

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

Matthew A. Brown, Secretary of State

FOR SECRETARY OF STATE USE ONLY

Corporations Division 100 North Main Street Providence, RI 02903-1335 101.222.3010

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Date

Corporate ID No.	PRINTED IN BLACK)		<u></u>		
17790	2. Name of Gorp				
Street Address Principal Bus	Iness Office	ssociates, Ltd.			
375 MIDD	LE ROAD		PORTSMOUTH	State RT	Zip 02871
Business Phone No. (401) 683-	9091	5. State of Incorporat	lon		6. SIC Code
Brief Description of the Char	UCICT Of Business Conduct	RHODE ISLA	ND		5520
SALE AND MANAG	EMENT OF REAL ES	TATE			
NAMES AND ADDRES	SSES OF THE OFFIC	CERS: ("X" BOX FOR A	TTACHMENT) FILL IN S	.	
widen Anne	 	\	: Vice President Name	PACES_BEFORE_USIN	I G ATTACHMENT S—
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	KE ROAD		375 MIDDLE	Prad	
norgan 4	State	Zip	City	State	7/0
nian Name	<i>K-L</i>	03871	Vortsmout	RI	QJ87/
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vi Address	DIVERA		FLORENCE CL	IVEIRA	
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375 MIDD			375 MIDDLE	ROAD	
PORTSMOUTE	State	XIP 1	City	State	Zip
NAMES AND ADDRES	V U-	<i>C&O </i>	PORTSMOUTH	RT SPACES BEFORE USI	02871
	State		Street Address		
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vtor Name			Director Name	l	
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Address			Street Address		
	- 12		<u> </u>		
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IORIZED SHARES			11. SHARES ISSUED ("X	BOX FOR ATTACH	MENT)
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	e signed in ink by c	ither the President, Vice	President, Secretary, Assistant	Secretary, Treasurer, F	Receiver or Trustee
	e signed in ink by e	ither the President, Vice	President, Secretary, Assistant	Secretary, Treasurer, F	Receiver or Trustee
This report must b	c signed in ink by c	either the President, Vice	President, Secretary, Assistant	Secretary, Treasurer, F	Receiver or Trustee
	e signed in ink by c	ither the President, Vice			
	e signed in ink by e	either the President, Vice	Under penalty of perjury	v. I declare and affirm th	at I have examined this r
	c signed in ink by c	ither the President, Vice		/, I declare and affirm the	at I have examined this r



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

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

Providence, RI 02903-1335 401.222.3040 2004

Corporate ID No.	2 Name of Corpon	ation			
17790	LaMond As	sociates, Ltd.			
Street Address Principal Business 375 Middle Re	Ollice		City	State	
Business Phone No.	<u> </u>		POrtsmouth	RI	Zip 02871
(401)683-9091	1	5. State of Incorporati	011		6. SIC Code
Brief Description of the Character		RHODE ISLA	ND		
SALE AND MANAGEME	NT OF REAL EST	n konde island ATE			5520_
NAMES AND ADDRESSES	OF THE OFFICE	RS. ("Y" ROY FOR A	TACHMENT) FILL IN SI	_	
esideni Name		A BOATORAL	Vice President Name	PAGES-BEFORE USIN	G ATTACHMENTS
FRank M. Oliveira			Florence Oliv	zoi wa	
rect Address			Street Address	<u></u>	
375 Middle Ro	ad		375 Middle Ro	oad	
Portsmouth	State	Zip	City	State	
xreian Name	RI	02871	Portsmouth	RI	02871
Frank M. Oliv	aira		Treasurer Name		
reel Address	erra		Florence Oliv	eira e	
375 Middle Ro	ad		Street Address		
'y	State	20	375 Middle Ro	ad 	
Portsmouth	RT	<i>Σίρ</i> 02871	City Portsmouth	State	Zip
NAMES AND ADDRESSES	OF THE DIRECTO	ORS: C'X" ROX FOR	TTACHMENT) PILL IN S	RI	02871
rector Name	•		Director Name	PACES BEFORE USI	NG ATTACHMENT
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rei Address			Street Address		
<u> </u>					
, 	State	Zip	City	State	Zip
ector Name					
			Director Name	**********************	
rei Address					
			Street Address		
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THORIZED SHARES			ISSUED SHARES	BOX FOR ATTACH	MENT)
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) (ka)a	t (Bail Ionia :=			,	
		<u>Si</u>			
		= :			

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 berein are true and correct. FOR SECRETARY OF STATE USE ONLY Title of Officer

Form 630 Rev. 12/03



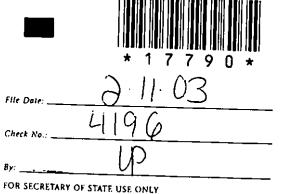
Edward S. Inman, III. Secretary of State Corporations Dission 100 North Main Street, Providence, RI 02903-1335 401-222-3040

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

STOP FILASE READ INSTRUCTIONS

(FORM MUST BE TYPED OR PRINTED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 17790 LaMond Associates, Ltd. 3. Street Address Principal Business Office City State Zio 375 Middle Road Portsmouth RI 4. Business Phone No. 02871 5. State of incorporation 6. SIC Code (401)847-7676 RHODE ISLAND 7. Reief Description of the Character of Business Conducted in Rhode Island 5520 Sale and management of real estate. 8. NAMES AND ADDRESSES OF THE OFFIGERS (*X* BOX-FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name Frank M. Oliveira Florence Oliveira Street Address Street Address 375 Middle Road 375 Middle Road City Zin City Portsmouth. RI Portsmouth RI Secretary Name 02871 Treasurer Name Frank M. Oliveira Florence Oliveira Street Address Street Address 375 Middle Road 375 Middle Road City City Portsmouth RT 02871 Portsmouth 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) RT 02871 FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name None Street Address Street Address City State State ZIp Director Name Director Name Street Address Street Address CITY State Zip State Zip 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value **500 NO PAR VALUE** 0 0

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.

