871
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William C. Lalli	Treasurer	29 Touro St, Newport, RI 02840
------------------	-----------	--------------------------------

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
500	common		no par value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
400	common		no par value

02/19/86 PAID  
0780000000

Dated February 14, 1986 LaMond Associates, Ltd.

(Name of Corporation)

(Report must be signed by an officer)

By Francis M. Oliveira  
Title President

## State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
270 WESTMINSTER MALL  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 17790

Annual Report for the year 1985

FIRST: The name of the corporation is LaMond Associates, Ltd.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is all phases of real estate business.

FOURTH: If foreign corporation, address of its principal office.

FIFTH: Business address in Rhode Island

29 Touro Street, Newport, RI 02840

SIXTH: Names and addresses of its directors and officers:

(Attach rider if necessary)

Name

Office

Address (including number, street, zip code)

Director

Director

Director

Francis M. Oliveira

President

375 Middle Rd, Portsmouth, RI 02871

William C. Lalli

Vice President

425 Walcott Ave, Middletown, RI 02840

Francis M. Oliveira

Secretary

375 Middle Rd, Portsmouth, RI 02871

William C. Lalli

Treasurer

425 Walcott Ave, Middletown, RI 02840

SEVENTH: Number of Shares authorized:

No. of Shares

Class

Series

Par Value  
or statement that  
shares are without  
par value

500

common

no par value

EIGHTH: Number of Shares issued:

No. of Shares

Class

Series

Par Value  
or statement that  
shares are without  
par value

500

common

no par value

Dated February 28, 1985 19

LaMond Associates, Ltd.

(Name of Corporation)

By

Francis M. Oliveira

Title President

RECEIVED MAR 1985  
(Report must be signed by an officer)

Filing fee: \$15.00

To be filed annually between  
January 1st and March 1st

**State of Rhode Island and Providence Plantations**  
**OFFICE OF THE SECRETARY OF STATE**

Annual Report for the year 1984

FIRST: The name of the corporation is La MOND ASSOCIATES, LTD.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is sales and management of  
real estate.

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island

29 Touro Street, Newport, Rhode Island 02840.

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

Name	Office	Address
	Director	
	Director	
	Director	
Francis M. Oliveira	President	375 Middle Road, Portsmouth, RI
William C. Lalli	Vice President	29 Touro St., Newport, RI
Francis M. Oliveira	Secretary	375 Middle Road, Portsmouth, RI
William C. Lalli	Treasurer	29 Touro Street, Newport, RI

(If additional space is needed, attach rider)

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
500	common		without par value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
400	common	4 30 84	without par value

Dated: April 26, 19 84

LA MOND ASSOCIATES, LTD.  
(Name of Corporation)

By *Francis M. Oliveira*  
Francis M. Oliveira  
Title President

(Report must be signed by an officer)

If the corporation has changed its registered office and/or its registered agent,  
Form #9 must be filed. Please contact Corporation Division for information. 277-3040

Filing fee: \$15.00

To be filed annually between  
January 1st and March 1st

**State of Rhode Island and Providence Plantations**  
**OFFICE OF THE SECRETARY OF STATE**

Annual Report for the year 1983

FIRST: The name of the corporation is LA MOND ASSOCIATES, LTD.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is sale and management of  
real estate.

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island (blank reports will be mailed to this  
address) 112 Bellevue Avenue, Newport, Rhode Island 02840

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

Name	Office	Address
	Director	
	Director	
	Director	
Francis M. Oliveira	President	375 Middle Road, Portsmouth, RI
William C. Lalli	Vice President	44 Kocher Avenue, Newport, RI
Francis M. Oliveira	Secretary	375 Middle Road, Portsmouth, RI
William C. Lalli	Treasurer	44 Kecher Avenue, Newport, RI

(If additional space is needed, attach rider)

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
500	Common		Without par value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
400	Common	2 1 2 3	Without par value

Dated: February 16 1983

LA MOND ASSOCIATES, LTD.

(Name of Corporation)

By: *Francis M. Oliveira*  
Francis M. Oliveira  
Title: President

(Report must be signed by an officer)

If the corporation has changed its registered office and/or its registered agent,  
Form #9 must be filed. Please contact Corporation Division for information. 277-3040

Filing fee: \$15.00

To be filed annually between  
January 1st and March 1st

**State of Rhode Island and Providence Plantations**  
**OFFICE OF THE SECRETARY OF STATE**

Annual Report for the year 1982

FIRST: The name of the corporation is LA MOND ASSOCIATES, LTD.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is sale of real estate,  
property and casualty insurance, life insurance

FOURTH: If foreign corporation, address of its principal office N/A

FIFTH: Business address in Rhode Island (blank reports will be mailed to this  
address) 112 Bellevue Avenue, Newport, Rhode Island 02840

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

Name	Office	Address
	Director	
	Director	
	Director	
Francis M. Oliveira	President	375 Middle Road, Portsmouth, RI
William C. Lalli	Vice President	44 Keeher Avenue, Newport, RI
Francis M. Oliveira	Secretary	375 Middle Road, Portsmouth, RI
William C. Lalli	Treasurer	44 Keeher Avenue, Newport, RI

(If additional space is needed, attach rider)

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
500	Common		Without par value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
400	Common		Without par value

Dated: September 14, 1982

LA MOND ASSOCIATES, LTD.

