



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 112098		2. Name of Corporation Ventures on Charles, Inc.			
3. Street Address Principal Business Office 1414 Atwood Avenue			City Johnston	State RI	Zip 02919
4. Business Phone No 273-6800		5. State of Incorporation RHODE ISLAND			6. SIC Code 5538
7. Brief Description of the Character of Business Conducted in Rhode Island OWNERSHIP AND DEVELOPMENT OF REAL ESTATE					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Alfred Carpionato			Vice President Name Alfred Carpionato		
Street Address 1414 Atwood Avenue			Street Address 1414 Atwood Avenue		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Secretary Name Alfred Carpionato			Treasurer Name Alfred Carpionato		
Street Address 1414 Atwood Avenue			Street Address 1414 Atwood Avenue		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 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) <input type="checkbox"/>					
AUTHORIZED SHARES					
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100	NO PAR VALUE		100	common	no par value
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
ISSUED SHARES					
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value

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



112098

File Date 10-1-05
Check No. 372
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
Alfred Carpionato
Print or Type Name of Officer
President
Title of Officer

3/4/05
Date



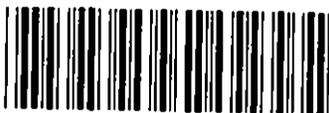
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Street Address 1414 Atwood Avenue		Street Address 1414 Atwood Avenue		
City Johnston	State RI	Zip 02919	City Johnston	State RI
Secretary Name Alfred Carpionato		Treasurer Name Alfred Carpionato		
Street Address 1414 Atwood Avenue		Street Address 1414 Atwood Avenue		
City Johnston	State RI	Zip 02919	City Johnston	State RI
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name		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"/>				
AUTHORIZED SHARES				
Number of Shares	Class/Series	Par Value		
100 NO PAR VALUE				
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
ISSUED SHARES				
Number of Shares	Class/Series	Par Value		
100	COMMON	no par value		

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



* 1 1 2 0 9 8 *

File Date 3/9/04
Check No. 00000329
By: VS
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 _____ Date _____
Alfred Carpionato
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. **112098** 2. Name of Corporation **Ventures on Charles, Inc.**
3. Street Address Principal Business Office **1414 Atwood Avenue** City **Johnston** State **RI** Zip **02919**
4. Business Phone No. **273-6800** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **5538**
7. Brief Description of the Character of Business Conducted in Rhode Island
ownership and development of real estate

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

President Name Alfred Carpionato	Vice President Name Alfred Carpionato
Street Address 1414 Atwood Avenue	Street Address 1414 Atwood Avenue
City Johnston State RI Zip 02919	City Johnston State RI Zip 02919
Secretary Name Alfred Carpionato	Treasurer Name Alfred Carpionato
Street Address 1414 Atwood Avenue	Street Address 1414 Atwood Avenue
City Johnston State RI Zip 02919	City Johnston State RI Zip 02919

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
100 NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
100 Common no par value

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



* 1 1 2 0 9 8 *

File Date: 4-30-03

Check No.: 255

By: ICP

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.

Alfred Carpionato
Signature of Officer Date 4-24-03

Alfred Carpionato
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. **112098** 2. Name of Corporation **Ventures on Charles, Inc.**
3. Street Address Principal Business Office **1414 Atwood Avenue** City **Johnston** State **RI** Zip **02919**
4. Business Phone No. **273-6800** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **5538**
7. Brief Description of the Character of Business Conducted in Rhode Island
ownership and development of real estate

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

President Name Alfred Carpionato	Vice President Name Alfred Carpionato
Street Address 1414 Atwood Avenue	Street Address 1414 Atwood Avenue
City Johnston State RI Zip 02919	City Johnston State RI Zip 02919
Secretary Name Alfred Carpionato	Treasurer Name Alfred Carpionato
Street Address 1414 Atwood Avenue	Street Address 1414 Atwood Avenue
City Johnston State RI Zip 02919	City Johnston State RI Zip 02919

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

Number of Shares	Class/Series	Par Value
100 NO PAR VALUE		

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
100	COMMON	no par value

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



* 1 1 2 0 9 8 *

File Date: 3/18/02

Check No.: 00000131

By: AS

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.

Alfred Carpionato
Signature of Officer _____ Date 3-5-02
Alfred Carpionato
Print or Type Name of Officer

President
Title of Officer



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. **112098** 2. Name of Corporation **Ventures on Charles, Inc.**
3. Street Address Principal Business Office **1414 Atwood Avenue** City **Johnston** State **RI** Zip **02919**
4. Business Phone No. **273-6800** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **5538**

7. Brief Description of the Character of Business Conducted in Rhode Island
ownership and development of real estate

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

President Name	Alfred Carpionato	Vice President Name	Alfred Carpionato
Street Address	1414 Atwood Avenue	Street Address	1414 Atwood Avenue
City	Johnston	City	Johnston
State	RI	State	RI
Zip	02919	Zip	02919
Secretary Name	Alfred Carpionato	Treasurer Name	Alfred Carpionato
Street Address	1414 Atwood Avenue	Street Address	1414 Atwood Avenue
City	Johnston	City	Johnston
State	RI	State	RI
Zip	02919	Zip	02919

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
Number of Shares **100** Class/Series **NO** Par Value **NO PAR VALUE**

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

ISSUED SHARES
Number of Shares **100** Class/Series **COMMON** Par Value **no par value**

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



* 1 1 2 0 9 8 *

3/2

File Date: 10227
Check No.: 2e
By: _____

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.

Alfred Carpionato
Signature of Officer
Alfred Carpionato
Print or Type Name of Officer
President
Title of Officer
2-8-01