The Mollovian Date Date

FRANK M. Cliveren

PRESTDE IT

Form 630 12102

(FORM MUST BE TYPED IN BLACK)

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

STOP PLEASE READ INSTRUCTIONS

1. Corporate ID No.	2. Name of Corporation	on .			
17790 3. Street Address Principal Business	LaMond .	Associates, L	td.	State	710
375 Middle R	d.	5. State of Incorporation	Portsmouth	RI	Zip 02871 6. SIC Code
401-847-7676 7. Brief Description of the Characte		RI Rhode Island			5520
Sale and man 8.NAMES_AND_ADDRES President Name	agement of sessor of sessor of the contract of	real estate. ERS <u>(*x*</u> BOX-FOR ATTAG	HMENT) FILL-IN-SPACES BI Vice President Name	EFORE-USING-ATTA	CHMENTS
Frank M. Oli	veira		Florence Oli	veira	
375 Middle R	d. State	Zíp	375 Middle R	d.	71-
Portsmouth Secretary Name	RI	02871	POrtsmouth Treusurer Name	RI	02871
Frank M. Oli	veira		Florence Oli	veira	
375 Middle R			375 Middle P	đ.	
City	State	Zip	City	State	Zip
Portsmouth 9. NAMES AND ADDRES: Director Name	RI SES OF THE DIREC	02871 TORS (*X* BOX FOR ATT)	Portsmouth (CHMENT) FILL IN SPACES (Director Name)	RI BEFORE USING ATTA	02871 ACHMENTS
None Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name		• • • •	Director Name		
Street Address			Street Address		
Спу	State	Zip	City	State	Zip
10. SHARES AUTHORIZEL) ("X" BOX FOR ATTACE	(MENT)	11. SHARES ISSUED ("X"	BOX FOR ATTACHMENT)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	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

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OR SECRETARY OF STATE USE ONLY	



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

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(FORM MUST BE TYPED IN BL	ACK)				INSTRUCTIO
1. Corporate ID No.	2. Name of Corporat	ion			
17790	LaMond /	Associates, L	td.		
3. Street Address Principal Busines	is Office		City	State	Zip
375 Middle R	d.		Portsmouth	RI	02871
4. Business Phone No.		5. State of Incorporation		***	6. SIC Code
401-847-7676		RI			5520
7. Brief Description of the Charact					3320
Sale and man	agement of m	real estate.			
8NAMES-AND-ADDRE: President Name	SSES-OF-THE-OFFIC	GERS-("X " BOX P OR ATTAC	HMENT) PILT IN SPACES B	EFORE USING ATTA	CHMENTS
Frank M. Oli Street Address	veira		Florence Oliv	veira	
375 Middle R	d.		375 Middle Ro	4	
City	State	Zip	City	State	Zip
Portsmouth Secretary Name	RI _.	02871	Portsmouth	RI	02871
Frank M. Oli	veira		Florence Oliv	zoira	
Street Address			Street Address	vella	
375 Middle R	d.		375 Middle Ro	₹	
City	State	Zip	City	State	7:5
Portsmouth	RI	02871	Portsmouth	RI	^{Zip} 02871
9. NAMES AND ADDRES	SSES OF THE DIREC	CTORS ("X" BOX FOR ATT	•	BEFORE USING ATTA	
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itreet Address			Street Address		
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500 Shares No	o Par Value		\varnothing		

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

He Date: FILED	70. HJ TT Z	13]
neck NO. CT 1 1 2002	ANG SWOITE	54402
BUSING	DEIVED	
OR SECRETARY OF STATE OF DIA		•

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 tr	ue and correct.
Thank M Olivein	10/10/02
Signature of Officer	Date
FRANK M. OLIVERA	
Print of Type Name of Officer	

Form 630 12/01

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: Januar	y 1-March 1 •	Filing Fee: \$50.00	IONI FOR IN	C I CAR 2000	PU-ASE RE
(FORM MUST BE TYPED IN BE		•			INSTRUCTIO
I. Corporate ID No.	2. Name of Carpur	ration			
17790	LaMond	Associates, Lt	đ.		
3. Street Address Principal Busines	ss Office	,	City	State	Zip
375 Middle 1	Rd.		Portsmouth	RI	02871
4. Business Phone No.		5. State of Incorporation			6. SIC Code
401-847-7676	=	RI			5520
7. Brief Description of the Charact					
		real estate			
8NAMES-AND-ADDRE President Name	SSES-OF-THE-OFF	FIGERS-(*X*-BOX-POR-ATTAC	IIMENT) — FILT.IN SPACES T	BEFORE USING ATTA	CHMENTS
Frank M. Oli	iveira		Florence Oliv	veira	
Street Address			Street Address		
375 Middle B	Rd.		375 Middle Ro	d.	
City	State	Zip	City	State	Zip
Portsmouth	RI	02871	Portsmouth	RI	02871
Secretury Name Frank M. Oli	veira	•	Treasurer Name Florence Oliv	veira	
Street Address			Street Address		
375 Middle F	Rd.		375 Middle Ro	a.	
City	State	Zip	City	State	Zip
Portsmouth	RI	02871	Portsmouth	RI	02871
9. NAMES AND ADDRES	SSES OF THE DIR	ECTORS (*X* BOX FOR ATTA	CHMENT) FILL IN SPACES	S BEFORE USING ATT	ACHMENTS
Director Name			Director Nume		
NONE Street Address					
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City	State	÷.	_		
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Director Name		• • • •	Director Name		
itreet Address			Street Address		
lity	State	Zip	City	State	Zip
IO. SHARES AUTHORIZE	D (*X* BOX FOR ATT.	ACHMENT)	11. SHARES ISSUED ("X	* BOX FOR ATTACHMENT	7)
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his report must be sign	cd in lnk by eith	ner the President, Vice P	- resident, Secretary, Assist	ant Secretary, Treast	rer, Receiver or Trusto

