



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State

Matthew A. Brown, Secretary of State

100  
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.<br>34991   |                   | 2. Name of Corporation<br>N.P.R., INC.    |   |                     |
| 3. Street Address Principal Business Office<br>61 GOLOSKIE ROAD  |                   | City<br>CHEPACHET                         | State<br>RI   | Zip<br>02814        |
| 4. Business Phone No.<br>568-8580  |                   | 5. State of Incorporation<br>RHODE ISLAND |   | 6. SIC Code<br>5710 |
| 7. Brief Description of the Character of Business Conducted in Rhode Island<br>REAL ESTATE DEVELOPERS.                             |                   |   |   |                     |
| 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS  |                   |   |   |                     |
| President Name<br>DAVID O'KEEFE  |                   | Vice President Name<br>RICHARD O'KEEFE    |   |                     |
| Street Address<br>61 GOLOSKIE ROAD   |                   | Street Address<br>49 Teaberry Drive       |   |                     |
| City<br>CHEPACHET  | State<br>RI       | Zip<br>02814                              | City<br>Chepachet   | State<br>RI         |
| Secretary Name<br>DAVID O'KEEFE  |                   | Treasurer Name<br>RICHARD O'KEEFE         |   |                     |
| Street Address<br>61 GOLOSKIE ROAD   |                   | Street Address<br>49 Teaberry Drive       |   |                     |
| City<br>CHEPACHET  | State<br>RI       | Zip<br>02814                              | City<br>Chepachet   | State<br>RI         |
| 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS |                   |   |   |                     |
| Director Name<br>DAVID O'KEEFE   |                   | Director Name<br>RICHARD O'KEEFE          |   |                     |
| Street Address<br>61 GOLOSKIE ROAD   |                   | Street Address<br>49 Teaberry Drive       |   |                     |
| City<br>CHEPACHET  | State<br>RI       | Zip<br>02814                              | City<br>Chepachet   | State<br>RI         |
| Director Name<br>n/a   |                   | Director Name<br>n/a                      |   |                     |
| Street Address   |                   | Street Address                            |   |                     |
| City   | State             | Zip                                       | City  | State               |
| 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>  |                   |   |   |                     |
| AUTHORIZED SHARES  |                   |   | 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |                     |
| Number of Shares   | Class/Series      | Par Value                                 | Number of Shares  | Class/Series        |
| 100  | COMM NO PAR VALUE |   | 100   | common              |
|  |                   |   |   | no par value        |

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



File Date 1-28-05

Check No. 1006

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

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

[Signature] 1-19-05  
Signature of Officer Date

DAVID O'KEEFE  
Print or Type Name of Officer  
PRESIDENT  
[Signature]  
Title of Officer



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

Form with sections: 1. Corporate ID No (34991), 2. Name of Corporation (N.P.R., INC.), 3. Street Address (61 Goloskie Road), 4. Business Phone No ((401)568-8580), 5. State of Incorporation (RHODE ISLAND), 6. SIC Code (5710), 7. Brief Description of the Character of Business (REAL ESTATE DEVELOPERS), 8. NAMES AND ADDRESSES OF THE OFFICERS (President: David O'Keefe, Vice President: Richard O'Keefe), 9. NAMES AND ADDRESSES OF THE DIRECTORS (David O'Keefe, Richard O'Keefe), 10. SHARES AUTHORIZED (100 COMM NO PAR VALUE), 11. SHARES ISSUED (100 common no par).

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



\* 3 4 9 9 1 \*

File Date: 1/14/04
Check No.: 40
By: [Signature]

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.
Signature of Officer: [Signature]
Date: 4/1/2004
Print or Type Name of Officer: DAVID O'KEEFE
Title of Officer: PRESIDENT



**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. **34991**  
2. Name of Corporation **N.P.R., INC.**  
3. Street Address Principal Business Office  
**61 GOLUSKIE ROAD**  
4. Business Phone No. **(401) 568-8580**  
5. State of Incorporation **RHODE ISLAND**

City **CHEPACHET** State **R.I.** Zip **02814**  
6. SIC Code **5710**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**REAL ESTATE DEVELOPERS**

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

President Name **DAVID O'KEEFE**  
Street Address **61 GOLUSKIE ROAD**  
City **CHEPACHET** State **R.I.** Zip **02814**

Vice President Name **RICHARD O'KEEFE**  
Street Address **110 GOLD MINE ROAD**  
City **CHEPACHET** State **R.I.** Zip **02814**

Secretary Name **DAVID O'KEEFE**  
Street Address **61 GOLUSKIE ROAD**  
City **CHEPACHET** State **R.I.** Zip **02814**

Treasurer Name **RICHARD O'KEEFE**  
Street Address **110 GOLD MINE ROAD**  
City **CHEPACHET** State **R.I.** Zip **02814**

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

Director Name **DAVID O'KEEFE**  
Street Address **61 GOLUSKIE ROAD**  
City **CHEPACHET** State **R.I.** Zip **02814**  
Director Name **N/A**

