

FOR SECRETARY OF STATE USE ONLY

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street. Providence, RI 02903-1335
401 222 3040

Form 630 12/01

Office of	the Secretary of Sta	ate			401.222.3	04
PRÖFIT COR	PORATIO	N ANNUAL RI	EPORT FOR THE	VEAD 2005		
Filing Period: January	y I - March I 🏓	Filing Fee: \$50.00	er own for the	I EAR		
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3. Street Address Principal I			Cit.			
1325 CRANSTON S			City CRANSTON	State R I	Zip	
4. Business Phone No.		5. State of Incorp			02920-	
		RHODE ISL			-6. SIC Code	
7. Brief Description of the C TO ACQUIRE, OWN,	haracter of Business DEVBLOP, LEA!	Conducted in Rhode Island	ND/OR MANAGE REAL EST	ATR AND OTHER RES	T DOODDEV to	
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Secretary Name	• • • • •	• • • •	Treasurer Name	•		
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1 1 1	4 0 7		Under penalty of peri	ury, I declare and affirm	that I have examined	
			this report, including	any accompanying sched	lules and statements.	
111407 DBC 06/02/0	5 01:38:09 PM*		and that all statement	s contained herein are tru	e and correct.	
File Date 6-4-03			() L l	0.1.11	41.12-1	
1/2 5		-	Signature of Officer	e susper !	11/05	,
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na			Print or Type Name of C	Micer		
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Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RJ 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		100.00				
1. Corporate ID No. 2. Name of Corporation C. Lab Associates, Inc.						
,		ociales, inc.				
3. Street Address Principal Business Office 1325 CRANSTON STREET			City	State	Zip	
4. Business Phone No.		16 6	CRANSTON	RI	02920-	
4. Business Phone No. 5. State of Incorporati RHODE ISLAN					6. SIC Code	
7. Brief Description of the TO ACQUIRE, OWN,	Character of Business Co DEVELOP, LEASE	nducted in Rhode Island . SELL, INVEST AN	D/OR MANAGE REAL EST	ATE AND OTHER REAL	PROPERTY AND	
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City	State	Zip	City	State	Zip	
CRANSTON	RI	02920	- CRANSTON	RI	02920	
Secretary Name			Treasurer Name	• • • • • • • • • • • • •		
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Street Address	_		Street Address			
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Cin	State	Zip	City	State	Zip	
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Director Name			Director Name	. l]	
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_ 1 1	1 4 0 7		Under penalty of pe	rjury, I declare and affirm a	hat I have examined	
		_	this report including	g any accompanying somed	ules and statements.	
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Check No. 42	70		Signature of Officer		die /	
Ву: ОА			NORMAN REISCH Print or Type Name of Officer			
						FOR SECRETARY OF STA
			Title of Officer	<u></u>	Form 630 12/01	



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

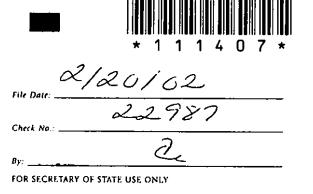
Filing Period: Januar (FORM MUST BE TYPED	•	iling Fee: \$50.00				
1. Corporate ID No.	2. Name of Corpo	ration				
111407	C. Lab Asso					
3. Street Address Principal			City	State	Zip	
1325 CRANSTON	STREET		CRANSTON	RI	02920-	
4. Business Phone No. S. State of Incorporal RHODE ISLA				-	6. SIC Code	
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President Name	2002002 301-17	و د پرون در از مصد ده.	Vice President Name			
Norman Reisch			·Charlene Labbe	-Reisch		
Street Address	 		Street Address			
1325 Cranston S	Street		.54 Freedom Dri			
City	State	Zip	City	State	Zip	
:Cranston	RI	02920	· Cranston *Treasurer Name	RI	02920	
Secretary Name	Rejech		Charlene Labbe	-Reisch		
Charlene Labbe-	Reisch		* Street Address	10300		
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	1 1 4 0 7 *	ļi l	Under penalty of p	erjury, I declare and affirm,	that I have examined	
•			this report, including	ng any accompanying activit	lules and statements,	
111407 DBC1/10/	0310:21:16 AM		and that all stateme	ints contained by true and in	ie and correct.	
1 . 1	17.03			<i>[[]]</i>	U	
File Date	1/	-	Signature of Officer		Date	
Check No.	76		Norman Reisch			
		-	Print or Type Name of Officer			
$B_{\underline{V}}$			President			
FOR SECRETARY OF ST	TATE USE ONLY		Title of Officer Form 630 12/0			
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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 Perioa: janua	•	Filing Fee: \$50.00			INSTRUCTIONS
(FORM MUST BE TYPED IN B Corporate ID No. 111407 3. Street Address Principal Busin	2 Name of Corpor	ation ociates, Inc.	City	State	Zip Zip
1325 Cranston S 4. Business Phone No.	Street	5. State of Incorporatio		RI	02920 6. SIC Code
7. Brief Description of the Chara	cter of Business Conducted				
			st and/or manage re ACHMENT) FILL IN SPACES Vice President Name		
Norman Reisch			Charlene Labbe	-Reisch	
1325 Cranston S	Street State	Zip	54 Freedom Dri	Ve State	Zip
Cranston Secretary Name	RI	02920	Cranston Treasurer Name	RI	02920
Charlene Labbe- Street Address	-Reisch		Charlene Labbe Street Address	-Reisch	
54 Freedom Driv	re State	Z.ip	54 Freedom Dri	ve State	Zip
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This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



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	Frin or you name of Officer	_
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PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

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

FORM MUST	BE TYPED	IN BLACK)
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1. Corporate ID No.

2. Name of Corporation

111407

4. Business Phone No.

C. Lab Associates, Inc.

3. Street Address Principal Business Office

•

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State

Zip

1325 Cranston Street

RI

029200 6. SIC Code

RHODE ISLAND

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

City

Cranston

Vice President Name improvements Norman Reisch Charlene Labbe-Reisch Street Address Street Address 1325 Cranston Street 54 Freedom Drive Zip City City Zip State RT 02920 Cranston ..02920......... Cranston RI Secretary Name Treasurer Name Charlene Labbe-Reisch Charlene Labbe-Reisch Street Address Street Address 54 Freedom Drive 54 Freedom Drive City State State RI 02920 02920 Cranston Cranston RI 9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name None None Street Address Street Address City State Zip City Z.ip State Director Name Director Name None None Street Address Street Address

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

State

AUTHORIZED SHARES

City

Number of Shares Class

Class/Series

Par Value

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

ISSUED SHARES

Number of Shares

President
Tile of Officer

Class/Series

State

Par Value

Zip

8,000 COMM NO PAR VALUE

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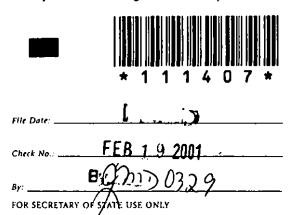
City

Common

No Par Value

Form 630 12/00

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



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Under penalty of perjury, I declare	e and affirm that I have examined anying schedules and statements, and in are thus and correct.
this report, including any accomp	anying schedules and statements, and
that all statements contained proc	Selv 2/14/01
Signature of Officer	Date
Norman Reisch	
Print or Type Name of Officer	