	FILED	50' H9 II S 11 TOU	Under penalty of perjury, I declare and aff this report, including any accompanying s that all statements contained herein are to	schedules and statements, and
ile Date:	OCT 1 1 2002		Han Ohio	10/1463
Theck No.: _	By CAM	31ATE 30 Y8A138932 VIO 2MOITYBY1800	Signature of Officer	Date
'y:	293100	SECEIVED	FARAK P. OLIVETRA Print or Type Name of Officer	
OR SECRET	ARY OF STATE USE ONLY		MESTORAT	
			Title of Officer	Form 630 12101

(FORM MUST BE TYPED IN BLACK)

Edward S. Inman, III. Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

10 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

STOP PIJASE RIAD INSTRUCTIONS

1. Corporate 113 No.	Name of Corporation	on	•		
17790 3. Street Address Principal Business C	LaMond A	Associates, Lt	ed. Chy	State	Zip
375 Middle Ro	ad	5. State of Incorporation	Portsmouth	RI	02871 6. SIC Code
401-847-7676 7. Brief Description of the Character of	of Business Conducted in :	Rhode Isla	nd		5520
sale and Mana 8NAMES-AND-ADDRESS President Name	gement of 1 65-0F-THE-OFFIG	real estate ER S (*x*-вох-гок-ытгас н	(MENT) FILL IN SPACES BEF	ORE USING ATTAC	HMENTS
Frank M. Oliv	eira		Florence Olive	ira	
_{City} 375 Middle Rd	• State	Zip	375 Middle Rd.	State	Zip
Portsmouth Secretary Name	RI	0287.1,	Portsmouth Deasurer Name	RI	02871
Frank M. Olive Street Address	eira		Florence Olive:	ira	
_{Cuy} 375 Middle Rd	State	Zip	375 Middle Rd.	State	Zip
Portsmouth 9. NAMES AND ADDRESSI Director Name	RI ES OF THE DIREC	02871 TORS ("X" BOX FOR ATTAC	Portsmouth CHMENT) FILL IN SPACES BI Director Name	RI EFORE USING ATTA	02871
NONE Street Address			Street Address		
СПУ	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
Zity	State	Zip	City	State	Zip
10. SHARES AUTHORIZED	("X" BOX FOR ATTACE	HMENT)	11. SHARES ISSUED (*X* BO	OX FOR ATTACHMENT)	
Sumber of Shares	Class/Series	Par Value	Number of Shares	Cluss/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

Title of Officer

File Date: FILED	Oct 11 2 22 PH '02
Check No.:	CORPORATIONS DIV.
By SAM	ATATE TO MATERIAL SING SHORT SHOTS SING SHOTT SHOTS SING SHOTT SHO
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.

that all statements contained herein are to Me Olivein Agnature of Officer	10/10/112
gnature of Officer	Date
FRANK M. CLIVEIRA	

Form 630 12101

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

STOP
PLEASE READ
INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Carporate ID No.

2. Name of Carporation

17790 3. Street Address Principal Busine	LaMond A	ssociates, Ltd.	City	State	71-
170 Aquidneck	Avenue		Middletown	RI	zip 02842
4. Business Phone No.		5. State of Incorporatio		T.C.	6. SIC Code
401-847-7676		BUODE ICI A	ND		o. sic cose
7. Brief Description of the Character of Business Conducted in Rhode Island			שט		5520
sale and mana	gement of rea	l estate			•
8. NAMES AND ADDRI	ESSES OF THE OF	ICERS (X* BOX FOR ATT	ACHMENT)	<u> </u>	
President Name			Vice President Name	-	
Frank M. Oliv	eira		Florence Olive	ira	
Street Address			Street Address		
375 Middle Ro	ad		375 Middle Roa	d	
City	State	Zip	City	State	ZIp
Portsmouth	RI	02871	Portsmouth	RI	02871
Secretary Name			Treasurer Name	•	•
Frank Oliveir	a		Florence Olive	ira	
Street Address	- 3		Street Address		
375 Middle Ro			375 Middle Roa	d	
City	State	Zip	City	State	Zip
Portsmouth	RI	02871	Portsmouth	RI	02871
9. NAMES AND ADDRE	ESSES OF THE DIR	ECTORS ("X" BOX FOR AT		•	
armeter manne			Director Name		
Street Address NONE			Street Address		
City	State	Zip	City	State	Zip
Director Name	•	• •	Director Name		•
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZ AUTHORIZED SHARES	ED (*X* HOX FOR ATT	ACHMENT)	11. SHARES ISSUED (*.	X BOX FOR ATTACHMEN	<i>.</i>
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	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

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FOR SECRETARY	OF STATE USE ONLY	

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. 2. Name of Corporation 17790 LaMond Associates, Ltd. 3. Street Address Principal Business Office City Zip 170 Aquidneck Avenue Middletown RI02842 4. Rusiness Phone No. 5. State of incorporation RHODE ISLAND 6. SIC Code 5520 401-847-7676

7. Brief Description of the Chara	cter of Rusiness Conducted	in Rhode Island			
sale & manager	ment of real e	estate			
8. NAMES AND ADDRI	ESSES OF THE OFF	ICERS ("X" BOX FOR AT	TACHMENT)		
	•		Vice President Name		
Frank M. Olive	eira		Florence Olive	ira	
Street Address			Street Address		
375 Middle Ro	ad		375 Middle Roa	d	
City	State	Zip	City	State	Zip
Portsmouth Secretary Name	RI	02871	Portsmouth	RI	02871
Frank Oliveira	a			:	
Street Address	•		Florence Olive	ira	
375 Middle Roa	24		Street Address		
City	State	<u>.</u> .	375 Middle Roa	a	
·		Zip	City	State	ZIp
Portsmouth	RI	02871	Portsmouth	RI	02871
9. NAMES AND ADDRE	ESSES OF THE DIR	ECTORS ("X" BOX FOR A	NTTACHMENT)		•
Director Name			Director Name		
NONE					
Street Address			Street Address	•	•
City	State	Zip	City	State	Zip
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Director Name	•	•	Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZ	FD AND ISSUED	eve nov soc .—	•		
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500 SHS NO PAR	VAL				
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'his report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