Director Name **RICHARD O'KEEFE**  
Street Address **110 GOLD MINE ROAD**  
City **CHEPACHET** State **R.I.** Zip **02814**  
Director Name **N/A**

Street Address  
City State Zip

Street Address  
City State Zip

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

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
**100 COMM NO PAR VALUE**

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

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**100 COMM NO PAR VALUE**

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



\* 3 4 9 9 1 \*

File Date: 2/3/03 (acct #  
Check No. NO CHECK # 501062453)  
By: Stin BANK RI

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 David O'Keefe Date 2/28/03  
Print or Type Name of Officer DAVID O'KEEFE  
Title of Officer PRESIDENT

**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. **34991**  
2. Name of Corporation **N.P.R., INC.**  
3. Street Address Principal Business Office  
**61 Goloskie Road**  
4. Business Phone No. **(401) 568-8580**  
5. State of Incorporation **RHODE ISLAND**  
7. Brief Description of the Character of Business Conducted in Rhode Island  
**Real Estate Development**

City **Chepachet** State **RI** Zip **02814**  
6 SIC Code **5710**

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

**FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name **David O'Keefe**  
Street Address **61 Goloskie Road**  
City **Chepachet** State **RI** Zip **02814**  
Secretary Name **David O'Keefe**  
Street Address **61 Goloskie Rd.**  
City **Chepachet** State **RI** Zip **02814**

Vice President Name **Richard O'Keefe**  
Street Address **110 Gold Mine Road**  
City **Chepachet** State **RI** Zip **02814**  
Treasurer Name **Richard O'Keefe**  
Street Address **110 Gold Mine Road**  
City **Chepachet** State **RI** Zip **02814**

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

**FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name **David O'Keefe**  
Street Address **61 Goloskie Rd.**  
City **Chepachet** State **RI** Zip **02814**

Director Name **Richard O'Keefe**  
Street Address **110 Gold Mine Rd.**  
City **Chepachet** State **RI** Zip **02814**

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

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
**100 COMM NO PAR VALUE**

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

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**100 Common no par value**

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



\* 3 4 9 9 1 \*

File Date: 1-28-02

Check No.: 155

By: [Signature]

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

Signature of Officer [Signature] Date 1/16/2002

Print or Type Name of Officer David O'Keefe

Title of Officer President

Title of Officer [Signature]

**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. **34991** 2. Name of Corporation **N.P.R., INC.**  
3. Street Address Principal Business Office **61 Goloskie Road** City **Chepachet** State **RI** Zip **02814**  
4. Business Phone No. **(401) 568-8580** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **5710**  
7. Brief Description of the Character of Business Conducted in Rhode Island  
**Real Estate Developers**

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

|   |   |
|---|---|
| President Name<br><b>David O'Keefe</b>                    | Vice President Name<br><b>Richard O'Keefe</b>             |
| Street Address<br><b>61 Goloskie Road</b>                 | Street Address<br><b>110 Gold Mine Road</b>               |
| City<br><b>Chepachet</b> State <b>RI</b> Zip <b>02814</b> | City<br><b>Chepachet</b> State <b>RI</b> Zip <b>02814</b> |
| Secretary Name<br><b>David O'Keefe</b>                    | Treasurer Name<br><b>Richard O'Keefe</b>                  |
| Street Address<br><b>61 Goloskie Road</b>                 | Street Address<br><b>110 Gold Mine Road</b>               |
| City<br><b>Chepachet</b> State <b>RI</b> Zip <b>02814</b> | City<br><b>Chepachet</b> State <b>RI</b> Zip <b>02814</b> |

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

|   |   |
|---|---|
| Director Name<br><b>David O'Keefe</b>                     | Director Name<br><b>Richard O'Keefe</b>                   |
| Street Address<br><b>61 Goloskie Road</b>                 | Street Address<br><b>110 Gold Mine Road</b>               |
| City<br><b>Chepachet</b> State <b>RI</b> Zip <b>02814</b> | City<br><b>Chepachet</b> State <b>RI</b> Zip <b>02814</b> |
| Director Name<br><b>n/a</b>                               | Director Name<br><b>n/a</b>                               |
| Street Address  | Street Address  |
| City  | City  |
| State   | State   |
| Zip   | Zip   |

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

| AUTHORIZED SHARES     | Class/Series | Par Value |
|-----------------------|--------------|-----------|
| <b>100 NO PAR COM</b> |              |           |

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

| ISSUED SHARES | Class/Series  | Par Value           |
|---------------|---------------|---------------------|
| <b>100</b>    | <b>Common</b> | <b>no par value</b> |

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



\* 3 4 9 9 1 \*

File Date: 1/31  
Check No.: 153  
By: DC

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: David O'Keefe Date: \_\_\_\_\_

Print or Type Name of Officer: David O'Keefe 1/22/01

Title of Officer: President



**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. **34991** 2. Name of Corporation **N.P.R., INC.**

3. Street Address Principal Business Office **61 Goloskie Road** City **Chepachet** State **RI** Zip **02814**  
4. Business Phone No. **(401) 568-8580** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **5710**