(Name of Corporation)

By Francis M. Oliveira

Title President

(Report must be signed by an officer)

If the corporation has changed its registered office and/or its registered agent,  
Form #9 must be filed. Please contact Corporation Division for information. 277-3040



To be filed annually  
between January 1st and March 1st

## State of Rhode Island and Providence Plantations

## ANNUAL REPORT

LA MOND ASSOCIATES, LTD.

FIRST: The name of the corporation is LA MOND ASSOCIATES, LTD.

THIRD: The address of its registered office in Rhode Island is 2 Bellevue Avenue, Newport, Rhode Island

FOURTH: If a foreign corporation, the address of its principal office in the state or country under the laws of which it is incorporated is \_\_\_\_\_

FIFTH: The character of the business in which it is actually engaged in Rhode Island, briefly stated, is sale and management of real estate.

Name	Office	Address
------	--------	---------

	Director	
	Director	
	Director	
	Director	
	Director	
	Director	
Francis M. Oliveira	President	375 Middle Road, Portsmouth, RI
William C. Lalli	Vice President	44 Keeher Avenue, Newport, RI
Francis M. Oliveira	Secretary	375 Middle Road, Portsmouth, RI
William C. Lalli	Treasurer	44 Keeher Avenue, Newport, RI

SEVENTH: The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

<u>Number of Shares</u>	<u>Class</u>	<u>Series</u>	Par Value per Share or Statement that Shares are without Par Value
500	Common		Without par value

Par Value per Share  
or Statement that  
Shares are without  
Par Value

Without par value

.....15.00  
2669A16.....15.00B

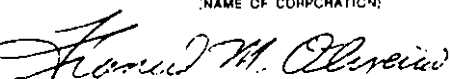
MAR 20 1981

EIGHTH: The aggregate number of its issued shares, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

<u>Number of Shares</u>	<u>Class</u>	<u>Series</u>	<u>Par Value per Share or Statement that Shares are without Par Value</u>
500	Common		Without par value

Dated February 19, 19 81 LA MOND ASSOCIATES, LTD.

(NAME OF CORPORATION)

By   
Francis M. Oliveira  
President

Filing fee: \$15.00

1980

To be filed annually  
between January 1st and March 1st

**State of Rhode Island and Providence Plantations**  
**OFFICE OF THE SECRETARY OF STATE**

**ANNUAL REPORT  
OF**

LA MOND ASSOCIATES, LTD.

Pursuant to the provisions of Section 7.1.1-118 of the General Laws, 1956, as amended, the undersigned corporation hereby submits the following annual report:

FIRST: The name of the corporation is LA MOND ASSOCIATES, LTD.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: The address of its registered office in Rhode Island is  
112 Bellevue Avenue, Newport, Rhode Island

and the name of its registered agent in Rhode Island at such address is  
Joseph R. Palumbo, Jr.

FOURTH: If a foreign corporation, the address of its principal office in the state or country under the laws of which it is incorporated is

FIFTH: The character of the business in which it is actually engaged in Rhode Island, briefly stated, is sale of real estate, property and casualty insurance life insurance

SIXTH: The names and respective addresses of its directors and officers are:

Name	Office	Address
	Director	
	Director	
	Director	
	Director	
	Director	
	Director	
Francis M. Oliveira	President	375 Middle Road, Portsmouth, RI
William C. Lalli	Vice President	44 Kecher Avenue, Newport, RI
Francis M. Oliveira	Secretary	375 Middle Road, Portsmouth, RI
William C. Lalli	Treasurer	44 Kecher Avenue, Newport, RI

SEVENTH: The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

Number of Shares	Class	3 Series	Par Value per Share or Statement that Shares are without Par Value
500		30	Without par value

MAR 20 1980

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1800

EIGHTH: The aggregate number of its issued shares, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

<u>Number of Shares</u>	<u>Class</u>	<u>Series</u>	<u>Par Value per Share or Statement that Shares are without Par Value</u>
none			

