



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

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 102493		2. Name of Corporation Colonial Building, Inc.		
3. Street Address Principal Business Office 1845 SMITH ST		City NORTH PROVIDENCE	State RI	Zip 02911
4. Business Phone No. 4012320090		5. State of Incorporation RHODE ISLAND		6. SIC Code 5538
7. Brief Description of the Character of Business Conducted in Rhode Island OWN AND LEASE REAL ESTATE.				
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Jeffrey M. Marwell		Vice President Name None		
Street Address 1845 Smith Street		Street Address		
City North Providence	State RI	Zip 02911	City	State RI
Secretary Name Jeffrey M. Marwell		Treasurer Name Jeffrey M. Marwell		
Street Address 1845 Smith Street		Street Address 1845 Smith Street		
City North Providence	State RI	Zip 02911	City North Providence	State RI
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name None		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
AUTHORIZED SHARES		ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series
500 COMM \$1.00 PAR VALUE			100	Common Voting
				\$1.00

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



1 0 2 4 9 3

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: Jeffrey M. Marwell
Date: 1/15/05
Print or Type Name of Officer: Jeffrey M. Marwell
Title of Officer: President

102493 DBC 01/29/04 10:57:29 AM

File Date: 1/27/05

Check No.: 2247

By: W.

FOR SECRETARY OF STATE USE ONLY

Form 630 12/01



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 IN BLACK)

1. Corporate ID No. 102493		2. Name of Corporation Colonial Building, Inc.			
3. Street Address Principal Business Office 1845 SMITH ST			City NORTH PROVIDENCE	State RI	Zip 02911
4. Business Phone No. 4012320090		5. State of Incorporation RHODE ISLAND			6. SIC Code 5538
7. Brief Description of the Character of Business Conducted in Rhode Island OWN AND LEASE REAL ESTATE.					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Jeffrey M. Marwell			Vice President Name None		
Street Address 1845 Smith Street			Street Address		
City North Providence	State RI	Zip 02911	City	State	Zip
Secretary Name Jeffrey M. Marwell			Treasurer Name Jeffrey M. Marwell		
Street Address 1845 Smith Street			Street Address 1845 Smith Street		
City North Providence	State RI	Zip 02911	City North Providence	State RI	Zip 02911
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name None			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
500 COMM \$1.00 PAR VALUE			100	Common Voting	\$1.00

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



1 0 2 4 9 3

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 Jeffrey Marwell Date 3/1/04
Jeffrey M. Marwell
Print or Type Name of Officer

President

Title of Officer

Form 630 12/01

102493 DBC 01/29/04 10:57:29 AM

File Date 3/3/04

Check No 2098

By JS

FOR SECRETARY OF STATE USE ONLY



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

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. *102493*		2. Name of Corporation Colonial Building, Inc.			
3. Street Address Principal Business Office 1845 SMITH ST		City NORTH PROVIDENCE	State RI	Zip 02911	
4. Business Phone No. 4012320090		5. State of Incorporation RHODE ISLAND			6. SIC Code 5538
7. Brief Description of the Character of Business Conducted in Rhode Island OWN AND LEASE REAL ESTATE.					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILE IN SPACES BEFORE USING ATTACHMENTS					
President Name Jeffrey M. Marwell			Vice President Name .		
Street Address 1845 Smith Street			Street Address .		
City North Providence	State RI	Zip 02911	City .	State .	Zip .
Secretary Name Jeffrey M. Marwell			Treasurer Name Jeffrey M. Marwell		
Street Address 1845 Smith Street			Street Address 1845 Smith Street		
City North Providence	State RI	Zip 02911	City North Providence	State RI	Zip 02911
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILE IN SPACES BEFORE USING ATTACHMENTS					
Director Name None			Director Name .		
Street Address .			Street Address .		
City .	State .	Zip .	City .	State .	Zip .
Director Name .			Director Name .		
Street Address .			Street Address .		
City .	State .	Zip .	City .	State .	Zip .
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
500 COMM \$1.00 PAR VALUE			100	Common Voting	\$1.00

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



* 1 0 2 4 9 3 *

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 Marwell 2/3/03
Signature of Officer Date
Jeffrey M. Marwell
Print or Type Name of Officer
President
Title of Officer

102493 DBC9/19/024:20:20 PM

File Date 2-11-03

Check No. 1875

By: km

FOR SECRETARY OF STATE USE ONLY



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

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

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

(FORM MUST BE TYPED IN BLACK)



1. Corporate ID No. 102493 2. Name of Corporation Colonial Building, Inc.
3. Street Address Principal Business Office 1845 Smith Street City North Providence State RI Zip 02911
4. Business Phone No. (401) 232-0090 5. State of Incorporation RHODE ISLAND 6. SIC Code 0
7. Brief Description of the Character of Business Conducted in Rhode Island.
Own and lease real estate and to have all other powers conferred upon corporations organized under the Rhode Island Business Corporation Act.