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

**Real Estate Developers**

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

President Name **David O'Keefe**  
Street Address **61 Goloskie Road**  
City **Chepachet** State **RI** Zip **02814**

Vice President Name **Richard O'Keefe**  
Street Address **110 Gold Mine Road**  
City **Chepachet** State **RI** Zip **02814**

Secretary Name **David O'Keefe**  
Street Address **61 Goloskie Rd.**  
City **Chepachet** State **RI** Zip **02814**

Treasurer Name **Richard O'Keefe**  
Street Address **110 Gold Mine Road**  
City **Chepachet** State **RI** Zip **02814**

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

Director Name **David O'Keefe**  
Street Address **61 Goloskie Rd.**  
City **Chepachet** State **RI** Zip **02814**

Director Name **Richard O'Keefe**  
Street Address **110 Gold Mine Rd.**  
City **Chepachet** State **RI** Zip **02814**

Director Name **none**  
Street Address  
City State Zip

Director Name **none**  
Street Address  
City State Zip

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

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
**100 NO PAR COM**

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

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**100 Common no par value**

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



\* 3 4 9 9 1 \*

File Date: 1/27/00

Check No.: 01

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

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

Signature of Officer [Signature] Date 1/19/00

Print or Type Name of Officer David O'Keefe

Title of Officer President



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 99**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 0034991  
2. Name of Corporation N.P.R., Inc.  
3. Street Address Principal Business Office 61 Goloskie Road  
City Chepachet State RI Zip 02814  
4. Business Phone No. (401) 568-8580  
5. State of Incorporation Rhode Island  
6. SIC Code 5710  
7. Brief Description of the Character of Business Conducted in Rhode Island  
Real Estate Developers

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

|   |  |
|---|--|
| <p>President Name<br/>David O'Keefe<br/>Street Address<br/>61 Goloskie Road<br/>City Chepachet State RI Zip 02814</p> | <p>Vice President Name<br/>Richard O'Keefe<br/>Street Address<br/>110 Gold Mine Road<br/>City Chepachet State RI Zip 02814</p> |
| <p>Secretary Name<br/>David O'Keefe<br/>Street Address<br/>61 Goloskie Road<br/>City Chepachet State RI Zip 02814</p> | <p>Treasurer Name<br/>Richard O'Keefe<br/>Street Address<br/>110 Gold Mine Road<br/>City Chepachet State RI Zip 02814</p>      |

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

|  |  |
|--|--|
| <p>Director Name<br/>David O'Keefe<br/>Street Address<br/>61 Goloskie Road<br/>City Chepachet State RI Zip 02814</p> | <p>Director Name<br/>Richard O'Keefe<br/>Street Address<br/>110 Gold Mine Road<br/>City Chepachet State RI Zip 02814</p> |
| <p>Director Name<br/>none<br/>Street Address<br/><br/>City State Zip</p>   | <p>Director Name<br/>none<br/>Street Address<br/><br/>City State Zip</p>   |

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

| AUTHORIZED SHARES | Class/Series | Par Value    |
|-------------------|--------------|--------------|
| Number of Shares  |              |              |
| 100               | common       | no par value |

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

| ISSUED SHARES    | Class/Series | Par Value    |
|------------------|--------------|--------------|
| Number of Shares |              |              |
| 100              | Common       | no par value |

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.

File Date: **FILED**  
Check No.: **FEB 05 1999**  
By: **David O'Keefe**  
FOR SECRETARY OF STATE USE ONLY

Signature of Officer: *David O'Keefe* Date: 2/4/99  
Print or Type Name of Officer: David O'Keefe  
Title of Officer: President



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 98  
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 0034991  
2. Name of Corporation N.P.R., Inc.  
3. Street Address Principal Business Office 61 Goloskie Road  
4. Business Phone No. (401) 568-8580  
5. State of Incorporation Rhode Island  
City Chepachet State RI Zip 02814  
6. SIC Code 5710  
7. Brief Description of the Character of Business Conducted in Rhode Island  
Real Estate Developers

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

|  |   |
|--|---|
| President Name<br>David O'Keefe<br>Street Address<br>61 Goloskie Road<br>City Chepachet State RI Zip 02814     | Vice President Name<br>Richard O'Keefe<br>Street Address<br>110 Gold Mine Road<br>City Chepachet State RI Zip 02814 |
| Secretary Name<br>Richard O'Keefe<br>Street Address<br>110 Gold Mine Road<br>City Chepachet State RI Zip 02814 | Treasurer Name<br>David O'Keefe<br>Street Address<br>61 Goloskie Road<br>City Chepachet State RI Zip 02814          |

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

|   |   |
|---|---|
| Director Name<br>David O'Keefe<br>Street Address<br>61 Goloskie Road<br>City Chepachet State RI Zip 02814 | Director Name<br>Richard O'Keefe<br>Street Address<br>110 Gold Mine Road<br>City Chepachet State RI Zip 02814 |
| Director Name<br>none<br>Street Address<br><br>City<br>State<br>Zip                                       | Director Name<br>none<br>Street Address<br><br>City<br>State<br>Zip   |

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

| AUTHORIZED SHARES | Class/Series | Par Value    |
|-------------------|--------------|--------------|
| Number of Shares  |              |              |
| 100               | Common       | no par value |

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

| ISSUED SHARES    | Class/Series | Par Value    |
|------------------|--------------|--------------|
| Number of Shares |              |              |
| 100              | Common       | no par value |

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.

