



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. 111407 2. Name of Corporation C. Lab Associates, Inc.
3. Street Address Principal Business Office 1325 CRANSTON STREET City CRANSTON State RI Zip 02920-
4. Business Phone No. 5. State of Incorporation RHODE ISLAND 6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island
TO ACQUIRE, OWN, DEVELOP, LEASE, SELL, INVEST AND/OR MANAGE REAL ESTATE AND OTHER REAL PROPERTY AND IMPROVEMENTS.

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

President Name CHARLENE LABBE Vice President Name SAME

Street Address 54 REEDOM DR Street Address

City CRANSTON State RI Zip 02920 City State Zip

Secretary Name SAME Treasurer Name SAME

Street Address Street Address

City State Zip City State Zip

City State Zip City State Zip

City State Zip City State Zip

City State Zip City State Zip

City State Zip City State Zip

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1 1 1 4 0 7

111407 DBC 06/02/05 01:38:09 PM
File Date 6-6-05
Check No. 4350
By DW
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.

Charlene Labbe 6/6/05
Signature of Officer Date

Charlene Labbe
Print or Type Name of Officer

President
Title of Officer



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. 111407		2. Name of Corporation C. Lab Associates, Inc.			
3. Street Address Principal Business Office 1325 CRANSTON STREET			City CRANSTON	State RI	Zip 02920-
4. Business Phone No.		5. State of Incorporation RHODE ISLAND			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island TO ACQUIRE, OWN, DEVELOP, LEASE, SELL, INVEST AND/OR MANAGE REAL ESTATE AND OTHER REAL PROPERTY AND IMPROVEMENTS.					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name NORMAN REISCH			Vice President Name CHARLENE LABBE-REISCH		
Street Address 1325 CRANSTON STREET			Street Address 54 FREEDOM DRIVE		
City CRANSTON	State RI	Zip 02920	City CRANSTON	State RI	Zip 02920
Secretary Name CHARLENE LABBE-REISCH			Treasurer Name CHARLENE LABBE-REISCH		
Street Address 54 FREEDOM DRIVE			Street Address 54 FREEDOM DRIVE		
City CRANSTON	State RI	Zip 02920	City CRANSTON	State RI	Zip 02920
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 NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name NONE			Director Name NONE		
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
8,000 COMM NO 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 1 4 0 7

111407 DBC 08/31/04 12:24:51 PM

File Date 9/8/04

Check No. 4270

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

NORMAN REISCH

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. *111407*		2. Name of Corporation C. Lab Associates, Inc.			
3. Street Address Principal Business Office 1325 CRANSTON STREET		City CRANSTON	State RI	Zip 02920-	
4. Business Phone No.		5. State of Incorporation RHODE ISLAND			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island TO ACQUIRE, OWN, DEVELOP, LEASE, SELL, INVEST AND/OR MANAGE REAL ESTATE AND OTHER REAL PROPERTY AND IMPROVEMENTS.					
8. NAMES AND ADDRESSES OF THE OFFICERS (X-BOX FOR ATTACHMENT) [] FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Norman Reisch		Vice President Name Charlene Labbe-Reisch			
Street Address 1325 Cranston Street		Street Address 54 Freedom Drive			
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Secretary Name Charlene Labbe-Reisch		Treasurer Name Charlene Labbe-Reisch			
Street Address SAME		Street Address SAME			
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 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) [] 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
8,000 COMM NO 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



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111407 DBC1/10/0310:21:16 AM
File Date <u>11-17-03</u>
Check No. <u>1426</u>
By: <u>UP</u>
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

Norman Reisch

Print or Type Name of Officer

President

Title of Officer

Form 630 12/01



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. 111407 2. Name of Corporation C. Lab Associates, Inc.
3. Street Address Principal Business Office 1325 Cranston Street City Cranston State RI Zip 02920
4. Business Phone No. _____ 5. State of Incorporation RHODE ISLAND 6. SIC Code _____

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

To acquire, own, develop, lease, sell, invest and/or manage real estate and other real property.

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

President Name

Norman Reisch

Street Address

1325 Cranston Street

City Cranston State RI Zip 02920

Secretary Name

Charlene Labbe-Reisch

Street Address

54 Freedom Drive

City Cranston State RI Zip 02920

Vice President Name

Charlene Labbe-Reisch

Street Address

54 Freedom Drive

City Cranston State RI Zip 02920

Treasurer Name

Charlene Labbe-Reisch

Street Address

54 Freedom Drive

City Cranston State RI Zip 02920

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

Director Name

None

Street Address

City _____ State _____ Zip _____

Director Name

None

Street Address

City _____ State _____ Zip _____

Director Name

None

Street Address

City _____ State _____ Zip _____

Director Name

None

Street Address

City _____ State _____ Zip _____

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

AUTHORIZED SHARES

Number of Shares 8,000 COMM NO PAR VALUE Class/Series _____ 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 1 4 0 7 *

File Date: 2/20/02

Check No.: 22987

By: 2

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

Print of Name of Officer

Title of Officer

Date



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.

111407

2. Name of Corporation

C. Lab Associates, Inc.

3. Street Address Principal Business Office

1325 Cranston Street

City

Cranston

State

RI

Zip

02920

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

To acquire, own, develop, lease, sell, invest and/or manage real estate and other real property

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

President Name

Norman Reisch

Street Address

1325 Cranston Street

City

Cranston

State

RI

Zip

02920

Secretary Name

Charlene Labbe-Reisch

Street Address

54 Freedom Drive

City

Cranston

State

RI

Zip

02920

Vice President Name

Charlene Labbe-Reisch

Street Address

54 Freedom Drive

City

Cranston

State

RI

Zip

02920

Treasurer Name

Charlene Labbe-Reisch

Street Address

54 Freedom Drive

City

Cranston

State

RI

Zip

02920

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

Director Name

None

Street Address

City

State

Zip

Director Name

None

Street Address

City

State

Zip

Director Name

None

Street Address

City

State

Zip

Director Name

None

Street Address

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

8,000 COMM 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 1 4 0 7 *

File Date: 1/19/2001

Check No.: FEB 19 2001

By: B. G. 0329

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.

Norman Reisch 2/14/01
Signature of Officer Date

Norman Reisch

Print or Type Name of Officer

President

Title of Officer