



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 02903-13  
401.222.30

**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. 111498		2. Name of Corporation SHABREKA CORP.			
3. Street Address Principal Business Office 1200 MAIN STREET			City WEST WARWICK	State RI	Zip 02893
4. Business Phone No. 821-8872		5. State of Incorporation RHODE ISLAND		6. SIC Code	
7. Brief Description of the Character of Business Conducted in Rhode Island DEAL IN REAL PROPERTY					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name MARK D. BOYER			Vice President Name KENNETH R. BOYER		
Street Address 1200 MAIN STREET			Street Address 1200 MAIN STREET		
City WEST WARWICK	State RI	Zip 02893	City WEST WARWICK	State RI	Zip 02893
Secretary Name KIMBERLY ANN BOOKBINDER			Treasurer Name KIMBERLY ANN BOOKBINDER		
Street Address 1200 MAIN STREET			Street Address 1200 MAIN STREET		
City WEST WARWICK	State RI	Zip 02893	City WEST WARWICK	State RI	Zip 02893
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name MARK D. BOYER			Director Name KIMBERLY ANN BOOKBINDER		
Street Address 1200 MAIN STREET			Street Address 1200 MAIN STREET		
City WEST WARWICK	State RI	Zip 02893	City WEST WARWICK	State RI	Zip 02893
Director Name KENNETH R. BOYER			Director Name NONE		
Street Address 1200 MAIN STREET			Street Address		
City WEST WARWICK	State RI	Zip 02893	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
1,000	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



**FILED**

File Date APR 14 2005 310

Check No. \_\_\_\_\_

By: MB

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.

Mark D. Boyer 4-5-05  
Signature of Officer Date  
MARK D. BOYER  
Print or Type Name of Officer  
PRESIDENT  
Title of Officer



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State  
Matthew A. Brown, Secretary of State

Corporations Div's  
100 North Main St  
Providence, RI 02903-11  
401.222.31

**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)

1. Corporate ID No <b>111498</b>		2. Name of Corporation <b>SHABREKA CORP.</b>		
3. Street Address Principal Business Office <b>1200 MAIN STREET</b>		City <b>WEST WARWICK</b>	State <b>RI</b>	Zip <b>02893</b>
4. Business Phone No. <b>821-8872</b>		5. State of Incorporation <b>RHODE ISLAND</b>		6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island <b>DEAL IN REAL PROPERTY</b>				
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name <b>MARK D. BOYER</b>		Vice President Name <b>KENNETH B. BOYER</b>		
Street Address <b>1200 MAIN STREET</b>		Street Address <b>1200 MAIN STREET</b>		
City <b>WEST WARWICK</b>	State <b>RI</b>	Zip <b>02893</b>	City <b>WEST WARWICK</b>	State <b>RI</b>
Secretary Name <b>KIMBERLY ANN BOOKBINDER</b>		Treasurer Name <b>KIMBERLY ANN BOOKBINDER</b>		
Street Address <b>1200 MAIN STREET</b>		Street Address <b>1200 MAIN STREET</b>		
City <b>WEST WARWICK</b>	State <b>RI</b>	Zip <b>02893</b>	City <b>WEST WARWICK</b>	State <b>RI</b>
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name <b>MARK D. BOYER</b>		Director Name <b>KENNETH B. BOYER</b>		
Street Address <b>1200 MAIN STREET</b>		Street Address <b>1200 MAIN STREET</b>		
City <b>WEST WARWICK</b>	State <b>RI</b>	Zip <b>02893</b>	City <b>WEST WARWICK</b>	State <b>RI</b>
Director Name <b>KIMBERLY ANN BOOKBINDER</b>		Director Name <b>NONE</b>		
Street Address <b>1200 MAIN STREET</b>		Street Address		
City <b>WEST WARWICK</b>	State <b>RI</b>	Zip <b>02893</b>	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
<b>1,000 NO PAR VALUE</b>			<b>100</b>	<b>COMMON</b>
				<b>NO PAR</b>

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



\* 1 1 1 4 9 8 \*

File Date 2/19/04  
Check No. 116  
By: KS  
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 MARK D. BOYER Date 2-10-04  
Print or Type Name of Officer  
**PRESIDENT**  
Title of Officer



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. **111498** 2. Name of Corporation **SHABREKA CORP.**  
3. Street Address Principal Business Office **1200 MAIN STREET** City **WEST WARWICK** State **RI** Zip **02893**  
4. Business Phone No. **821-8872** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code