File Date: \_\_\_\_\_  
Check No.: \_\_\_\_\_  
By: [Signature] 2/1/99  
FOR SECRETARY OF STATE USE ONLY

[Signature] 2/1/99  
Signature of Officer Date  
David O'Keefe  
Print or Type Name of Officer  
President  
Title of Officer

**FILED**

FEB 05 1000



**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. **34991** 2. Name of Corporation **N.P.R., INC.**  
3. Street Address Principal Business Office **43 LOST ACRES DRIVE** City **CHEECHANET** State **RI** Zip **02814**  
4. Business Phone No. **401-568-8188** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **5710**  
7. Brief Description of the Character of Business Conducted in Rhode Island  
**LAND HOLDING COMPANY**

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

|   |  |
|---|--|
| President Name<br><b>MICHAEL J. O'KEEFE JR.</b> | Vice President Name<br><b>DAVID E. O'KEEFE</b> |
| Street Address<br><b>43 LOST ACRES DRIVE</b>    | Street Address<br><b>63 GOLOSIE ROAD</b>       |
| City State Zip<br><b>Glocester RI 02814</b>     | City State Zip<br><b>Glocester RI 02814</b>    |
| Secretary Name<br><b>RICHARD R. O'KEEFE</b>     | Treasurer Name<br><b>NONE</b>                  |
| Street Address<br><b>110 GOLD MINE ROAD</b>     | Street Address                                 |
| City State Zip<br><b>Glocester RI 02814</b>     | City State Zip                                 |

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

|                              |                              |
|------------------------------|------------------------------|
| Director Name<br><b>NONE</b> | Director Name<br><b>NONE</b> |
| Street Address               | Street Address               |
| City State Zip               | City State Zip               |
| Director Name<br><b>NONE</b> | Director Name<br><b>NONE</b> |
| Street Address               | Street Address               |
| City State Zip               | City State Zip               |

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

| AUTHORIZED SHARES     |              |           | ISSUED SHARES    |              |           |
|-----------------------|--------------|-----------|------------------|--------------|-----------|
| Number of Shares      | Class/Series | Par Value | Number of Shares | Class/Series | Par Value |
| <b>100 NO PAR COM</b> |              |           | <b>NONE</b>      |              |           |

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



File Date: 2/24/97  
Check No.: 148  
By: [Signature]

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

Signature of Officer: [Signature] Date: 2-20-97  
Print or Type Name of Officer: RICHARD R. O'KEEFE  
Title of Officer: Secretary

**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: 34991  
2. NAME OF CORPORATION: N.P.R., INC.  
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE: 43 LOST ACRES (PO. BOX 179) CHEPACHET R.I. 02814  
4. BUSINESS PHONE NO: 401-568-8188  
5. STATE OF INCORPORATION: RHODE ISLAND  
6. SIC CODE: 5710  
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND: PURCHASE AND SELL REAL ESTATE

8. NAMES AND ADDRESSES OF THE OFFICERS  
PRESIDENT NAME: MICHAEL J O'KEEFE JR. VICE PRESIDENT NAME: DAVID O'KEEFE  
STREET ADDRESS: 43 LOST ACRES DR. STREET ADDRESS: 61 GOLOSKI RD.  
CITY: CHEPACHET STATE: R.I. ZIP CODE: 02814 CITY: CHEPACHET STATE: RI ZIP CODE: 02814  
SECRETARY NAME: RICHARD O'KEEFE TREASURER NAME: MICHAEL J. O'KEEFE JR.  
STREET ADDRESS: 110 GOLD MINE RD. STREET ADDRESS: 43 LOST ACRES DR.  
CITY: CHEPACHET STATE: RI. ZIP CODE: 02814 CITY: CHEPACHET STATE: RI. ZIP CODE: 02814

9. NAMES AND ADDRESSES OF THE DIRECTORS  
DIRECTOR NAME: NONE DIRECTOR NAME: NONE  
STREET ADDRESS: NONE STREET ADDRESS: NONE  
CITY: STATE: ZIP CODE: CITY: STATE: ZIP CODE:  
DIRECTOR NAME: NONE DIRECTOR NAME: NONE  
STREET ADDRESS: NONE STREET ADDRESS: NONE  
CITY: STATE: ZIP CODE: 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 |
| 100               | NO PAR COM     |           | NONE             |                |           |
|                   |                |           |                  |                |           |
|                   |                |           |                  |                |           |

This report must be **SIGNED IN INK** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

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

File Date: 1/21/96  
Check No: 117  
By: KID/UP  
For Secretary of State Use Only

Signature of Officer: Michael J O'Keefe Jr.  
Print or Type Name of Officer: MICHAEL J O'KEEFE JR.  
Title of Officer: PRESIDENT  
Date: 12/26/95