Dated January 14, 1980

LA MOND ASSOCIATES, LTD.  
(NAME OF CORPORATION)

By *Stanley M. Oliver*

its President

Filing fee: \$15.00

To be filed annually  
between January 1st and March 1st

State of Rhode Island and Providence Plantations  
OFFICE OF THE SECRETARY OF STATE

ANNUAL REPORT  
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Life Insurance

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	Director	
	Director	
	Director	
	Director	
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William C. Lalli	Treasurer	44 Keeher Avenue, Newport, RI

SEVENTH: The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

Number of Shares	Class	Series	Par Value per Share or Statement that Shares are without Par Value
500		3	
		216	
		79	
		1058A1	
		1500B1	
		1500C1	
		1500D1	
		1500E1	
		1500F1	
		1500G1	
		1500H1	
		1500I1	
		1500J1	
		1500K1	
		1500L1	
		1500M1	
		1500N1	
		1500O1	
		1500P1	
		1500Q1	
		1500R1	
		1500S1	
		1500T1	
		1500U1	
		1500V1	
		1500W1	
		1500X1	
		1500Y1	
		1500Z1	
		1500AA1	
		1500AB1	
		1500AC1	
		1500AD1	
		1500AE1	
		1500AF1	
		1500AG1	
		1500AH1	
		1500AI1	
		1500AJ1	
		1500AK1	
		1500AL1	
		1500AM1	
		1500AN1	
		1500AO1	
		1500AP1	
		1500AQ1	
		1500AR1	
		1500AS1	
		1500AT1	
		1500AU1	
		1500AV1	
		1500AW1	
		1500AX1	
		1500AY1	
		1500AZ1	
		1500BA1	
		1500BB1	
		1500BC1	
		1500BD1	
		1500BE1	
		1500BF1	
		1500BG1	
		1500BH1	
		1500BI1	
		1500BJ1	
		1500BK1	
		1500BL1	
		1500BM1	
		1500BN1	
		1500BO1	
		1500BP1	
		1500BQ1	
		1500BR1	
		1500BS1	
		1500BT1	
		1500BU1	
		1500BV1	
		1500BW1	
		1500BX1	
		1500BY1	
		1500BZ1	
		1500CA1	
		1500CB1	
		1500CC1	
		1500CD1	
		1500CE1	
		1500CF1	
		1500CG1	
		1500CH1	
		1500CI1	
		1500CJ1	
		1500CK1	
		1500CL1	
		1500CM1	
		1500CN1	
		1500CO1	
		1500CP1	
		1500CQ1	
		1500CR1	
		1500CS1	
		1500CT1	
		1500CU1	
		1500CV1	
		1500CW1	
		1500CX1	
		1500CY1	
		1500CZ1	
		1500DA1	
		1500DB1	
		1500DC1	
		1500DD1	
		1500DE1	
		1500DF1	
		1500DG1	
		1500DH1	
		1500DI1	
		1500DJ1	
		1500DK1	
		1500DL1	
		1500DM1	
		1500DN1	
		1500DO1	
		1500DP1	
		1500DQ1	
		1500DR1	
		1500DS1	
		1500DT1	
		1500DU1	
		1500DV1	
		1500DW1	
		1500DX1	
		1500DY1	
		1500DZ1	
		1500EA1	
		1500EB1	
		1500EC1	
		1500ED1	
		1500EE1	
		1500EF1	
		1500EG1	
		1500EH1	
		1500EI1	
		1500EJ1	
		1500EK1	
		1500EL1	
		1500EM1	
		1500EN1	
		1500EO1	
		1500EP1	
		1500EQ1	
		1500ER1	
		1500ES1	
		1500ET1	
		1500EU1	
		1500EV1	
		1500EW1	
		1500EX1	
		1500EY1	
		1500EZ1	
		1500FA1	
		1500FB1	
		1500FC1	
		1500FD1	
		1500FE1	
		1500FF1	
		1500FG1	
		1500FH1	
		1500FI1	
		1500FJ1	
		1500FK1	
		1500FL1	
		1500FM1	
		1500FN1	
		1500FO1	
		1500FP1	
		1500FQ1	
		1500FR1	
		1500FS1	
		1500FT1	
		1500FU1	
		1500FV1	
		1500FW1	
		1500FX1	
		1500FY1	
		1500FZ1	
		1500GA1	
		1500GB1	
		1500GC1	
		1500GD1	
		1500GE1	
		1500GF1	
		1500GG1	
