



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. 113994
2. Name of Corporation UNIVERSITY EMPLOYMENT, INC.
3. Street Address Principal Business Office 388 UNIT 60 SOUTH MAIN STREET Providence RI 02903-
4. Business Phone No. 4014470847 5. State of Incorporation RHODE ISLAND 6. SIC Code 7732

7. Brief Description of the Character of Business Conducted in Rhode Island
TO PROVIDE EMPLOYEES FOR THE MANAGEMENT AND MAINTENANCE OF MULTIFAMILY HOUSING COMPLEXES

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

President Name H. Charles Tapalian Vice President Name
Street Address 4730 11th Ave S.W. Street Address
City Naples State RI Zip City State Zip
Secretary Name Treasurer Name
Street Address Street Address
City State Zip City State Zip

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 State Zip City State Zip
Director Name Director Name
Street Address Street Address
City State Zip City State Zip

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
2,000 COMM NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
200 Comm No

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



1 1 3 9 9 4

FILED
MAR 28 2005
BY AMK
10370

113994 DBC 03/24/05 10:43:15 AM
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.

Signature of Officer H. Charles Tapalian Date 3/24/05
Print or Type Name of Officer
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 IN BLACK)

1. Corporate ID No. 113994		2. Name of Corporation UNIVERSITY EMPLOYMENT, INC.	
3. Street Address Principal Business Office 388 UNIT 60 SOUTH MAIN STREET		City PROVIDENCE	State RI
4. Business Phone No. 4014470847		5. State of Incorporation RHODE ISLAND	
		6. SIC Code 7732	
7. Brief Description of the Character of Business Conducted in Rhode Island TO PROVIDE EMPLOYERS FOR THE MANAGEMENT AND MAINTENANCE OF MULTIFAMILY HOUSING COMPLEXES			

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

President Name H. Charles Tapalian		Vice President Name Same	
Street Address 4730 11th Ave, S.W.		Street Address	
City Naples	State Fl	Zip 34116	City
Secretary Name Same		Treasurer Name Same	
Street Address		Street Address	
City	State	Zip	City

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	State	Zip	City
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City

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
2,000	COMM NO PAR VALUE		100	Comm	No Par

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



1 1 3 9 9 4

113994 DBC 02/20/04 01:18:00 PM
File Date 3-3-04
Check No. 1214
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]
Signature of Officer Date
H. Charles Tapalian
Print or Type Name of Officer
President
Title of Officer



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

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. *113994*		2. Name of Corporation UNIVERSITY EMPLOYMENT, INC.		
3. Street Address Principal Business Office 388 UNIT 60 SOUTH MAIN STREET		City PROVIDENCE	State RI	Zip 02903-
4. Business Phone No. 4014470847		5. State of Incorporation RHODE ISLAND		6. SIC Code 7732
7. Brief Description of the Character of Business Conducted in Rhode Island TO PROVIDE EMPLOYEES FOR THE MANAGEMENT AND MAINTENANCE OF MULTIFAMILY HOUSING COMPLEXES				

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name H. Charles Tapalian			Vice President Name David C. Tapalian		
Street Address 4730 11th Ave. S.W.			Street Address 388 South Main Street, Unit 60		
City Naples	State FL	Zip 34116	City Providence	State RI	Zip 02903
Secretary Name H. Charles Tapalian			Treasurer Name David C. Tapalian		
Street Address			Street Address		
City	State	Zip	City	State	Zip

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
2,000 COMM NO PAR VALUE			100	Common	No par

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



113994 DBC1/17/033:08:08 PM

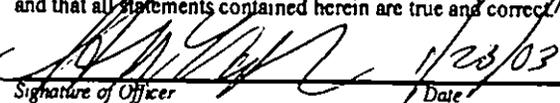
File Date 1/30/03

Check No. 10011

By: DA

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 H. Charles Tapalian Date 1/23/03

Print or Type Name of Officer
President

Title of Officer



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. 113994
2. Name of Corporation UNIVERSITY EMPLOYMENT, INC.
3. Street Address Principal Business Office 388 S.Main St. Unit 60 Providence RI 02903
4. Business Phone No. 401 447 0847
5. State of Incorporation RHODE ISLAND
6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island
Provision of employees for multi-family housing organizations.

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

President Name H.Charles Tapalian	Vice President Name None
Street Address 4730 11th Ave.S.W.	Street Address
City Naples	City
State FL	State
Zip 34116	Zip
Secretary Name SAME	Treasurer Name SAME
Street Address	Street Address
City	City
State	State
Zip	Zip

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	City
State	State
Zip	Zip
Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip

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

AUTHORIZED SHARES	Class/Series	Par Value
2,000 COMM NO PAR VALUE		

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

ISSUED SHARES	Class/Series	Par Value
100	COMM	Nopar

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



* 1 1 3 9 9 4 *

File Date: 3-4-02
Check No.: 222
By: ANIF

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: H. Charles Tapalian
Date: 3/4/02
Title of Officer: President



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. 113994		2 Name of Corporation University Employment, Inc.		
3 Street Address Principal Business Office 388 Unit 60 South Main Street		City Providence	State RI	Zip 02903
4 Business Phone No. 401-447-0847		5 State of Incorporation Rhode Island		6 SIC Code 7732

7. Brief Description of the Character of Business Conducted in Rhode Island
Provision of employees for multi-family housing.

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

President Name David C. Tapalian			Vice President Name SAME		
Street Address 388 Unit 60 South Main Street			Street Address		
City Providence	State RI	Zip 02903	City	State	Zip
Secretary Name SAME			Treasurer Name SAME		
Street Address			Street Address		
City	State	Zip	City	State	Zip

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	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) 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
2000	Common	No Par	100	Common	No Par

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

FILED
APR 24 2001
By: CC 124
RECEIVED
OFFICE OF THE SECRETARY OF STATE
CORPORATIONS DIVISION
APR 24 12 55 PM '01

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 C. Tapalian Date: 4/24/01
Print or Type Name of Officer: David C. Tapalian
Title of Officer: President