**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.**

0034931

Corporate ID: \_\_\_\_\_ Annual Report for the year: 1995

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):  
110 GOLD MINE ROAD  
GLOUCESTER, RI 02814  
 Phone: (~~401~~) 568-8400

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

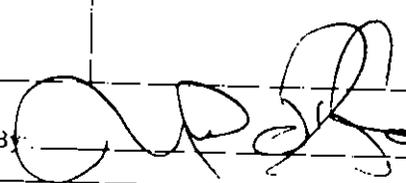
**THE NAMES OF THE OFFICERS ARE:**

| NAME  | STREET ADDRESS          | CITY/STATE           | ZIP CODE     |
|---|-------------------------|----------------------|--------------|
| PRESIDENT<br><u>MICHAEL J. O'KEEFE JR.</u>  | <u>LOST ACRES DR.</u>   | <u>CHEPACHET RI</u>  | <u>02814</u> |
| VICE PRESIDENT<br><u>RICHARD P. O'KEEFE</u> | <u>110 GOLD MINE RD</u> | <u>GLOUCESTER RI</u> | <u>02814</u> |
| SECRETARY<br><u>DAVID E. O'KEEFE</u>        | <u>GOLOSKE RD</u>       | <u>GLOUCESTER RI</u> | <u>02814</u> |
| TREASURER<br><u>MICHAEL J. O'KEEFE JR.</u>  | <u>SAME AS ABOVE</u>    |                      |              |

**THE NAMES OF THE DIRECTORS ARE:**

| NAME                   | STREET ADDRESS       | CITY/STATE | ZIP CODE |
|------------------------|----------------------|------------|----------|
| <u>MICHAEL O'KEEFE</u> | <u>SAME AS ABOVE</u> |            |          |
| <u>DAVID O'KEEFE</u>   | <u>"</u>             |            |          |
| <u>RICHARD O'KEEFE</u> | <u>"</u>             |            |          |

| NUMBER OF SHARES AUTHORIZED (Rider may be attached) |                           | NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached) |                |
|---|---------------------------|---|----------------|
| Number of Shares                                    | Class / Series            | Number of Shares  | Class / Series |
| <u>100</u>  | <u>COMMON \$0 PAR VAL</u> | <u>0</u>  |                |

Date FEB 6, 19 95  
 By:   
 PRINT OR TYPE NAME OF OFFICER SIGNING: RICHARD P. O'KEEFE, VICE PRES.  
 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.

MICHAEL J. O'KEEFE, JR.  
 LOST ACRES  
 CHEPACHET RI 02814

**FILED**  
 FEB 9 1995  
 By dc 141

Filing Fee \$50.00  
Payable to  
Secretary of State

PLEASE TYPE or PRINT

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

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

Corporate ID: 0034991 Annual Report for the year 1994

Name of Business Entity: N. P. R., INC

Business entity organized under the laws of the State of: RI

Business Entity is (check one)

Federal Taxpayer Identification Number: [REDACTED]

- Business Corporation (See RIGL Chapter 7-1.1)
- Professional Service Corporation (See RIGL Chapter 7-5.1)
- Limited Liability Company (See RIGL 7-16)

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

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

Phone: \_\_\_\_\_

RICHARD R. O'KEEFE  
110 GOLD MINE RD  
GLOUCESTER, RI 02814

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

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

43 LOST ACRES DRIVE  
GLOUCESTER, RI 02814

LAND DEVELOPMENT

Phone (401) 568-8400

Date of Organization 3/84 6/28/95 (PIP)

Date of Qualification to do business in Rhode Island (if foreign entity)

THE NAMES OF THE OFFICERS ARE:

| OFFICER  | STREET ADDRESS               | CITY, STATE                              | ZIP CODE     |
|--|------------------------------|--|--------------|
| <input checked="" type="checkbox"/> CHIEF EXECUTIVE OFFICER OR <input checked="" type="checkbox"/> RESIDENT (See Note) | <u>MICHAEL J. O'KEEFE JR</u> | <u>43 LOST ACRES DRIVE GLOUCESTER RI</u> | <u>02814</u> |
| <input type="checkbox"/> CHIEF OPERATING OFFICER OR <input type="checkbox"/> VICE PRESIDENT (See Note)                 | <u>RICHARD R. O'KEEFE</u>    | <u>110 GOLD MINE RD GLOUCESTER RI</u>    | <u>02814</u> |
| <input type="checkbox"/> CUSTODIAN OF RECORDS OR <input type="checkbox"/> SECRETARY (See Note)                         | <u>DAVID E. O'KEEFE</u>      | <u>GLOUCESTER RD GLOUCESTER RI</u>       | <u>02814</u> |
| <input type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input type="checkbox"/> TREASURER (See Note)                      |                              |  |              |