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 consained herein are true and correct

Herence Olivera	1/2/97	
Signature of Officer	Date	•

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

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17790	2. NAME OF CORPO	RATION	ON PHINT IN BLACK INK.		
STREET ADDRESS PRINCIPAL BUSINESS	OFFICE	Mond Associates,			
29 Touro St	treet		Normant		ZIP CODE
BUSINESS PHONE NO.	m	5. STATE OF INCORPORATION	Newport	• RI	02840-2912
401-847-7676		RHODE	ISLAND		6 SC COOE
BREE DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN PHODE SLAVID				5520, 5579	
sale and mar	nagement c	of real estate			
SIDENT NAME			RESSES DE THE O		
Frank Oliveir	a		NOTE PRESIDENT NAME TO FIOTENCE OI		
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oro Middle Ro			same	· · · · · · · · · · · · · · · · · · ·	
Portsmouth	STATE	™ coos∈ 02871	αίν	STATE	ZIP CODE
ETARY NAME		02071		_	LF COUL
			Florence Ol	iveira	
ET ADDRESS			STREET ADORESS		
	SIATE	I vo ma			
		<i>IP</i> C00€	CIT	STATE	ZIP C006
TOR NAME	9. 1	IAMES AND ADD	RESSES OF THE D		
ONE		•	OFFECTOR NAME	I R E C T O R S	
TADDRESS					
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OR NAME			}	STATE	ZIP C00E
			DIRECTOR NAME		
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The second second second	<u></u>	-			Dr Cace
	1 0 . AUTHORIZED SHARES	SHARES AUTHOR	IZED AND ISSUED		
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500 SHS NO P	AD UNY		MAIMBER OF SHARES	CLASS / SERIES	PAR VALUE
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Presid	Th	nis report must be SIG	NED IN INK by either the	•	
1 10310	ent. Vice Fresk	dent, Secretary, Assist	NED IN INK by either the ant Secretary, Treasurer,	- Receiver or Trustee	
			Under negative of	Darings Laborate	
1 1			report, including a	iny accompanying sche	firm that I have examined the
1/2/9/	•		an statements con	ntained herein are true a	nd correct.
Date:			Hank	M. Oliver	L
ck No: 3318			Signature of Office	er	
A 1,	\cap		TRANK A	1 divien	
Cal	1	_	Print or Type Name		
For Secretary of State	Use Oak		PRESTA		12/19/2-

Title of Officer

DETACH ROTTOM DEFORE O

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

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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.

Corporate ID:		· · · · · · · · · · · · · · · · · · ·	An	nunl Rancer 6		13	35	
Corporate ID:	ond Assoc	Ciates,	Ltd.	пиш кероп п	эr tne ye	ear:		
Name of Corporation: Business entity organized under the laws of the For foreign entity, address and telephone num	ber of principal	office:		(XX) Business	Corpora	ick one): ition (See RIGL C ice Corporation (S	hapter 7-1 T)	
Phones ()				Brief statemer	nt of the c	character of busine	ss conducted in	Rhode Island
Address and telephone of the principal office (Island (Provide street address - Not P.O. Box)	:	in Rhode	<u> </u>	sale	&_mai	nagement_c	of_real_e	estate
PRESIDENT				OFFICERS A			— ——. ————	
Frank M. Oliveira		Middle	Road			Smouth, R	T 02071	ZiP CODE
Florence Oliveira	375	Middle				CITY/STATE Smouth, R	<u> </u>	ZIP CODE
Frank Oliveira	375	Middle				CITY/STATE Smouth, R]		ZIP CODE
Florence Oliveira		Middle			Ports	Smouth, R		ZIP CODE
NAME.	<u>ine</u> r	NAMES OF STREET	THE DI	RECTORS A	<u> RE:</u>	CITY/STATE		ZIP CODE
NAME.	·— —— —.	STREET	ADDRESS			CITY/STATE		ZIP CODE
NAME		STREET	ADDRESS			CITY/STATE		ŽIP CODE.
NUMBER OF SHARES AUTHORIZED (Rider m	ay be attached)		NUM		ES ISSUI	ED AND OUTSTAN	iDING (Rider may	be attached)
Number of Shares 500 Class / Serie	s common		1	ber of Shares			common	
without par value			wi	thout pa	ır va	lue		
Date	19_95_	By-	Hus		Mere			
orn 31 1.95		THUE OF	OFFICER SIG	E OF OFFICER SIGN				
<u>DESIGN</u>	NATED REGI	STERED A	GENT F	OR SERVIC	E OF P	ROCESS: —		<u> </u>
LEASE NOTE: If the registered office and/or	registered agen	t indicated belo	ow is inco	rrect, Form 9 n	nust be fi	led.	<u> </u>	· — — · — ·

FRANCIS M. OLIVEIRA 29 TOURD STREET NEWPORT RI 02840 Filing Fee \$50.90 Payable to P Secretary of State

PLEASE TYPE or PRINT

State of Rhode Island and Providence Plantations Office of The Secretary of State

