



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. 70017
2. Name of Corporation Garden City L. T. Inc.
3. Street Address Principal Business Office 6 Brighton Road
4. Business Phone No. (973) 778-1300
5. State of Incorporation Rhode Island

City Clifton State NJ Zip 07015
6. SIC Code 4317

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

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name Norman Axelrod
Street Address 6 Brighton Road
City Clifton State NJ Zip 07015

Vice President Name William T. Giles
Street Address 6 Brighton Road
City Clifton State NJ Zip 07015

Secretary Name David Dick
Street Address 6 Brighton Road
City Clifton State NJ

Director Name Adrienne Urban
Street Address 6 Brighton Road
City Clifton State NJ Zip 07015

9. NAMES AND ADDRESSES OF THE DIRECTORS
Director Name Norman Axelrod
Street Address 6 Brighton Road
City Clifton State NJ Zip 07015

Director Name William T. Giles
Street Address 6 Brighton Road
City Clifton State NJ Zip 07015

Director Name Hugh Scullin
Street Address 6 Brighton Road
City Clifton State NJ Zip 07015

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

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

File Date: 3-23-01
Check No.: 192208
By: BMK

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: Adrienne Urban Date: 3/20/01

Print or Type Name of Officer: Adrienne Urban

Title of Officer: Treasurer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999
Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **70017** 2. Name of Corporation **GARDEN CITY LT., INC.**

3. Street Address Principal Business Office
6 BRIGHTON ROAD City **CLIFTON** State **NJ** Zip **07015**

4. Business Phone No. **(973) 778-1300** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **4317**

7. Brief Description of the Character of Business Conducted in Rhode Island
RETAIL OF HOME FURNISHINGS

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

President Name NORMAN AXELROD	Vice President Name WILLIAM GILES
Street Address 6 BRIGHTON ROAD	Street Address 6 BRIGHTON ROAD
City State Zip CLIFTON NJ 07015	City State Zip CLIFTON NJ 07015
Secretary Name DAVID DICK	Treasurer Name KERRY SORANNO
Street Address 6 BRIGHTON ROAD	Street Address 6 BRIGHTON RD
City State Zip CLIFTON NJ 07015	City State Zip CLIFTON NJ 07015

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

Director Name NORMAN AXELROD	Director Name HUGH SCULLIN
Street Address 6 BRIGHTON ROAD	Street Address 6 BRIGHTON RD.
City State Zip CLIFTON NJ 07015	City State Zip CLIFTON NJ 07015
Director Name WILLIAM GILES	Director Name
Street Address 6 BRIGHTON ROAD	Street Address
City State Zip CLIFTON NJ 07015	City State Zip

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

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

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

Number of Shares	Class/Series	Par Value
100	COMMON	

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



File Date: Feb 18, 99

Check No.: 147385

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: 2/18/99

Print or Type Name of Officer: DAVID DICK

Title of Officer: SECRETARY



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **70017** 2. Name of Corporation **GARDEN CITY LT., INC.**
 3. Street Address Principal Business Office **6 BRIGHTON ROAD** City **CLIFTON** State **NJ** Zip **07015**
 4. Business Phone No. **(973) 778-1300** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **4317**
 7. Brief Description of the Character of Business Conducted in Rhode Island **RETAIL OF HOME FURNISHINGS**

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)
 President Name **NORMAN AXELROD** Vice President Name **WILLIAM GILES**
 Street Address **6 BRIGHTON RD.** Street Address **6 BRIGHTON ROAD**
 City **CLIFTON** State **NJ** Zip **07015** City **CLIFTON** State **NJ** Zip **07015**
 Secretary Name **DAVID DICK** Treasurer Name **KERRY SORANNO**
 Street Address **6 BRIGHTON RD.** Street Address **6 BRIGHTON RD.**
 City **CLIFTON** State **NJ** Zip **07015** City **CLIFTON** State **NJ** Zip **07015**