THE NAMES OF THE DIRECTORS ARE:

| NAME                          | STREET ADDRESS           | CITY, STATE          | ZIP CODE     |
|-------------------------------|--------------------------|----------------------|--------------|
| <u>MICHAEL J. O'KEEFE JR.</u> | <u>43 LOST ACRES DR.</u> | <u>GLOUCESTER RI</u> | <u>02814</u> |
| <u>RICHARD R. O'KEEFE JR.</u> | <u>110 GOLD MINE RD</u>  | <u>GLOUCESTER RI</u> | <u>02814</u> |
| <u>DAVID E. O'KEEFE</u>       | <u>GLOUCESTER RD</u>     | <u>GLOUCESTER RI</u> | <u>02814</u> |

NUMBER OF SHARES AUTHORIZED (If Applicable)

NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)

NUMBER 100

NUMBER 100

CLASS COMMON

CLASS \_\_\_\_\_

SERIES \$

SERIES \_\_\_\_\_

PAR VALUE OR WITHOUT PAR 0 NONE

PAR VALUE OR WITHOUT PAR \_\_\_\_\_

Date 2-22 19 94

By [Signature]

RICHARD R. O'KEEFE  
VICE 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

MICHAEL J. O'KEEFE, JR  
LOST ACRES  
CHEPACHET RI 02814

FILED

MAR 27 1994

By AMT #29

100

Filing Fee \$50.00

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

2318 JB  
**State of Rhode Island and Providence Plantations**

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0034991 Annual Report for the year 1993

FIRST: The name of the corporation is N.P.R., INC.

SECOND: It is incorporated under the laws of RHODE ISLAND

THIRD: Character of business, briefly stated, is REAL ESTATE DEVELOPMENT

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 110 GOLD MINE ROAD  
GLOUCESTER, RI 02814

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

| Name                          | Office         | Address (including number, street, zip code)    |
|-------------------------------|----------------|---|
|                               | Director       |   |
|                               | Director       |   |
|                               | Director       |   |
| <u>MICHAEL J. O'KEEFE JR.</u> | President      | <u>43 LOST ACRES DRIVE, GLOUCESTER RI 02814</u> |
| <u>RICHARD R. O'KEEFE</u>     | Vice President | <u>110 GOLD MINE RD, GLOUCESTER RI 02814</u>    |
| <u>DAVID E. O'KEEFE</u>       | Secretary      | <u>GOLD MINE RD, GLOUCESTER RI 02814</u>        |
| <u>MICHAEL J. O'KEEFE JR.</u> | Treasurer      | <u>43 LOST ACRES DRIVE, GLOUCESTER RI 02814</u> |

SEVENTH: Number of Shares authorized:

| No. of Shares | Class         | Series | Par Value or statement that shares are without par value |
|---------------|---------------|--------|--|
| <u>100</u>    | <u>COMMON</u> |        | <u>\$.10</u>   |

MAY 18 1993

EIGHTH: Number of Shares issued:

| No. of Shares | Class         | Series | Par Value or statement that shares are without par value |
|---------------|---------------|--------|--|
| <u>100</u>    | <u>COMMON</u> |        | <u>\$.10</u>   |

SECY OF STATE

Dated MARCH 29 1993

N.P.R. INC.  
(Name of Corporation)

By Michael J O'Keefe Jr.  
Title Pres.

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 0034991 Annual Report for the year 1992

FIRST: The name of the corporation is N.P.R., INC.

SECOND: It is incorporated under the laws of \_\_\_\_\_

THIRD: Character of business, briefly stated, is REAL ESTATE DEVELOPING

FOURTH: If foreign corporation, address of its principal office \_\_\_\_\_

FIFTH: Business address in Rhode Island P.O. BOX 250, CHEPACHET RI. 02814

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

| Name                         | Office         | Address (including number, street, zip code)    |
|------------------------------|----------------|---|
| <u>NORMAN DAVIES</u>         | Director       | <u>56 GLOBE RD P.O. CHEPACHET RI 02814</u>      |
| <u>MICHAEL J. O'KEEFE JR</u> | Director       | <u>43 LOST ACRES DR. CHEPACHET RI 02814</u>     |
| _____                        | Director       | _____   |
| <u>NORMAN DAVIES</u>         | President      | _____   |
| <u>MICHAEL J. O'KEEFE JR</u> | Vice President | <u>43 LOST ACRES DRIVE CHEPACHET R.I. 02814</u> |
| <u>NORMAN DAVIES</u>         | Secretary      | _____   |
| <u>MICHAEL O'KEEFE JR</u>    | Treasurer      | _____   |

SEVENTH: Number of Shares authorized:

| No. of Shares | Class               |
|---------------|---------------------|
| <u>100</u>    | <u>COMMON STOCK</u> |

Rec'd & Filed 1 FEB 20 1992

SD 136

Series

Par Value  
or statement that  
shares are without  
par value  
NONE

EIGHTH: Number of Shares issued:

| No. of Shares | Class | Series |
|---------------|-------|--------|
|               |       |        |

Par Value  
or statement that  
shares are without  
par value

Dated MARCH 24 19 92

N.P.R. INC.  
(Name of Corporation)

By Norman & Davis

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

AT

Corporate ID 0034991 Annual Report for the year 1991

FIRST: The name of the corporation is N.P.R., INC.