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

100 North Main Street Providence, Rhode Island 02903-1335 401-277-3040

Corporate ID: 0.0.17790		or the year: <u>1994</u>	<u> </u>
Name of Business Entay:	Business Entil [X] B [] P [] I I I Name, title an communication Frank LaMono 29 Tot Rhode Brief statemen	ty is (check one) usiness Corporation (See RIGL Chapter refessional Service Corporation (See RIGL innied Liability Company (See RIGL 7- d mailing address of contact person to w many be directed M. Oliveira, Pres. d Associates, Ltd. uro Street rt, RI 02840-2912 nt of the character of business conducted management of real of	JL Chapter 7-5 1) (6) horn
Phone :401 : 847+7676	Date of Organ Date of Qualit	ization Aug. 7, 1973	f toreign entity)
Frank M. Oliveira 375	AMES OF THE OFFICERS /	ARE: Portsmouth, RI	02871
Frank M. Oliveira 375 Florence Oliveira 375	STRIFT ADDRESS Middle Road	Portsmouth, RI Portsmouth, RI Portsmouth, RI Portsmouth, RI	02871 02871 02871 2000 02871
NAME THE NA	MES OF THE DIRECTORS STREET ADDRESS STREET ADDRESS	CHYSTAIL	ZPCOD
NUMBER OF SHARES AUTHORIZED (If Applicable)		HARES ISSUED AND OUTSTANDING	zincoo G (If Applicable)
CLASS Common SERIES PAR VALUE OR without par value	SUMBER 50 CLASS COM SERIES PAR VALUE OF	mon	
Date	By Hand M. C. Frank M. C. PRINT ON THE PROPERTY OF CHARGE OF CHARG	Oliveira	· .—
DESIGNATED REGISTERED PLEASE NOTE. It the Combination has changed as resistered or	OR RESIDENT AGENT FO		

FILED

JANZI 1994

STEHEN CHENTU

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 00177	90	Annual Report fo	r the year19.93
First: The name	of the corporation isL	aMond Associates, Ltd	•••••••••••••••••••••••••••••••••••••••
SECOND: It is inc	orporated under the laws	of Rhode Island	
THIRD: Characte	r of business, briefly stated	, issale and managem	ent of real estate
FOURTH: If foreig	gn corporation, address of	its principal office	
FIFTH: Business a	address in Rhode Island	29 Touro Street. Newp	ort, RI 02840
SIXTH: Names ar	nd addresses of its directors		(Attach rider if necessary)
	Directo	or	
	Directo	or	
,	Directo	or	
Francis M. O	liveíra Preside	nt 375 Middle Road	. Portsmouth. RI 02871
Florence Oli	veira Vice Pi	resident 375 Middle Road	. Portsmouth. RI 02871
Francis M. O	liveira Secreta	ry .375 Middle Road	. Portsmouth. RI 02871
Florence Oli	veira Treasu	rer 375 Middle Road	, Portsmouth, RI 02871
SEVENTH: Numb	er of Shares authorized:		Par Value or statement that shares are without
No. of Shares	Class	Series	par value
500	common	EILED	without par value
Еібнтн: Numbe	r of Shares issued:	LIN 6 1994	Par Value or statement that
No. of Shares	Class	Series Ch	par value
500	common	<u> </u>	without par value
Dated Dec 3	19 13	LaMond Associates (Name of Corporation)	, Ltd.
(Report must 1	be signed by an officer)	Title President	Mercin

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID0.0.1.7	7.79.0	Annual Re	port for the year199.2		
FIRST: The name	e of the corporation isL	aMond Associates	, Ltd.		
Second: It is in	corporated under the laws	ofRhodeIsland			
THIRD: Character of business, briefly stated, is sale and management of real estate					
FOURTH: If forei	gn corporation, address of	its principal office			
FIFTH: Business	address in Rhode Island	29 Touro Street	, Newport, RI 02840		
SIXTH: Names a	nd addresses of its director		(Attach rider if necessary) ress (including number, street, zip code)		
	Directo	or			
	Directo	or			
	Directo	or			
Francis M.	Oliveira Preside	ent375Middl	e-Roady-Portsmouthy-RI-02871		
Florence Ol	iveiraVice P	resident 375 Middle	e Road, Portsmouth, RI 02871		
	Oliveira Secreta		e-Road,-Portsmouth,-RI-02871		
Florence Ol	iveira Treasu	rer375Middl	e-Road,-Portsmouth,-RI-02871		
SEVENTH: Numb	per of Shares authorized:		Par Value or statement that		
No. of Shares	Class	Series	***************************************		
500	common		shares are without par value par value Single 15 1993 without par value Par Value or statement that		
Eighth: Numbe	er of Shares issued:	manid & File	Par Value or statement that		
No. of Shares	Class	Senes	shares are without par value		
500	common		without par value		
Dated	19 93	(Name of Corporation)	ciates, Ltd.		
(Report must	be signed by an officer)	Title President			

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
FIRST: The name	of the corporation is	LaMond Associates, Ltd.
SECOND: It is inco	orporated under the laws ofR	hode Island
		sale and management of real estate
FOURTH: If foreign	n corporation, address of its pri	incipal office
FIFTH: Business ac	ddress in Rhode Island 294	Valley Road, Middletown, Rhode Island
SIXTH: Names and	d addresses of its directors and	officers: (Attach rider if necessary) Address (including number, street, zip code)
	Director	
	Director	
	Director	
Francis M. Olive	ira President	.375 Middle Road, Portsmouth, Rhode Island
William C. Lalli	Vice Presider	nt 44 Keeher Avenue, Newport, Rhode Island
Francis M. Olive	ira Secretary	375 Middle Road, Portsmouth, Rhode Island
William C. Lalli	Treasurer	.44 Keeher Avenue, Newport, Rhode Island
SEVENTH: Number	r of Shares authorized:	Par Value or statement that
No. of Shares	Class	shares are without Series par value
500	common	or statement that shares are without par value Secretary 1997 Par Value or statement that shares are without
Еіднтн: Number	of Shares issued:	Par Value or statement that
No. of Shares	Class	shares are without Series par value
500	common	without par value
Dated Memck	<i>y</i>	LAMOND ASSOCIATES, LTD. Name of Corporation) Variation M. Olivein
(Report must be	signed by an officer) Ti	itle PRES.