		1500GH1	
		1500GI1	
		1500GJ1	
		1500GK1	
		1500GL1	
		1500GM1	
		1500GN1	
		1500GO1	
		1500GP1	
		1500GQ1	
		1500GR1	
		1500GS1	
		1500GT1	
		1500GU1	
		1500GV1	
		1500GW1	
		1500GX1	
		1500GY1	
		1500GZ1	
		1500HA1	
		1500HB1	
		1500HC1	
		1500HD1	
		1500HE1	
		1500HF1	
		1500HG1	
		1500HH1	
		1500HI1	
		1500HJ1	
		1500HK1	
		1500HL1	
		1500HM1	
		1500HN1	
		1500HO1	
		1500HP1	
		1500HQ1	
		1500HR1	
		1500HS1	
		1500HT1	
		1500HU1	
		1500HV1	
		1500HW1	
		1500HX1	
		1500HY1	
		1500HZ1	
		1500IA1	
		1500IB1	
		1500IC1	
		1500ID1	
		1500IE1	
		1500IF1	
		1500IG1	
		1500IH1	
		1500II1	
		1500IJ1	
		1500IK1	
		1500IL1	
		1500IM1	
		1500IN1	
		1500IO1	
		1500IP1	
		1500IQ1	
		1500IR1	
		1500IS1	
		1500IT1	
		1500IU1	
		1500IV1	
		1500IW1	
		1500IX1	
		1500IY1	
		1500IZ1	
		1500JA1	
		1500JB1	
		1500JC1	
		1500JD1	
		1500JE1	
		1500JF1	
		1500JG1	
		1500JH1	
		1500JI1	
		1500JJ1	
		1500JK1	
		1500JL1	
		1500JM1	
		1500JN1	
		1500JO1	
		1500JP1	
		1500JQ1	
		1500JR1	
		1500JS1	
		1500JT1	
		1500JU1	
		1500JV1	
		1500JW1	
		1500JX1	
		1500JY1	
		1500JZ1	
		1500KA1	
		1500KB1	
		1500KC1	
		1500KD1	
		1500KE1	
		1500KF1	
		1500KG1	
		1500KH1	
		1500KI1	
		1500KJ1	
		1500KK1	
		1500KL1	
		1500KM1	
		1500KN1	
		1500KO1	
		1500KP1	
		1500KQ1	
		1500KR1	
		1500KS1	
		1500KT1	
		1500KU1	
		1500KV1	
		1500KW1	
		1500KX1	
		1500KY1	
		1500KZ1	
		1500LA1	
		1500LB1	
		1500LC1	
		1500LD1	
		1500LE1	
		1500LF1	
		1500LG1	
		1500LH1	
		1500LI1	
		1500LJ1	
		1500LK1	
		1500LL1	
		1500LM1	
		1500LN1	
		1500LO1	
		1500LP1	
		1500LQ1	
		1500LR1	
		1500LS1	
		1500LT1	
		1500LU1	
		1500LV1	
		1500LW1	
		1500LX1	
		1500LY1	
		1500LZ1	
		1500MA1	
		1500MB1	
		1500MC1	
		1500MD1	
		1500ME1	
		1500MF1	
		1500MG1	
		1500MH1	
		1500MI1	
		1500MJ1	
		1500MK1	
		1500ML1	
		1500MM1	
		1500MN1	
		1500MO1	
		1500MP1	
		1500MQ1	
		1500MR1	
		1500MS1	
		1500MT1	
		1500MU1	
		1500MV1	
		1500MW1	
		1500MX1	
		1500MY1	
		1500MZ1	
		1500NA1	
		1500NB1	
		1500NC1	
		1500ND1	
		1500NE1	
		1500NF1	
		1500NG1	
		1500NH1	
		1500NI1	
		1500NJ1	
		1500NK1	
		1500NL1	
		1500NM1	
		1500NN1	
		1500NO1	
		1500NP1	
		1500NQ1	
		1500NR1	
		1500NS1	
		1500NT1	
		1500NU1	
		1500NV1	
		1500NW1	
		1500NX1	
		1500NY1	
		1500NZ1	
		1500OA1	
		1500OB1	
		1500OC1	
		1500OD1	
		1500OE1	
		1500OF1	
		1500OG1	
		1500OH1	
		1500OI1	
		1500OJ1	
		1500OK1	
		1500OL1	
		1500OM1	
		1500ON1	
		1500OO1	
		1500OP1	
		1500OQ1	
		1500OR1	
		1500OS1	
		1500OT1	
		1500OU1	
		1500OV1	

EIGHTH: The aggregate number of its issued shares, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

<u>Number of Shares</u>	<u>Class</u>	<u>Series</u>	<u>Par Value per Share or Statement that Shares are without Par Value</u>
none			

Dated February 19 , 1979

LA MOND ASSOCIATES, LTD.

(NAME OF CORPORATION)

By *Harold M. Collins*

Its President