SECOND: It is incorporated under the laws of \_\_\_\_\_

THIRD: Character of business, briefly stated, is \_\_\_\_\_

REAL ESTATE DEVELOPMENT

FOURTH: If foreign corporation, address of its principal office \_\_\_\_\_

FIFTH: Business address in Rhode Island P.O. BOX 250 Chepachet, R.I. 02814

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

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

Norman Davies Director Goloskie Rd. R.R.2 Box 224, Chepachet R.I. 02814

Director

Michael J. O'Keefe Jr. Director George Allen Rd. Glocester R.I. 02814

Director

Norman Davies President

President

Michael J. O'Keefe Jr. Vice President

Vice President

Norman Davies Secretary

Secretary

Michael J. O'Keefe Jr. Treasurer

Treasurer

SEVENTH: Number of Shares authorized:

No. of Shares

Class

100

Common Stock

PAID

JAN 08 1991

Series

PAID

JAN 08 1991

REC'D OF STATE

REC'D OF S.

Par Value  
or statement that  
shares are without  
par value

None

EIGHTH: Number of Shares issued:

No. of Shares

Class

Series

Par Value  
or statement that  
shares are without  
par value

Dated Dec. 31 19 90

N.P.R., INC.

(Name of Corporation)

By Michael J. O'Keefe Jr.

Title V. 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 0094991 Annual Report for the year 1990

FIRST: The name of the corporation is N.F.R., INC.

SECOND: It is incorporated under the laws of \_\_\_\_\_

THIRD: Character of business, briefly stated, is  
REAL ESTATE DEVELOPING

FOURTH: If foreign corporation, address of its principal office \_\_\_\_\_

FIFTH: Business address in Rhode Island P.O. BOX 250 CHEPACHET, R.I. 02814

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

| Name                           | Office                | Address (including number, street, zip code)    |
|--------------------------------|-----------------------|---|
| <u>Norman Davies</u>           | <u>Director</u>       | <u>Goloskie Rd. RR2 Box 224 Chepachet, R.I.</u> |
| <u>Michael J. O'Keefe Jr.</u>  | <u>Director</u>       | <u>Geo. Allen Rd. Glocester, R.I. 02814</u>     |
| _____                          | <u>Director</u>       | _____   |
| <u>Norman Davies</u>           | <u>President</u>      | _____   |
| <u>Michael J. O'Keefe, Jr.</u> | <u>Vice President</u> | _____   |
| <u>Norman Davies</u>           | <u>Secretary</u>      | _____   |
| <u>Michael O'Keefe, Jr.</u>    | <u>Treasurer</u>      | _____   |

SEVENTH: Number of Shares authorized:

| No. of Shares | Class               | Series      | Par Value or statement that shares are without par value |
|---------------|---------------------|-------------|--|
| <u>100</u>    | <u>Common Stock</u> | <u>Paid</u> | <u>None</u>  |

EIGHTH: Number of Shares issued:

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

Dated Feb. 5, 1990 19 \_\_\_\_\_

N.F.R., INC.  
(Name of Corporation)

By Michael J. O'Keefe Jr.  
Title Pres.

(Report must be signed by an officer)

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0094991

Annual Report for the year 1989

FIRST: The name of the corporation is N.P.R., INC.

SECOND: It is incorporated under the laws of \_\_\_\_\_

THIRD: Character of business, briefly stated, is REAL ESTATE DEVELOPING

FOURTH: If foreign corporation, address of its principal office \_\_\_\_\_

FIFTH: Business address in Rhode Island P.O. BOX 250 CHEPACHET, RI.  
02814

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

| Name                          | Office         | Address (including number, street, zip code) |
|-------------------------------|----------------|--|
| <u>NORMAN DAVIES</u>          | Director       | <u>GOLOSKE RD. RR2 BOX 224 CHEPACHET RI</u>  |
| <u>MICHAEL J. O'KEEFE JR.</u> | Director       | <u>GED. ALLEN RD. GLOUCESTER RI 02814</u>    |
| <u>NORMAN DAVIES</u>          | President      |  |
| <u>MICHAEL J. O'KEEFE JR.</u> | Vice President |  |
| <u>NORMAN DAVIES</u>          | Secretary      |  |
| <u>MICHAEL O'KEEFE JR.</u>    | Treasurer      |  |

SEVENTH: Number of Shares authorized:

| No. of Shares | Class               | Series | PAID        | Par Value or statement that shares are without par value |
|---------------|---------------------|--------|-------------|--|
| <u>100</u>    | <u>COMMON STOCK</u> |        | <u>PAID</u> | <u>NONE</u>  |

SECY OF STATE

EIGHTH: Number of Shares issued:

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

Dated MARCH 28 19 89

N.P.R. INC.  
(Name of Corporation)

By Michael J. O'Keefe Jr.

Title V. 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

*MA*

Corporate ID 34991 Annual Report for the year 1988

FIRST: The name of the corporation is N.P.R., INC.

