

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

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

| iling Period: January 1 - | | ruing ree: \$50.00 | | | |
|--|---|--------------------------|---|--|---------------------------------------|
| ORM MUST BE TYPED IN B Corporate ID No. | LACK) 2. Name of Corp. | poration | | | |
| . Corporate ID No. 102493 | Colonial Bu | | | | |
| . Street Address Principal Busine | | | City | State | Zip |
| 1845 SMITH ST | ~ | | NORTH PROVIDENCE | RI | 02911 |
| I. Business Phone No. | | S. State of Incorporat | ion | | 6. SIC Code |
| 4012320090 | | RHODE ISLAN | ID | | 5538 |
| Brief Description of the Chara | STATE. | | | | |
| 8. NAMES AND ADDRESS President Name Jeffrey M. Marwell | | FFICERS ("X" BOX FOR | TTACHMENT) ☐ FILL IN SPACE Vice President Name . None | S BEFORE USING ATTAC | HMENTS |
| Street Address | | | Street Address | | |
| 1845 Smith Street | | | • | | |
| City | State | Zip | City | State | Zip |
| North Providence | RI | 02911 | | <u> </u> | · · · · · · · · · · · · · · · · · · · |
| ecretary Name | | . , , , , | Treasurer Name | | |
| Jeffrey M. Marwell | | | Jeffrey M. Marwell | · · · · · · · · · · · · · · · · · · · | |
| Street Address | | | * Street Address | | |
| 1845 Smith Street | | | .1845 Smith Street | | T a. |
| City | State | Zip | City | State | Zip |
| North Providence | RI | 02911 | . North Providence | RI | 02911 |
| 9. NAMES AND ADDRESS Director Name | SES OF THE DI | RECTORS ("X" BOX FO | RATTACHMENT) FILL IN SPAC Director Name | ES BEFORE USING ATTA | CHMENTS |
| None · | | | | | |
| Street Address | | | . Sircei Address • | | |
| City | State | Zip | •City | State | Zip |
| • | | | • | | j |
| Director Name | | | Director Name | | |
| Street Address | | | · Street Address | | |
| Ciry | State | Zip | .City | State | Zip |
| 10. SHARES AUTHORIZE | ED CEYPROYEC | OR ATTACHMENT) [] | 11. SHARES ISSUED ("X" Bo | OX FOR ATTACHMENT) | |
| AUTHORIZED SHARES | JO (A BOATE | A AT TACINIALITY | ISSUED SHARES | <u> </u> | |
| Mumber of Shares | Class/Series | Par Value | Number of Shares | Classificates | Pur l'alue |
| 500 COMM \$1.00 PAR | VALUE | | 100 | Common Voting | \$1.00 |
| ·- · · - · | | | | | 1 |
| This report must be signe | ed in ink by ei | ther the President, Vice | President, Secretary, Assistan | Secretary, Treasurer, | Receiver or Trust |
| 81 H1811 88118 H181 | | | | | |
| 1 0 2 | 4 9 3 | | Under penalty of perjury this report, including an | , I declare and affirm that I y accompanying schedules | have examined and statements, |
| *102493 DBC 01/29/04 | 10:57:29 AN | 1* | and that all statements c | ontained herein are true an | d correct. |
| File Date 1 2 + 10 | 72 | | Signifur of Officer | Manuell Doie | 1111/03 |
| Check No. 224+ | | | Jeffrey M/Ma Print or Type Name of Offi | rwell | |
| B <u>y:</u> | | <u> </u> | President | | |
| FOR SECRETARY OF STATE | USE ONLY | | Title of Officer | | Form 630 12/ |