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

President Name <u>Jeffrey M. Marwell</u> Street Address <u>1845 Smith Street</u> City <u>North Providence</u> State <u>RI</u> Zip <u>02911</u>	Vice President Name <u>None</u> Street Address City <u></u> State <u></u> Zip <u></u>
Secretary Name <u>Jeffrey M. Marwell</u> Street Address <u>1845 Smith Street</u> City <u>N. Providence</u> State <u>RI</u> Zip <u>02911</u>	Treasurer Name <u>Jeffrey M. Marwell</u> Street Address <u>1845 Smith Street</u> City <u>North Providence</u> State <u>RI</u> Zip <u>02911</u>

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

Director Name Street Address City <u></u> State <u></u> Zip <u></u>	Director Name Street Address City <u></u> State <u></u> Zip <u></u>
Director Name Street Address City <u></u> State <u></u> Zip <u></u>	Director Name Street Address City <u></u> State <u></u> Zip <u></u>

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

AUTHORIZED SHARES
Number of Shares 500 COMM \$1.00 PAR VALUE Class/Series Par Value

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

ISSUED SHARES
Number of Shares 100 Class/Series Common Voting Par Value \$1.00 par value

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



* 1 0 2 4 9 3 *

File Date: 2-27-02

Check No.: 1671

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.

Jeffrey Marwell 1/22/02
Signature of Officer Date

Jeffrey M. Marwell
Print or Type Name of Officer

President
Title of Officer



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

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

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

(FORM MUST BE TYPED IN BLACK)



1. Corporate ID No. 102493 2. Name of Corporation Colonial Building, Inc.

3. Street Address Principal Business Office

City

State

Zip

1845 Smith Street

North Providence RI

02911

4. Business Phone No.

5. State of Incorporation
RHODE ISLAND

6. SIC Code 6

(401) 232-0090

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

Own and lease real estate and to have all other powers conferred upon corporations organized under the Rhode Island Business Corporation Act.

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

President Name

Vice President Name

Jeffrey M. Marwell

None

Street Address

Street Address

1845 Smith Street

City North Providence State RI Zip 02911

City North Providence State RI Zip 02911

Secretary Name

Treasurer Name

Jeffrey M. Marwell

Jeffrey M. Marwell

Street Address

Street Address

1845 Smith Street

City North Providence State RI Zip 02911 City North Providence State RI Zip 02911

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

Director Name

Director Name

Street Address

Street Address

City North Providence State RI Zip 02911

City North Providence State RI Zip 02911

Director Name

Director Name

Street Address

Street Address

City North Providence State RI Zip 02911

City North Providence State RI Zip 02911

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 COMM \$1.00 PAR VALUE

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



* 1 0 2 4 9 3 *

File Date: _____

Check No.: _____

By: _____

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 2/13/01
Signature of Officer Date

Jeffrey M. Marwell

Print or Type Name of Officer

President

Title of Officer



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

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



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **102493** 2. Name of Corporation **Colonial Building, Inc.**

3. Street Address Principal Business Office

1845 Smith Street

4. Business Phone No.

(401) 232-0090

5. State of Incorporation
RHODE ISLAND

City

North Providence

State

RI

Zip

02911

6. SIC Code

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

Own and lease real estate and to have all other powers conferred upon corporations organized under the Rhode Island Business Corporation Act.

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

President Name

Jeffrey M. Marwell

Street Address

1845 Smith Street

City

State

Zip

North Providence RI

02911

Secretary Name

Jeffrey M. Marwell

Street Address

1845 Smith Street

City

State

Zip

North Providence RI

02911

Vice President Name

None

Street Address

City

State

Zip

Treasurer Name

Jeffrey M. Marwell

Street Address

1845 Smith Street

City

State

Zip

North Providence RI

02911

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

Director Name

Street Address

City

State

Zip

Director Name

Street Address

City

State

Zip

Director Name

Street Address

City

State

Zip

Director Name

Street Address

City

State

Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

500 COMM \$1.00 PAR VALUE

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares

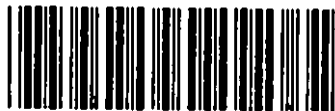
Class/Series

Par Value

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



* 1 0 2 4 9 3 *

File Date: 3/20/00

Check No.: 1279

By: C

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 3/1/00
Signature of Officer Date

Jeffrey M. Marwell
Print or Type Name of Officer

President
Title of Officer



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

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



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **102493** 2. Name of Corporation **Colonial Building, Inc.**

3. Street Address Principal Business Office

1845 Smith Street

City

North Providence

State

RI

Zip

02911

4. Business Phone No.

401-232-0090

5. State of Incorporation
RHODE ISLAND

6. SIC Code

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

Own and lease real estate and to have all other powers conferred upon corporations organized under the Rhode Island Business Corporation Act.

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

President Name

Jeffrey M. Marwell

Street Address

1845 Smith Street

City

State

RI

Zip

02911

Vice President Name

None

Street Address

City

State

Zip

Secretary Name

Jeffrey M. Marwell

Street Address

1845 Smith Street

City

State

RI

Zip

02911

Treasurer Name

Jeffrey M. Marwell

Street Address

1845 Smith Street

City

State

RI

Zip

02911

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

Director Name

Street Address

City

State

Zip

Director Name

Street Address

City

State

Zip

Director Name

Street Address

City

State

Zip

Director Name

Street Address

City

State

Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

500 COMM \$1.00 PAR VALUE

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares

Class/Series

Par Value

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



* 1 0 2 4 9 3 *

File Date: 2/22/99

Check No.: 1005

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: Jeffrey M. Marwell Date: 2/4/99

Print or Type Name of Officer: Jeffrey M. Marwell

Title of Officer: President