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID	0017790		Annual Report for th	e year1990
FIRST:	The name of the corp	oration is	LaMond Associates	. Ltd.
Second:	: It is incorporated u		Rhode Island	······································
THIRD:	Character of business	s, briefly stated, is	sales and management	of real estate
Fourth	: If foreign corporati	on, address of its pr	rincipal office	
Г І гтн :	Business address in R	hode Island2	9 Touro Street, Newp	ort, RI 02840
	Names and addresses	Office		(Attach rider if necessary) umber, street, zip code)
		D :		······································
		D :		
	M. Oliveira	President		rtsmouth, RI 02871
William	C. Lalli	Vice Preside	nt 29 Touro St., Newp	ort, RI 02840
Francis	M. Oliveira	Secretary	375 Middle Rd., Po	rtsmouth, RI 02871
William	C. Lalli	Treasurer	29 Touro St., Newp	ort, R 02840
SEVENTH		authorized:	Series	Par Value or statement that shares are without par value
500	(Common	PAID FFB 1.4 1990	without par value
Еібнтн:	Number of Shares is	ssued:	CEO'Y: OF STATE	Par Value or statement that
No of Sha	ares	Class	Series	shares are without par value
400		Common		without par value
DatedF	ebruary 12,		LaMond Associates, Name of Corporation) y Francis M. Olive	liveir
(Re	port must be signed by an	officer) T	itle President	

Form 31 1/85

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 cor	poration is	LaMond Associat	es. Ltd.		
Second	: It is incorporated	under the laws of	Rhode Island			
THIRD:	 .	·· <u>·</u> ····				
Fourth						
Г І Г ТН:	Business address in I	Rhode Island	29 Touro Street, No	ewport, RI 02840		
Ѕіхтн:	Names and addresse	s of its directors a		(Attach rider if necessary)		
***************************************	•••••••••••••••••••••••••••••••	Director				
	······································	Director				
•••••	•••••••••••••••••••••••••••••••••••••••	Director				
Francis	M. Oliveira	President	375 Middle Road	d, Portsmouth, RI		
William	C, Lalli	Vice Pres	ident 29 Touro Street	t, Newport, RI		
Francis	M. Oliveira	Secretary	375 Middle Road	i, Newport, RI		
William	C. Lalli	Treasurer	29 Touro Street	t, Newport, RI		
SEVENTI No. of Sh		s authorized:	Series	Par Value or statement that shares are without par value		
500		Common	PAID	without Par Value		
Еіднтн:	Number of Shares	issued:	FEB 1 3 1989	Par Value		
No of Sh	ares	Class	SEC'Y OF STATE	or statement that shares are without par value		
400		Common		without Par Value		
DatedFeb	ruary 9.	19 .8.9	LaMond Associate (Name of Corporation) B. Henry M.	Oliven		
(R	eport must be signed by a	ın officer)	Title Francis M. Ol:	iveira, President		

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

On.	/
-----	---

Corporate ID. 17790		Annual Report for the year 1998				
FIRST: The name o	f the corporation is	Lamond Associates, Ltd.				
SECOND: It is incor	porated under the laws of	- En	ode leland			
·			of real estate.			
_						
29 Touro Si	tree, Newport, Rhode Is	sland 02840	······································			
SIXTH: Names and	addresses of its directors and		(Attach rider if necessary) ng number, street, zip code)			
	Director					
	Director		······			
	Director					
Francis M. Oliveira	President	375 Middle Road, Por	tsmouth, Rhode Island			
William C. Lalli	Vice Preside	ent 29 Touro Street, New	port, Rhode Island			
Francis M. Oliveira	Secretary	375 Middle Road, Por	tsmouth, Rhode Island			
William C. Lalli	Treasurer	29 Touro Street, New	port, Rhode Island			
SEVENTH: Number	of Shares authorized:		Par Value			
No. of Shares	Class	Series	or statement that shares are without par value			
500	Common	DAID	without par value			
Eighth: Number o	f Shares issued:	1988	Par Value			
No. of Shares	Class	PAID (PR 19 1988 SEC'Y OFFITATE	or statement that shares are without par value			
400	Common	•••	without par value			
Dated April 8,	19 88	LA MOND ASSOCIATES, LT				
(Panget must be a	igned by an officer)	Francis M. Oliveira Fitte President	lireni			
Form 31 1/85	igned by an officer)	THE				

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 270 WESTMINSTER MALL PROVIDENCE, RHODE ISLAND 02903

Corporate ID 1//90			e year 1987
riksi. The name of t		ond Associates, Ltd.	
SECOND: It is incorpo		Rhode Island	
		sales and management of r	
		orincipal office	
	ss in Rhode Island29	Touro Street, Newport, Rh	odeIsland02840
SIXTH: Names and ad	dresses of its directors and	l officers: Address (including nu	(Attach rider if necess
•••••••••••••••••••••••••••••••••••••••	Director		
••••	Director		***************************************
••••••	Director		
Francis M. Oliveira	President	37.5MiddleRoad,Ports	
William C. Lalli	Vice Preside	ent29TouroStreetNewp	
Francis M. Oliveira		375 Middle Road, Ports	
William C. Lalli		29 Touro Street, Newpo	
	Shares authorized		n 11 .
No. of Shares	Class	AID Series MAR 27 1987 1 1 1987 1. OF STATE Road Series	or statement that shares are without par value
500	Common	MAN 65 100	without par value
Еіднтн: Number of S	FER	TATE CROCK	Par Value
No. of Shares	SEC'	(. OF STATE	or statement that
400	Class	Series .	pai value
Dated February 3,	1987	LaMond Associates, Inc.	without par value
	В	Francis M. Oliveira	eur
(Report must be signe	d by an officer) T	itle President	