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 I ● Filing | Fee: \$50.00 | | | |
|--|---|---------------------------------------|--------------------------------|-----------------------------|---------------------------------------|
| FORM MUST BE TYPED IN B | | | | | |
| 1. Corporate ID No. | 2. Name of Corporation | | | | : |
| 102493 | Colonial Building | i, inc. | ·· | | |
| 3. Street Address Principal Busin | ess Office | | City | State | Zip |
| 1845 SMITH ST | | | NORTH PROVIDENCE | RI | 02911 |
| 4. Business Phone No. | | 5. State of Incorporation | | | 6. SIC Code |
| 4012320090 | | RHODE ISLAND | | | ¹ 5538 |
| 7. Brief Description of the Chura OWN AND LEASE REAL E | | d in Rhode Island | | | |
| 8. NAMES AND ADDRESS President Name | ES OF THE OFFICE | RS ("X" BOX FOR ATTA | (CHMENT) FILL IN SPACES | BEFORE USING ATTAC | HMENTS |
| Jeffrey M. Marwell | | | None | | |
| Street Address | | ' | Street Address | | |
| 1845 Smith Street | | | • | | |
| City | State | Zip | City | State | Zıp |
| North Providence | RI | 02911 | : | | 1 |
| Secretary Name | • • • • • • • • • • | · · · · · · · · · · · · · · · · · · · | Treasurer Name | | · · · · · · · · · · · · · · · · · · · |
| Jeffrey M. Marwell | | | Jeffrey M. Marwell | | |
| Street Address | | | Sireet Address | | |
| 1845 Smith Street | | | .1845 Smith Street | | |
| City | State | Zip | *City | State | .Zip |
| North Providence | RI | 02911 | . North Providence | RI | ,02911 |
| | Į. | II. | TACHMENT) . FILL IN SPAC | _L | <u> </u> |
| Director Name | PR ÖL'LIE DIEFCI | OKO I W BOX JOHNI | Director Name | | |
| None | | | • | | , |
| | | | Street Address | | |
| Sircei Address | | | - | | |
| | | | | TE | 1 |
| Спу | State | Zip | •City | State | Zip |
| Director Name | 1 |] | Director Manua | | |
| Director Name | | | * Director Name * | | |
| Company of the compan | | | ·Street Address | | |
| Street Address | | | -Sireer Address | | |
| City | State | Zip | City | State | Zip |
| City | 1 | ! " | | | ! ' |
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| 10. SHARES AUTHORIZE | D CX. ROX FOR ALLY | ICHMENI) [] | 11. SHARES ISSUED ("X" BO | A FOR ALLACHITERY) | '——— ~ - |
| AUTHORIZED SHARES Number of Shures | Class/Series | Par Vulue | ISSUED SHARES Number of Shares | Cluss/Series | Par Value |
| Trumber by bnares | Character | 710-1010 | 1 | | |
| 500 COMM \$1.00 PAR | VALUE | | 100 | Common Voting | \$1.00 |
| | | | | | |
| 1 | | | : | 1 | |
| ! | | | <u> </u> | <u> </u> | |
| This report must be signe | d in ink by either th | ie President, Vice Pr | esident, Secretary, Assistant | Secretary, Treasurer, | Receiver or Trustee |
| | | | | | |
| | 1 81818 (8158 III | | | | |
| | | | | | |
| ###################################### | I 11010 10100 111 | | | | |
| 1 0 2 | 4 9 3 | | | I declare and affirm that I | |
| | | _ | | accompanying schedules | |
| *102493 DBC 01/29/04 | 10:57:29 AM* | | and that all statements co | ntained herein are true and | a correct. |
| 1 71210 | 14 | | (111. | Maril | 3/1/04 |
| File Date | | | TYTM | Mauell | <u> </u> |
| 1, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | ı | | Signature of Differen | Date | |
| Check No JUM(C) | · · · · · · · · · · · · · · · · · · · | | Jeffrey M. Mar | | |
| 10 | | | Print or Type Numie of Offic | cr | |
| By: | | | President | | |
| FOR SECRETARY OF STATE | USE ONLY | • | Title of Officer | | Form 630 12/0 |
| i . | | i . | o) opios. | | 1 0/11/1 030 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 2003

