

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-277-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

Filling	g Perlod: Janua	ry I-March I •	Filing Fee: \$50.00)		Į,
(FORM	MUST BE TYPED IN B	LACK)				\
1. Corpo	rate ID No.	2. Name of Corpora	tion	•		
	70017	Garden Ci	ty L. T. Inc.			
3. Street	Address Principal Busin	ess Office	-	City	State	Zip
	6 Brighton	Road		Clifton	NJ	07015
4. Busin	ess Phone No.		5. State of Incorporati			6. SIC Code
	(973)778-13	300	Rhode Is	land		4317
7. Brief	Description of the Charac	cter of Business Conducted	in Rhode Island			
	Retail of Hom	ne Furnishings				
8. NA	MES AND ADDR	ESSES OF THE OFF	ICERS ("X" BOX FOR AT	TACHMENT)		
Presiden	t Name			Vice President Name		
	Norman Axelro	xd		William T. Gile	×s	
Street A	ddress			Street Address		
	6 Brighton Ro	pad		6 Brighton Road		
City	-	State	ZIP	City	State	ZIp
	Clifton	NJ	07015	Clifton	NU	07015
Secretary	y Name			asurer Name		
	David Dick			Admienne Umban		
Street A			Mon-	eet Address		
	6 Brighton Ro	pad	Munina	6 Brighton Road		-
City		State	1	, O ,	State	Zip
	Clifton		Jumma	· · · · · · · · · · · · · · · · · · ·	NJ	07015
	MES AND ADDR	ESSES OF THE		NT) ector Name		
Director						
.	Norman Axelro	od .		William T. Gile≤	i	
Street A						
Cin.	6 Brighton Ac	X8CI State	Zip	6 Brighton Road	State	Zip
City	Cliffee		07015			
Director	Clifton	NJ	נגנטייט	Clifton Director Name	NU	07015
Director	Hugh Scullin					
Street A	•			Street Address		
31.111 7	6 Brighton Ro	nad				
City	O Diagnosi ik	State	Zip	City	State	Zip
- ,	Clifton	NJ	07015	•		
10 51		ZED ("X" BOX FOR AT		11. SHARES ISSUED	("X" BOX FOR ATTACHMEN	IT)
	REZED SHARES			CZUED SHAKEZ		
	of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
	100 No Par	r ValDemmr		100	C	
	JUN 19U Pal	. valuçii./4'		TITO.	Camman	

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

			e and affirm that I have examined panying schedules and statements, and
File Date: 3-33-01	\r	that all statements contained her	
Check No.: 192208	 ,	Signature of Officer	Date
By:	G 1	Addienne Urban Print or Type Name of Officer	
FOR SECRETARY OF STATE USE ONLY		Treasurer	

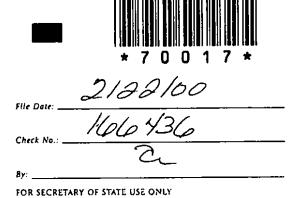
James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000 Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLAC	CK)				
1. Corporate ID No. 70017	2. Name of Corporation GARDEN CITY	L.T., INC. #3	310		
3. Street Address Principal Business & BR	IGHTON.	RD.	CIL /FTON	State NJ	21p 07015
4. Business Photo Mr. (973)	78-1300	S. State of Incorporation RHODE ISLAND			6. \$15 Code
7. Brief Description of the Character RETA 1 A	of Business Conducted in Rh	ode Island HOME FU	IRNISH INBS	3	
8. NAMES AND ADDRESS	SES OF THE OFFICE	-		EFORE USING ATTACHM	IENTS
President Name NORMAN	AKELROL	7	Vice President Name W/LL/AM	7. G /LE	5
Street Address. BRIG	H 70N R1		Street Address () BR 1G	470N R!	<u> </u>
CLIFTON	State	21007015	CLIFTON	State NJ	Zip 07015
Secretary Name	DICK		Treasurer Name AORIENA	UE URB.	AN
Street Address	19 H TON	LS.	Carrier Address	CHTON R.	
CLIFTON	State MJ	07015	CLIFTON	State NJ	07015
9. NAMES AND ADDRESS	SES OF THE DIRECT	CORS ("X" BOX FOR ATTAC		BEFORE USING ATTACI	IMENTS
NOR MA	N AKEL	ROD		M T. GIL	ES
Street Address 6 BR1	GHTON	RO.		IGH TON	RD
CKIFTON	State NS.	^{zip} 07015	CLIFTON	V State NY	07015
Director Name	SCULLIA)	Director Name		
81 A. A. A	•	_	Street Address		
6 BR	IGHTON (RD.			
CLIFTON	State NJ	zip 07015	City	State	Zip
10. SHARES AUTHORIZE AUTHORIZED SHARES	D ("X" BOX FOR ATTACI	чмент)	11. SHARES ISSUED (*X ISSUED SHARES	* BOX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100 SHS COMM NO	PAR VALUE		100	COMMON	