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)
 Director Name **NORMAN AXELROD** Director Name **HUGH SCULLIN**
 Street Address **6 BRIGHTON ROAD** Street Address **6 BRIGHTON RD.**
 City **CLIFTON, NJ** Zip **07015** City **CLIFTON** State **NJ** Zip **07015**
 Director Name **WILLIAM GILES**
 Street Address **6 BRIGHTON RD.**
 City **CLIFTON** State **NJ** Zip **07015**

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

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

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

Number of Shares	Class/Series	Par Value
100	COMMON	

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



* 7 0 0 1 7 *

File Date: 2/20

Check No.: 132208

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] 2/19/98
Signature of Officer Date

DAVID DICK
Print or Type Name of Officer

SECRETARY
Title of Officer



PROFIT CORPORATION ANNUAL REPORT 1997

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 0070017
 2. Name of Corporation GARDEN CITY L.T., INC.
 3. Street Address Principal Business Office 170 WESTMINSTER
 4. Business Phone No.
 5. State of Incorporation RI
 City PROVIDENCE State RI Zip 02903
 6. SIC Code 4317

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

RETAIL OF HOME FURNISHING

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name NORMAN AXELROD Street Address 6 BRIGHTON RD City State Zip CLIFTON NJ 07015	Vice President Name WILLIAM GILES Street Address 6 BRIGHTON RD City State Zip CLIFTON NJ 07015
Secretary Name DAVID DICK Street Address 6 BRIGHTON RD City State Zip CLIFTON NJ 07015	Treasurer Name KERRY SORANNO Street Address 6 BRIGHTON RD City State Zip CLIFTON NJ 07015

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name NORMAN AXELROD Street Address 6 BRIGHTON RD City State Zip CLIFTON NJ 07015	Director Name HUGH SCULLIN Street Address 6 BRIGHTON RD City State Zip CLIFTON NJ 07015
Director Name JIM TOMASZEWSKI Street Address 6 BRIGHTON RD City State Zip CLIFTON NJ 07015	

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

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100	COMMON		100	COMMON	

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

File Date: 4/13/97
 Check No.: 118086
 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: 5-29-97
 Print or Type Name of Officer: DAVID DICK
 Title of Officer: SECRETARY

**PROFIT CORPORATION
ANNUAL REPORT**

1996



State of Rhode Island and Providence Plantations
James R. Langevin, Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335 • (401) 277-3040

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

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. 70017
2. NAME OF CORPORATION GARDEN CITY L.T., INC.
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 150 HILLSIDE RD
CITY CRANSTON STATE RI ZIP CODE 02920
4. BUSINESS PHONE NO. 401-943-9288
5. STATE OF INCORPORATION RHODE ISLAND
6. SIC CODE 4317

7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND
RETAIL OF HOME FURNISHING

8. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME NORMAN AXELROD STREET ADDRESS 6 BRIGHTON RD CITY STATE ZIP CODE CLIFTON NJ 07015	VICE PRESIDENT NAME WILLIAM GILES STREET ADDRESS 6 BRIGHTON RD CITY STATE ZIP CODE CLIFTON NJ 07015
SECRETARY NAME DAVID DICK STREET ADDRESS 6 BRIGHTON RD CITY STATE ZIP CODE CLIFTON NJ 07015	TREASURER NAME KERRY SORANNO STREET ADDRESS 6 BRIGHTON RD CITY STATE ZIP CODE CLIFTON NJ 07015

9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME ARTHUR RICHARDS STREET ADDRESS ONE THEALL RD CITY STATE ZIP CODE RYE NY 10580	DIRECTOR NAME STREET ADDRESS CITY STATE ZIP CODE
DIRECTOR NAME STREET ADDRESS CITY STATE ZIP CODE	DIRECTOR NAME STREET ADDRESS CITY STATE ZIP CODE

10. SHARES AUTHORIZED AND ISSUED

AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
100 SHS	COMM 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

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.