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

REAL ESTATE

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

President Name <b>MARK D. BOYER</b> Street Address <b>1200 MAIN STREET</b> City <b>WEST WARWICK</b> State <b>RI</b> Zip <b>02893</b>	Vice President Name <b>MARK D. BOYER</b> Street Address <b>1200 MAIN STREET</b> City <b>WEST WARWICK</b> State <b>RI</b> Zip <b>02893</b>
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Secretary Name <b>KIMBERLY ANN BOOKBINDER</b> Street Address <b>1200 MAIN STREET</b> City <b>WEST WARWICK</b> State <b>RI</b> Zip <b>02893</b>	Treasurer Name <b>KIMBERLY ANN BOOKBINDER</b> Street Address <b>1200 MAIN STREET</b> City <b>WEST WARWICK</b> State <b>RI</b> Zip <b>02893</b>
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9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name <b>MARK D. BOYER</b> Street Address <b>1200 MAIN STREET</b> City <b>WEST WARWICK</b> State <b>RI</b> Zip <b>02893</b>	Director Name <b>KIMBERLY ANN BOOKBINDER</b> Street Address <b>1200 MAIN STREET</b> City <b>WEST WARWICK</b> State <b>RI</b> Zip <b>02893</b>
Director Name <b>NONE</b> Street Address  City _____ State _____ Zip _____	Director Name <b>NONE</b> 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	NO PAR

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



\* 1 1 1 4 9 8 \*

File Date: 2.28.03

Check No.: 2537

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 2-24-03

Print or Type Name of Officer MARK D. BOYER

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. **111498** 2. Name of Corporation **SHABREKA CORP.**  
3. Street Address Principal Business Office **1200 MAIN STREET** City **WEST WARWICK** State **RI** Zip **02893**  
4. Business Phone No. **821-8872** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code

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

**REAL ESTATE**

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

President Name <b>MARK D. BOYER</b>	Vice President Name <b>MARK D. BOYER</b>
Street Address <b>1200 MAIN STREET</b>	Street Address <b>1200 MAIN STREET</b>
City State Zip <b>WEST WARWICK RI 02893</b>	City State Zip <b>WEST WARWICK RI 02893</b>
Secretary Name <b>MARK D. BOYER</b>	Treasurer Name <b>MARK D. BOYER</b>
Street Address <b>1200 MAIN STREET</b>	Street Address <b>1200 MAIN STREET</b>
City State Zip <b>WEST WARWICK RI 02893</b>	City State Zip <b>WEST WARWICK RI 02893</b>

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

Director Name <b>MARK D. BOYER</b>	Director Name <b>NONE</b>
Street Address <b>1200 MAIN STREET</b>	Street Address <b>NONE</b>
City State Zip <b>WEST WARWICK RI 02893</b>	City State Zip <b>NONE</b>
Director Name <b>NONE</b>	Director Name <b>NONE</b>
Street Address <b>NONE</b>	Street Address <b>NONE</b>
City State Zip <b>NONE</b>	City State Zip <b>NONE</b>

**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 NO PAR**

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



\* 1 1 1 4 9 8 \*

File Date: 3-1-02  
Check No.: 5198  
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: 2/25/02  
Print or Type Name of Officer: MARK D. BOYER

**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. **111498** 2. Name of Corporation **SHABREKA CORP.**  
3. Street Address Principal Business Office City West Warwick State RHODE ISLAND Zip 02893  
1200 Main Street  
4. Business Phone No. **(401) 821-8872** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code

7. Description of Character of Business Conducted in Rhode Island

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

President Name Mark D. Boyer Street Address 1200 Main Street City West Warwick State RI Zip 02893	Vice President Name Mark D. Boyer Street Address 1200 Main Street City West Warwick State RI Zip 02893
Secretary Name Mark D. Boyer Street Address 1200 Main Street City West Warwick State RI Zip 02893	Treasurer Name Mark D. Boyer Street Address 1200 Main Street City West Warwick State RI Zip 02893

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

Director Name Mark D. Boyer Street Address 1200 Main Street City West Warwick State RI Zip 02893 Street Address NONE City State Zip	Director Name  Street Address  City State Zip Street Address NONE City State Zip
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**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 NO PAR**

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



\* 1 1 1 4 9 8 \*

File Date: 2/14/01

Check No.: 1161

By: MD

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 Mark D. Boyer Date 2/9/01

Print or Type Name of Officer

President

Title of Officer