SECOND: It is incorporated under the laws of \_\_\_\_\_

THIRD: Character of business, briefly stated, is REAL ESTATE DEVELOPING

FOURTH: If foreign corporation, address of its principal office \_\_\_\_\_

FIFTH: Business address in Rhode Island P.O. Box 250 CHEPACHET, RI  
02814

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

| Name                          | Office         | Address (including number, street, zip code)             |
|-------------------------------|----------------|--|
| <u>NORMAN DAVIES</u>          | Director       | <u>GOLOSKIE RD. Box 204 CHEPACHET RI</u><br><u>02814</u> |
| <u>MICHAEL J. O'KEEFE JR.</u> | Director       | <u>GEO. ALLEN RD. GLoucester, RI</u><br><u>02814</u>     |
| _____                         | Director       | _____  |
| <u>NORMAN DAVIES</u>          | President      | _____  |
| <u>MICHAEL J. O'KEEFE JR.</u> | Vice President | _____  |
| <u>NORMAN DAVIES</u>          | Secretary      | _____  |
| <u>MICHAEL J O'KEEFE JR.</u>  | Treasurer      | _____  |

SEVENTH: Number of Shares authorized:

| No. of Shares | Class               | Series | Par Value or statement that shares are without par value |
|---------------|---------------------|--------|--|
| <u>100</u>    | <u>COMMON STOCK</u> |        | <u>NONE</u>  |

EIGHTH: Number of Shares issued:

| No. of Shares | Class | Series |
|---------------|-------|--------|
|               |       |        |

PAID

AUG 15 1989  
SEC'Y OF STATE

Dated AUG. 11 19 89

N.P.R. INC.  
(Name of Corporation)

By Michael J O'Keefe Jr.

Title V. Pres.

(Report must be signed by an officer)

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
270 WESTMINSTER MALL  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 34991 Annual Report for the year 1987

FIRST: The name of the corporation is N.P.R., INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is REAL ESTATE DEVELOPING

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island

GEORGE ALLEN RD. GLOUCESTER RI 02814

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

| Name                          | Office         | Address (including number, street, zip code)         |
|-------------------------------|----------------|--|
| <u>NORMAN DAVIES</u>          | Director       | <u>GALOSKIE RD. P.O. BOX 224 GLOUCESTER RI 02814</u> |
| <u>MICHAEL J O'KEEFE JR.</u>  | Director       | <u>GEO. ALLEN RD. GLOUCESTER RI 02814</u>            |
| <u>NORMAN DAVIES</u>          | President      | " " " "  |
| <u>MICHAEL J. O'KEEFE JR.</u> | Vice President | " " " "  |
| <u>NORMAN DAVIES</u>          | Secretary      | " " " "  |
| <u>MICHAEL J O'KEEFE JR.</u>  | Treasurer      | " " " "  |

SEVENTH: Number of Shares authorized:

| No. of Shares | Class               | Series | Par Value or statement that shares are without par value |
|---------------|---------------------|--------|--|
| <u>100</u>    | <u>COMMON STOCK</u> |        | <u>NONE</u>  |

EIGHTH: Number of Shares issued:

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

PAID  
MAY 11 1987  
SECY OF STATE  
04 1987

Dated MARCH 5 19 87

N. P. R. INC.  
(Name of Corporation)

By Michael J O'Keefe Jr.

Title V. Pres.

(Report must be signed by an officer)

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
270 WESTMINSTER MALL  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 34991 Annual Report for the year 1986

FIRST: The name of the corporation is N.P.R. INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is REAL ESTATE DEVELOPING

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island

GEORGE ALLEN ROAD, GLOUCESTER, R.I. 02814

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

| Name                         | Office                | Address (including number, street, zip code)   |
|------------------------------|-----------------------|--|
| <u>NORMAN DAVIES</u>         | <u>Director</u>       | <u>GALOSKIE RD PRR BOX 224 GLOUCESTER R.I.</u> |
| <u>MICHAEL J O'KEEFE JR.</u> | <u>Director</u>       | <u>GEORGE ALLEN RD GLOUCESTER R.I.</u>         |
| <u>NORMAN DAVIES</u>         | <u>President</u>      | <u>SAME AS ABOVE</u>                           |
| <u>MICHAEL J O'KEEFE JR.</u> | <u>Vice President</u> | <u>SAME AS ABOVE</u>                           |
| <u>NORMAN DAVIES</u>         | <u>Secretary</u>      | <u>SAME AS ABOVE</u>                           |
| <u>MICHAEL J O'KEEFE JR.</u> | <u>Treasurer</u>      | <u>SAME AS ABOVE</u>                           |

SEVENTH: Number of Shares authorized:

| No. of Shares | Class               | Series | Par Value or statement that shares are without par value |
|---------------|---------------------|--------|--|
| <u>100</u>    | <u>COMMON STOCK</u> |        | <u>NONE</u>  |

MAR 15 1986

EIGHTH: Number of Shares issued:

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

Dated FEBRUARY 11 19 86

02/20/86 PAID 1795A001

N.P.R. INC.  
(Name of Corporation)

By Michael J O'Keefe Jr.

Title V. Pres

(Report must be signed by an officer)