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 270 WESTMINSTER MALL PROVIDENCE, RHODE ISLAND 02903

Corporate ID17790		Annual Report for	the year1986
FIRST: The name of	the corporation isLat	Mond Associates, Ltd	
SECOND: It is incorp	orated under the laws of	Rhode Island	
THIRD: Character of	business, briefly stated, is	All phases of rea	l estate
Fourth: If foreign of	corporation, address of its J	principal office	
FIFTH: Business add	ress in Rhode Island2.9	9 Touro Street, New	port, RI 02840
SIXTH: Names and a	ddresses of its directors an		(Attach rider if necessary)
	Director		······
	Director		
There is N 01 is			
Francis M. Oliv	President		Portsmouth, RI 0287
William C. Lali	vice Presid	ient	ewport, RI 02840
Francis M. Oliv	Secretary	***************************************	Portsmouth, RI 0287
William C. Lal	Treasurer	29Touro St, Ne	wport, RI 02840
SEVENTH: Number of No. of Shares	f Shares authorized: Class	Series	Par Value or statement that shares are without par value
500	common		no par value
EIGHTH: Number of No. of Shares 400	Shares issued:	Series	Par Value or statement that shares are without par value
400	common H		no par value
Dated February	77	LaMond Associa	tes, Ltd.
	तिप्रहार प्रमाण bear हुत्।	By flance M	. Elleflia
(Report must be sig	ned by an officer)	Title President	

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 270 WESTMINSTER MAIL PROVIDENCE, RHODE ISLAND 02903

Corporate ID17790			Annual Report for the year 1985		
First: T	he name of the corporat			······································	
SECOND:	It is incorporated under				
THIRD: (Character of business, bri		l phases of real	estate business.	
Fourth:	If foreign corporation, a	address of its princ	cipal office	······································	
Fіғтн: В	usiness address in Rhode	: Island			
	29 Touro Street,	Newport, RI	02840		
Sixth: N	lames and addresses of it	s directors and of		(Attach rider if necessary) ng number, street, zip code)	
**********************		Director			
·····		Director			
••••••••••••		Director	•••••	······································	
Francis M.	Oliveira	President	375 Middle Rd, P	ortsmouth, RI 02871	
William C.	Lalli	Vice President	425 Walcott Ave,	Middletown, RI 0284	
Francis M.	Oliveira	Secretary	375 Middle Rd, P	ortsmouth, RI 02871	
William C.	Lalli	Treasurer	425 Walcott Ave,	Middletown, RI 0284	
SEVENTH:	Number of Shares auth	orized:	Carter	Par Value or statement that shares are without	
500	COM	non	Series	par value no par value	
Еіснтн:	Number of Shares issued	l:		Par Value or statement that	
No. of Shares	Class		Series	shares are without par value	
500	comm	non		no par value	
Dated Febr	uary 28, 1985 19	*******	Mond Associates,	1	
	CB1V MAR 1	985 By er) Title	Prosident	liret	

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 fo	r the yea	ır. 1984	
First	The name of t	he corporation	is	La MOND	ASSOCI	TATES, L	TD.
1		ne corporation					
•·····································	***				•		******
SECOND:	It is incorpo	rated under tl	he laws o	of R	hode Is	sland	
THIRD:	Character of b	usiness, briefly	y stated,	is sale:	s and n	manageme	nt of
	real estate						
FOURTH	: If foreign o	corporation, ac	dress of	its princ	ipal offic	е	
Fifth:	Business addr	ess in Rhode	Island				
	29 Tour	o Street, N	lewport	Rhode	Island	1.02840	
; Sixth:	Names and ac					•	
i		st include street					
:		····		,,,			
İ	Namo	Office			Addr	ens	
		Director				••	
		Director					
		Director			*****		
Francis M.	Oliveira	President	375	Middle	Road,	Portsmo	uth, RI
William C.	Lalli	Vice Presi	dent 29	Touro.	St.,.No	wport,	RI
Francis M.	Oliveira	Secretary	375	Middle	Road,	Portsmo	uthRI
William C.	Lalli	Treasurer	29	Touro S	Street,	Newpor	t, RI
	space is needed,						
Seventh	H: Number of	Shares author	orized:			Par Va	
No. of Sh	ares	Class		Series		shares are par val	without
500		common				without	par value
							_
Еіснтн	Number of	Shares issued	:			Par Va	
No. of Sh	arcs	Class		Series		shares are par val	without
400		common		4		vi thout	par value
100		COMMICIT		30	•	VICHOUL	par varue
D 1		10 04		#8 GMOM & 1	10000		mp.
Dated: Ap:		19 ⁸⁴		ne of Sorpe		ATES, L	ID
	11 12 190	7	By C	Fra	w 701.	Eline	ni)
:	700		_•	Prancy:	s "M.""'01	liveira	
	JUL 17 198	V				t by as offi	
	V		[epon must	ne signe	by an offi	rati

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 OFFICE OF THE SECRETARY OF STATE

			Annual I	Report fo	r the year	1983
FIRST:	The name of	the corporatio	n is LA	OND AS	SOCIATES,	LTD.
<u> </u>		-				
Econd:	It is incom	orated under	*ho lone e	e Rhod	e Island	***
!					and mana	rement of
. !		business, brief	ly stated, i	s sure	and mana	gement or
ceal estate	•					
Fourth	: If foreign	corporation, a	address of	its princi	ipal office	
:						
Г І гт н :	Business add	lress in Rhode	Island (b	lank rep	orts will be	mailed to this
		Avenue, Nev				
Sixth:		addresses of it				
		ust include street				
:	Name	Office			Address	
		Director			Audress	
		Director				i v 11 •
ï						
Francis M.	Olivoira	Director	275			
į		President				tsmouth, RI
William C.		Vice Pres	ident 44	Keeher	Avenue, N	Newport, RI
Francis M.	Oliveira	Secretary	375	Middle	Road, Por	tsmouth, RI
William C. (If additional t	Lalli space is needed,	. Treasurer attach rider)	44	Kecher	Avenue, N	lewport, RI
Seventh	: Number o	of Shares auth	orized:			ar Value
No. of Sha	Trs	Class	S	Series	share	atement that s are without ar value
500		Common			Without	par value
:		Shares issued	1:		or st	ar Value atement that are without
No. of Sha	res	Cluss		Series		ar value
400		Common	2 21		Without	par value
Dated: Fel	oruary (1983	83 LA _.	MOND AS	SOCIATES,	LTD.
FEBS	4.1983		Byname		1711. Od s M. Olive	lvera)
FED	J. J.			Preside		
	10		(Rep	port must l	be signed by a	in 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 Chode Island and Providence Plantations OFFICE OF THE SECRETARY OF STATE