File Date: 2/22/96
Check No.: 99053
By: [Signature] 100/14
For Secretary of State Use Only

[Signature]
Signature of Officer
DAVID DICK
Print or Type Name of Officer
SECRETARY
Title of Officer
Date: 1-23-96



ANNUAL REPORT

Please Type or Print
 File Annually - Jan. 1 - March 1
 Filing Fee \$50.00
 Make Checks Payable to: Secretary of State

ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.

Corporate ID: 0070017 Annual Report for the year: 1995

Name of Corporation: GARDEN CITY L.T., INC.

Business entity organized under the laws of the State of: RI

Business Entity is (check one):
 Business Corporation (See RIGL Chapter 7-1.1)
 Professional Service Corporation (See RIGL Chapter 7-5.1)

For foreign entity, address and telephone number of principal office:

Brief statement of the character of business conducted in Rhode Island:

Phone: ()

RETAIL OF HOME FURNISHING

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

6 BRIGHTON RD
CLIFTON NJ 07015

Phone: ()

THE NAMES OF THE OFFICERS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
PRESIDENT <u>NORMAN AXELROD</u>	<u>6 BRIGHTON RD</u>	<u>CLIFTON NJ</u>	<u>07015</u>
VICE PRESIDENT <u>WILLIAM GILES</u>	<u>6 BRIGHTON RD</u>	<u>CLIFTON NJ</u>	<u>07015</u>
SECRETARY <u>DAVID DICK</u>	<u>6 BRIGHTON RD</u>	<u>CLIFTON NJ</u>	<u>07015</u>
TREASURER <u>KERRY SURANNO</u>	<u>6 BRIGHTON RD</u>	<u>CLIFTON NJ</u>	<u>07015</u>

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>MICHAEL BRENNAN</u>	<u>ONE THEALL</u>	<u>RYE NY</u>	<u>10580</u>
<u>ARTHUR RICHARDS</u>	<u>ONE THEALL</u>	<u>RYE NY</u>	<u>10580</u>

NUMBER OF SHARES AUTHORIZED (Rider may be attached)

NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)

Number of Shares	Class / Series
<u>100</u>	<u>COMMON</u>

Number of Shares	Class / Series
<u>100</u>	<u>COMMON</u>

FILED
 FEB 13 1995
 BY: UPH30 85377

Date JANUARY 9 1995

By: David Dick
 PRINT OR TYPE NAME OF OFFICER SIGNING
 TITLE OF OFFICER SIGNING SECRETARY

Form 31 195

DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

UNITED STATE CORP. CO.
 170 WESTMINSTER STREET
 PROVIDENCE RI 02903

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0070017 Annual Report for the year 1993

FIRST: The name of the corporation is GARDEN CITY L.T., INC.

SECOND: It is incorporated under the laws of RHODE ISLAND

THIRD: Character of business, briefly stated, is RETAIL OF HOME FURNISHING

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 150 HILLSIDE ROAD
CRANSTON RI 02920

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
<u>MICHAEL BRENNAN</u>	Director	<u>ONE THEALL RD RYE, NY 10580</u>
<u>ARTHUR RICHARDS</u>	Director	<u>ONE THEALL RD RYE, NY 10580</u>
<u>SHAHID QURAESHI</u>	Director	<u>ONE THEALL RD RYE, NY 10580</u>
<u>NORMAN AXELROD</u>	President	<u>6 BRIGHTON RD CLIFTON, NJ 07015</u>
<u>WILLIAM RICHINS</u>	Vice President	<u>6 BRIGHTON RD CLIFTON, NJ 07015</u>
<u>MARIA GIORDANO</u>	Secretary	<u>6 BRIGHTON RD CLIFTON, NJ 07015</u>
<u>MARIA GIORDANO</u>	Treasurer	<u>6 BRIGHTON RD CLIFTON, NJ 07015</u>

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>100</u>	<u>NON-VOTING</u>	<u>NO-PAR</u>	<u>63756</u>

