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: 130997

2. Name of Corporation: The New England Expedition Commercial Co., Inc.

3 Street Address Principal Business Office: 38 NORTH COURT STREET | *City*: PROVIDENCE | *State*: RI | *Zip*: 02903-

4 Business Phone No: 401 453-0500 | *5 State of Incorporation*: RHODE ISLAND | *6 SIC Code*: 5538

7 Brief Description of the Character of Business Conducted in Rhode Island
THE ACQUISTION, OWNERSHIP, OPERATION AND MANAGEMENT OF AN INTEREST IN AN ENTITY OWNING A CONDOMINIUM UNIT WITHIN THE REAL ESTATE PROJECT KNOWN AS THE EAGLE SOUARE COMMONS

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

President Name: Barry Feldman
Street Address: 220 Elm Street
City: New Canaan | *State*: CT | *Zip*: 06840

Vice President Name: Barry Feldman
Street Address: 220 Elm Street
City: New Canaan | *State*: CT | *Zip*: 06840

Secretary Name: Barry Feldman
Street Address: 220 Elm Street
City: New Canaan | *State*: CT | *Zip*: 06840

Treasurer Name: Barry Feldman
Street Address: 220 Elm Street
City: New Canaan | *State*: CT | *Zip*: 06840

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

Director Name: Barry Feldman
Street Address: 220 Elm Street
City: New Canaan | *State*: CT | *Zip*: 06840

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*
1,000	NO PAR VALUE	

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

ISSUED SHARES

Number of Shares	*Class/Series*	*Par Value*
100	Common	None

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

[redacted] 130997 [redacted]

130997 DBC 02/15/06 08:52:24 AM
File Date: FILED MAR 11 2005
Check No: 033
By: MB
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.

Barry Feldman — 3/8/05
Signature of Officer — *Date*

Barry Feldman
Print or Type Name of Officer

[redacted] President
Title of Officer

Form 630 12 01

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

Matthew A. Brown, Secretary of State
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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. 130997

2. Name of Corporation The New England Expedition Commercial Co., Inc.

3. Street Address Principal Business Office 38 NORTH COURT STREET
City PROVIDENCE *State* RI *Zip* 02903

4. Business Phone No.

5. State of Incorporation RHODE ISLAND

6. SIC Code 5538

7. Brief Description of the Character of Business Conducted in Rhode Island
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8. NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)* ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name BARRY FELDMAN
Street Address 220 ELM STREET
City NEW CANAAN *State* CT *Zip* 06840

Vice President Name BARRY FELDMAN
Street Address 220 ELM STREET
City NEW CANAAN *State* CT *Zip* 06840

Secretary Name BARRY FELDMAN
Street Address 220 ELM STREET
City NEW CANAAN *State* CT *Zip* 06840

Treasurer Name BARRY FELDMAN
Street Address 220 ELM STREET
City NEW CANAAN *State* CT *Zip* 06840

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

Director Name BARRY FELDMAN
Street Address 220 ELM STREET
City NEW CANAAN *State* CT *Zip* 06840

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*
1,000	NO PAR VALUE	

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

ISSUED SHARES

Number of Shares	*Class/Series*	*Par Value*
100	COMMON	NONE

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

[redacted] 130997 [redacted]

130997 DBC 01/20/04 04:37:52 PM
File Date 3/23/04
Check No 1278 A25091
By EML
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

Barry Feldman 3/12/04
Signature of Officer *Date*
BARRY FELDMAN
Print or Type Name of Officer
[redacted] PRESIDENT
Title of Officer

Form 630 12/03