Filing Period: January 1 - March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK) 2. Name of Corporation 1. Corporate ID No. *102493* Colonial Building, Inc. 3. Street Address Principal Business Office City State Zip 1845 SMITH ST NORTH PROVIDENCE RI 02911 4. Business Phone No. 5. State of Incorporation 6. SIC Code 4012320090 **RHODE ISLAND** 5538 7. Brief Description of the Character of Business Conducted in Rhode Island OWN AND LEASE REAL ESTATE. STANDADIED EIGENER EIGENER AN MIND MAINDE MAN ANDER AN ERIEDTE DE HEARTE EINE MAN EINE MAN EIN MEN EIN MEN EIN Vice President Name Jeffrey M. Marwell Street Address Street Address 1845 Smith Street City State Zip Zip City State North Providence RI 02911 Secretary Name Treasurer Name Jeffrey M. Marwell Jeffrey M. Marwell * Street Address Street Address 1845 Smith Street .1845 Smith Street City State City State Zip Zip 02911 RI 02911 North Providence RI North Providence ON CANTES AND ADDRESSES OF THE OFFICE ORDER OF THE TOWN OF MATTACHMENT IN THE TRACES PERSON WINES AND CHIMENTS Director Name None Street Address Street Address State Zip City Zip ·City Director Name Director Name Street Address ·Street Address State City State Zip IN STATES AUTHORIZED "AT TOX GOLARIZED IN OLATIATES ISSUED PXP GON FOR AT X CHARACO AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Common Voting \$1.00 500 COMM \$1.00 PAR VALUE ____-100 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. *102493 DBC9/19/024:20:20 PM* Morwell File Date_ Check No. Jéffrev-M. Marwell Print or Type Name of Officer President FOR SECRETARY OF STATE USE ONLY Title 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

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| PROFIL CORPO | JRATION / I-March 1 • F | ANNUAL REP iling Fee: \$50.00 | ORT FOR THE | YEAR | DI CIP PLEASE READ INSTRUCTIONS |
|---|---|--|---|--------------------|---------------------------------------|
| (FORM MUST BE TYPED IN BLAC | (K) | | | | |
| 1. Corporate ID No. | 2. Name of Corporation | 1 | | | |
| 102493 | Colonial Build | ing, Inc. | | | |
| 3. Street Address Principal Business O | Office | | City | State | Zip |
| 1845 Smith Stre 4. Business Phone No. | et | 5. State of Incorporation | North Providence | RI | 02911 6. SIC Code |
| (401) 232-0090 | | RHODE ISLAND | | | 0 |
| 7. Brief Description of the Character of Own and lease runder the Rhode | of Business Conducted in R eal estate ar Island Busir | hode island nd to have all ot ness Corporation | ther powers conferre | ed upon corporat | ions organized |
| 8. NAMES AND ADDRESS. President Name | ES OF THE OFFICE | ERS ("X" BOX FOR ATTACH | MENT) FILL IN SPACES BEF Vice President Name | ORE USING ATTACHM | ENTS |
| Jeffrey M. Marw | æll | | None | | |
| Street Address | | | Street Address | | |
| 1845 Smith Stre | State | Zip | City | State | Zip |
| North Providence | e RI | 02911 | | | |
| Secretary Name | | | Treasurer Name | • | |
| Jeffrey M. Marw | vell | | Jeffrey M. Marwell | 1 | |
| Street Address | | | Street Address | | |
| 1845 Smith Stre | et | | 1845 Smith Street | | |
| City | State | Zip | Cliy | State | Zip |
| N. Providence | RI | 02911 | North Providence | RI | 02911 |
| 9. NAMES AND ADDRESSI Director Name | ES OF THE DIRECT | TORS ("X" BOX FOR ATTAC | HMENT) FILL IN SPACES BI Director Name | EFORE USING ATTACH | MENTS |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| Director Name | | | Director Name | | • |
| Street Address | | | Street Address | | |
| City | State | Zip | Cuy | State | Zip |
| 10. SHARES AUTHORIZED | (*X* BOX FOR ATTACH | IMENT) | 11. SHARES ISSUED ("X" B | OX FOR ATTACHMENT) | |
| Number of Shares | Class/Series | Par Value | Number of Shares | Class/Series | Par Value |
| 500 COMM \$1.00 PAR VAL | UE | | 100 | Common Voting | \$1.00 par value |