			Annual Report for	the year 1982	
FIRST: T	The name of	the corporation	n is LA MOND AS	SOCIATES, LTD.	,
SECOND:	It is incor	porated under t	he laws of Rhode		
		=		of real estate,	•••
			, life insuranc		1112 112211
FOURTH:	11 foreign	corporation, a	ddress of its princ	ipal office N/A	
				rts will be mailed to	this
address) 11	.2 Bellev	ue Avenue, Ne	ewport, Rhode I	sland 02840	
Sixth: 1	Names and	addresses of its	directors and offi	cers:	
	(Addresses	must include street	and number, if any)		
Na	ıme	Office	-	Address	
		Director			
	-	Director		· · · · · · · · · · · · · · · · · · ·	
		Director			
Francis M. C	liveira	President	375 Middle	Road Portsmout	h. RI
William C. I	alli	. Vice Presid		Avenue, Newport,	
Francis M. C				Road, Portsmout	
	alli	Treasurer	44 Keeher	Avenue, Newport,	RI
 Seventh:	Number	of Shares autho	orized:	Par Value	
No. of Share	s	Class	Scries	or statement that shares are without par value	
500		Common		Without pa	r value
EIGHTH:		f Shares issued	: Series	Par Value or statement tha shares are withou par value	
:		_	9	•	
400		Common	16	Without par	value
Dated:/ Sq	stember	14, 19 82	LA MOND ASS (Name of Corporation		EP 16 198
			By Fortena	2M. Oliveii	ب الجار
			Title - busca	lant	
;			Report must	be signed by an officer)	
If the co-	noration has	changed its re-	istored office and/	its registered agent,	

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

1981

State of Chode 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 Sellevuc 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 and management of real estate.

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

i				The second second second
Name	Office			Address
ļ	Director			
ļ	Director			
ļ	Director			
\	Director			
<u> </u>	Director			
•	Director			
Francis M. Olive	eira President	375	${\tt Middle}$	Road, Portsmouth, RI
William C. Lall.	i Vice President	t 44	Keeher	Avenue, Newport, RI
Francis M. Olive	sira Secretary	375	${\tt Middle}$	Road, Portsmouth, RI
William C. Lall	i 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 OShares are without Par Value
500	Common		El Without par value
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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:

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

Dated

February 19,19 81 LA MOND ASSOCIATES, LTD.

Form 31 8-79

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

1	OF	ter our	
i	Or		
	LA MOND ASSOCI	ATES, LTD.	.,,
Pursuant to the provi	sions of Section 7	7.1.1-118 of the	General Laws 1956 as
amended, the undersigned	corporation hereb	y submits the	following annual report:
riksr: The name of t	he corporation is	LA MOND ASS	OCIATES, LTD.
SECOND: It is incorp	orated under the l	laws of Rhod	e Island
THIRD: The address o	fits registered officue, Newport, R	e in Rhode Islar hode Island	nd is
and the name of its registere Joseph R. Palumbo	d agent in Rhode I	sland at such ac	dress is
doseph K. Falumbo	, JI .		
FOURTH: If a foreign	corporation, the a	ddress of its pri	ncipal office in the state or
country under the laws of wh	ich it is incorporate	_	and the second of the second o
en e			
FIFTH: The character	r of the husiness i	n which it is a	ctually engaged in Rhode
Island, briefly stated, is	ale of real es	tate. proper	ty and casualty
insurance life in:			
			to territoria de la compania del compania del compania de la compania del la compania de la compania de la compania della della compania de la compania della compania della compania dell
Oin mi			4 · · · · · · · · · · · · · · · · · · ·
SIXTH: The names and	d respective addres	ses of its direct	ors and officers are: Address
	Director		· · · · · · · · · · · · · · · · · · ·
. !	Director		
	Director		······································
	Director		
i	Director		
:	Director		
Francis M. Oliveira	President		Road, Portsmouth, RI
William C. Lalli	Vice Presiden		Avenue, Newport, RI
Francis M. Oliveira	Secretary	375 Middle	Road, Portsmouth, RI
William C. Lalli	Treasurer	44 Keeher	Avenue, Newport, RI
SEVENTH: The aggrega by classes, par value of shares	ite number of share s, shares without pa	s which it has a rvalue,andseri	uthority to issue, itemized es,ifany,withinaclass,is:
·		3	Par Value per Share or Statement that
Number of Shares	Class	_Series	Shares are without Par Value
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500			Without par value
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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:

Par Value per Share or Statement that Shares are without Par Value Number of Shares Class Series

Dated January // , 1980 LA MOND ASSOCIATES, LTD.

none

Its President

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

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

ANNUAL REPORT

	OF	
LA MC	OND ASSOCIATES,	LTD.
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THIRD: The address of	its registered offic rt. Rhode Island	
and the name of its registered	agent in Rhode Is	sland at such address is
FIFTH: The character of Island, briefly stated, is sale life insurance	or real estate,	which it is actually engaged in Rhode property and casulaty insurance
Name Name	respective address	es of its directors and officers are:
Francis M. Oliveira William C. Lalli Francis M. Oliveira	Director Director Director Director President Vice President Secretary	375 Middle Road, Portsmouth, RI 44 Keeher Avenue, Newport, Ri 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:

Number of Shares	<u></u>	3 Series	Par Value per Share or Statement that Shares are without Par Value
500		<u>-</u> '9	
į	·	•	Without par value
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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:

Number of Shares Class Series Par Value per Share or Statement that Shares are without Par Value Per Number of Shares are without Par Value Per Va

Dated February 19

, 1979

1.A MOND ASSOCIATES, LTD.

By Thank of Componation

_{Its} President