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>100</u>	<u>NON-VOTING</u>	<u>NO-PAR</u>	<u>APR 13 1993</u>

Dated APRIL 13 19 93

GARDEN CITY L.T., INC.
(Name of Corporation)

By Maria Giordano

Title SECRETARY

(Report must be signed by an officer)

Filing Fee \$50.00
Payable to
Secretary of State

PLEASE TYPE or PRINT

File Annually
I.L.C. Sept. 1 - Nov. 1
CORP. Jan 1 - March 1
C/P # 73858

State of Rhode Island and Providence Plantations
Office of The Secretary of State
100 North Main Street
Providence, Rhode Island 02903-1335
401-277-3040

Corporate ID: 0070017 Annual Report for the year: 1994

Name of Business Entity: GARDEN CITY L.T., INC.

Business entity organized under the laws of the State of RI

Federal Taxpayer Identification Number [REDACTED]

For foreign entity, address and telephone number of principal office:

Phone: (401) 943-9288

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

150 HILLSIDE ROAD
CRANSTON RI
02920

Phone (401) 943-9288

Business Entity is (check one):

- Business Corporation (See RIGL Chapter 7-1.1)
- Professional Service Corporation (See RIGL Chapter 7-5.1)
- Limited Liability Company (See RIGL 7-16)

Name, title and mailing address of contact person to whom communications may be directed:

US CORP CO.
170 WESTMINSTER ST.
PROVIDENCE RI 02905

Brief statement of the character of business conducted in Rhode Island

RETAIL OF HOME FURNISHING

Date of Organization 10-19-92

Date of Qualification to do business in Rhode Island (if foreign entity):

THE NAMES OF THE OFFICERS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<input type="checkbox"/> CHIEF EXECUTIVE OFFICER OR <input checked="" type="checkbox"/> PRESIDENT (See 4.01)			
<u>NORMAN AXELPOD</u>	<u>6 BRIGHTON RD</u>	<u>CLIFTON NJ</u>	<u>07015</u>
<input type="checkbox"/> CHIEF OPERATING OFFICER OR <input checked="" type="checkbox"/> VICE PRESIDENT (See 4.01)			
<u>WILLIAM GILES</u>	<u>6 BRIGHTON RD</u>	<u>CLIFTON NJ</u>	<u>07015</u>
<input type="checkbox"/> CUSTODIAN OF RECORDS OR <input checked="" type="checkbox"/> SECRETARY (See 4.01)			
<u>DAVID DICK</u>	<u>6 BRIGHTON RD</u>	<u>CLIFTON NJ</u>	<u>07015</u>
<input type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input checked="" type="checkbox"/> TREASURER (See 4.01)			
<u>KERRY SORANNO</u>	<u>6 BRIGHTON RD</u>	<u>CLIFTON NJ</u>	<u>07015</u>

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>MICHAEL BRENNAN</u>	<u>ONE THEALL RD</u>	<u>RYE NY</u>	<u>10580</u>
<u>ARTHUR RICHARDS</u>	<u>ONE THEALL RD</u>	<u>RYE NY</u>	<u>10580</u>
<u>SHAHID QURAESHI</u>	<u>ONE THEALL RD</u>	<u>RYE NY</u>	<u>10580</u>

NUMBER OF SHARES AUTHORIZED (If Applicable)

NUMBER 100

CLASS COMMON

SERIES NO-PAR

PAR VALUE OR WITHOUT PAR

NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)

NUMBER 100

CLASS COMMON

SERIES NO-PAR

PAR VALUE OR WITHOUT PAR 10,000

Date MARCH 3 19 94

By [Signature]

DAVID DICK
PRINT OR TYPE NAME OF OFFICER SIGNING
SECRETARY
TITLE OF OFFICER SIGNING

Form 21 1994

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form I.L.C. 3 must be filed.

FILED

PR 20 1994

KC

UNITED STATE CORP. CO.
170 WESTMINSTER STREET
PROVIDENCE RI 02903