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



| File Date: | 2· 27-62 | |
|------------|--------------------|---|
| Check No.: | 1671 | |
| Ву: | OF STATE LISE 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 | e and correct. |
|--|----------------|
| Offry Maruell | 1/22/02 |
| signatual of officer | tfate / |
| Jeffrey M. Marwell Print or Type Name of Officer | |
| Print or Type Name of Officer | |

President Title of Officer

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

| Filing | Period: , | January . | l-March | <i>I</i> • | Filing | Fee: | \$50.00 | |
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|----|-------|------|------|----|---|------|----|---|
| I. | Corpo | rate | Ψo | ľź | 4 | 93 | | |

2. Name of Corporation Colonial Building, Inc.

| 3. Street Address Principal Business O | ffice | | City | State | ZIp |
|---|-------------------|---|------------------------|----------------------|-----------------------------|
| 1845 Smith Stree | t | S. State of Incorporation RHODE ISLANI | North Provid | lence RI | 02911 6. sic co t |
| (401) 232-0090 | | | | | |
| 7. Brief Description of the Character of OWN and lease re under the Rhode B. NAMES AND ADDRESS! | TOTOM DOOT | HESS COLDULATION | ACL. | erred upon corp | |
| Jeffrey M. Marwe | 11 | | None Street Address | | · |
| 1845 Smith Stree | t State | Zip | City | State | Zip |
| North Providence | RI | 02911 | C, | 2.2.1 | |
| Secretary Name | | | Treasurer Name | | • |
| Jeffrey M. Marwe | 11 | | Jeffrey M. M | arwell | |
| 1845 Smith Stree | t | | 1845 Smith S | treet | |
| City | State | Zip | City | State | Zip |
| North Providence | RI ' | 02911 | North Provid | ence RI | 02911 |
| 9. NAMES AND ADDRESS | ES OF THE DIRE | ECTORS ("X" BOX FOR ATTA | | CES BEFORE USING | |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| | | | <u> </u> | | |
| City | State | Zip · | City | State | Zip |
| Director Name | | | Director Name | • | |
| Street Address | | | Street Address | • | |
| Sity | State | Zip | City | State | Zip |
| 10. SHARES AUTHORIZED | ("X" BOX FOR ATTA | ACHMENT) | | ("X" BOX FOR ATTACHN | IENT) |
| AUTHORIZED SHARFS Number of Shares | Class/Series | Par Value | ISSUED SHARES | Classic Dec | 0 ** * |
| 500 COMM \$1.00 P | | rai voiut | Number of Shares | Class/Series | Par Value |
| 300 COMM #1.00 P | AR TALUE | | 100 | Common V | oting \$1.00 Par |

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



File Date: _

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.

Common Voting

Title of Officer

President



\$1.00 Par

Value



1. Corporate 1D No.

102493

FOR SECRETARY OF STATE USE ONLY

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

| inng reriou. Junuary 1- Murch 1 | • | riting ree: \$50.00 | |
|---------------------------------|---|---------------------|--|
| (FORM MUST BE TYPED IN BLACK) | | | |

2. Name of Corporation

| 102493 | Colonial | Building, Inc. | | | | |
|--|-------------------------------------|---|--|--------------|-----------|----------------------|
| 3. Street Address Principal Business () | | | City | State | | Zip |
| 1845 Smith Street 4 Business Phone No. | | 5. State of Incorporation | North Providence | RI | | 02911 6. SIC Code |
| (401) 232-0090 7 Brief Description of the Character of Own and lease real | of Business Conducted estate and | RHODE ISLAND in Rhode Island to have all other | nowers conferred ur | on corpo | rations | |
| under the Rhode Is 8. NAMES AND ADDRESS President Name | | | | | | |
| Jeffrey M. Marwell Street Address | | | None Street Address | | | |
| 1845 Smith Street | State | Zip | City | State | | Zip |
| North Providence Secretary Name | RI | 02911 | Treasurer Name | | | 2.0 |
| Jeffrey M. Marwell Street Address | | | Jeffrey M. Marwell | | | |
| 1845 Smith Street | State | Zip | 1845 Smith Street | State | | Zip |
| North Providence 9. NAMES AND ADDRESSI Director Name | RI ES OF THE DIR | 02911 ECTORS (*X* BOX FOR ATTA | North Providence CHMENT) FILL IN SPACES BI Director Name | RI | G ATTACHI | 02911 |
| Street Address | | | Street Address | | | |
| City | State | Zip | City | State | | Zip |
| Director Name | | | Director Name | | | |
| Street Address | | | Street Address | | | |
| City | State | Zip | City | State | | Zip |
| 10. SHARES AUTHORIZED AUTHORIZED SHARES | ("X" BOX FOR ATT | ACHMENT) | 11. SHARES ISSUED ("X" BO | OX FOR ATTAC | HMENT) | |
| Number of Shares | Class/Series | Par Value | Number of Shares | Class/Series | | Par Value |
| 500 COMM \$1.00 PA | R VALUE | | 100 | Common 5 | Voting | \$1.00 Par Valu |
| his report must be signed | in ink by eith | per the President, Vice Pr | resident, Secretary, Assistan | | | |
| * 1 | 0 2 4 9 3 | 3 * | Under penalty of perjury, this report, including any | | | |

that all statements contained herein are true and correct

Jeffrey M. Marwell Print or Type Name of Officer

President Title of Officer



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR Filing Period: January 1-March 1 • Filing Fee: \$50,00

1999

| Colonial Bul | Íding, inc. | | | |
|---------------------------------------|---|---|--|---|
| ice | | City | State | Zip |
| | | North Providence | RI | 02911 |
| | SHODE ISLAND |) | | 6. SIC Code |
| | | | | |
| Business Conducted in 1 estate and | RhodeJsland to have all other | powers conferred | upon corporatio | ns organized |
| and Busines | s Corporation Act | | | |
| OF THE OFFIC. | ERS ("X" BOX FOR ATTACHN | | FORE USING ATTACH | MENTS _ |
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| | • | | • | |
| | | | | |
| State | /ip | City | State | Zıp |
| RI | 02911 | | | · |
| | · · · · · | · Treasurer Name | * | •••••• |
| | | Jeffrey M. Marwell | 1 | |
| | | Street Address | • | |
| | | 1845 Smith Street | | |
| | · | , | State | Zip |
| | | | RI | 02911 |
| OF THE DIREC | CTORS ("X" BOX FOR ATTAC | | EFORE USING ATTAC | HMENTS |
| | | Director Name | | |
| | | Etrant & Library | | |
| | | SOFFI AUUTESS | | |
| State | Zip | City | State | |
| | , | , | | : -7 |
| | | Director Name | | |
| | | | | |
| | | Street Address | | |
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| 'X" BOX FOR ATTAC | HMENT) | | BOX FOR ATTACHMENT) | - |
| Char Caria | Day Materia | | | |
| | rar value | • | | Par Value |
| VALUE | | 100 | Common Voting | \$1.00 Par |
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| | | | | |
| | | esident, Secretary, Assista | · · | |
| | Business Conducted in estate and Business OF THE OFFICE State RI State RI S OF THE DIRECT State | Colonial Building, Inc. State Zip RI 02911 State Zip RI 02911 State Zip RI 02911 State Zip State Zip RI 02910 State Zip State Zip State Zip State Zip State Zip State Zip State Zip | Colonial Building, Inc. North Providence of State and to have all other powers conferred to the conferred of the c | 2 Colonial Building, Inc. Cay Mate North Providence RI Shino Desiration Sustances Conducted in Rhode Jisland State and to have all other powers conferred upon corporation and Business Corporation Act. SOF THE OFFICERS ("X" BOX FOR ATTACHMENT) - FILL IN SPACES BEFORE USING ATTACHMENT Name None Street Address State Zip City State Zip City State Zip City State Director Name Street Address State Zip City State Zip |



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.

Jeffrey M. Marwell Print or Type Name of Officer

President

Title of Officer