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 statements contained herein are true and correct. 47

KEASURE

Title of Officer



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335

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ORM MUST BE TYPED IN BLA	CK)				TXSTRUCTIO
Corporate ID No.	2. Name of Corporation	, Y L.T., INC.		 	
treet Address Principal Business			City	State	Zip
6 BRIGHTON	_		CLIFTUN	NJ	07015
lusiness Phone No.		5. State of Incorporation RHODE ISLAND	- , , , ,		6. SIC Code 4317
(473)778	- 1500			- ,	
-		FURNISHINGS			
NAMES AND ADDRESS		ERS ("X" BOX FOR ATTACHM		BEFORE USING ATTAC	HMENTS
Ident Name NORMAN	1 X 4 / DOD		Vice President Name	-1146	
et Address	•		WILLIAM (Street Address	- · •	
6 BRIGHT	N ROAD		6 BRIGHT	ON ROAD	
CLIFTON	State NJ	21p	CLIFTON	State A/T	07015
etary Name -	,	0,00	Treasurer Name		
DAVID DIC	K		KERRY S	ORANNO	· -·
et Address 6 BRIGHTO/	/ RAAI)		Street Address 6 BR161+7		
•	State	Zip	City	State	Zip
CLIFTON	NJ	07015	CLIFTON	NJ	07015
NAMES AND ADDRESS	SES OF THE DIREC	TORS ("X" BOX FOR ATTAC	HMENT) FILL IN SPACE Director Name	S BEFORE USING ATTA	CHMENTS
NORMAN AXE	chod		HUGH S	CULLIN	
et Address			Street Address		
6 BRIGHTON	N KOAD	Zip .	CITY BRIGHT	State	Zip
CLIFTUN ctor Name	NJ	07015	City CLIFTON Director Name	ΝŢ	07015
NILLIAM 51	165				.
en Address 6 BRIGHT	11 DOAD		Street Address		:
·	State	Zip	City -	State -	
CLIFTON	√ √ J	07015			
SHARES AUTHORIZEI	O ("X" BOX FOR ATTAC	HMENT)	11. SHARES ISSUED (*	X* BOX FOR ATTACHMENT	-
nher of Shares	Class/Serles	Par Value	Number of Shares	Class/Series	Par Value
100 SHS COMM NO	PAR VALUE	t			· · ·
			100	COMMON	•
s report must be signe	ed in ink by either	r the President, Vice Pre	esident Secretary Assis	stant Secretary Treasur	rer Receiver or Tru
			.o.uciii, ucciciaiy, maai.	ours occietary, measu	iter, necesses of the

this report, including any accompanying schedules and statements, and

Signature of Officer

DAVID DICK

SECRETA/

FOR SECRETARY OF STATE USE ONLY

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998 Filing Period: January 1-March 1 • Filing Fee: \$50.00

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)					
1. Corporate ID No.	2. Name of Corporation	_			
70017 3. Street Address Principal Business Offi 6 BRIGHTON R		L.T., INC.	CLIFTON	State NJ	zip 07015
4. Business Phone No. (973) 778 - 13	300	S. State of Incorporation . RHODE ISLAND			6. SIC Code 4317
7. Brial Description of the Character of E RETAIL OF	Business Conducted in Rhoo HOME FU	le Island RWISHING	S		
8. NAMES AND ADDRESSES	OF THE OFFICER	\$ ("X" BOX FOR ATTACHN			
President Name	, 001		Vice President Name	1, 60	
NORMAN AXE	LROU		WILLIAM G	1683	
6 BRIGHTON K			Street Address 6 BRIGH TOI	N LOAD	710
CLIFTON	State J	107015	CLIFTUN	""\UJ	07015
DAVID DICK			KERRY SUR	ANNO	
6 BRIGHTUN			Street Address 6 BRIGHTO		
CLIFTON	NJ	07015	CLIFTON	State NJ	2107015
9. NAMES AND ADDRESSES	OF THE DIRECTO	ORS ("X" BOX FOR ATTAC			
NORMAN AK	ELROD		FIVEH SCUL	LIN	
6 BRIGHTUR) RUAD		6 BR16H-70		
CLIFTUN,	NJ NJ	07015	CLIFTON	State NJ	07015
WILLIAM &	ILES		Director Name	·	
Street Address 6 BR16H70N	RD.		Street Address		
CLIFTON	State N.J	21p0.7015	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHN	IENT)	11. SHARES ISSUED ("X" E	BOX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100 SHS COMM NO PA	AR 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 *	Under penalty of perjury, I de- this report, including any acco	
File Date:	2/200	that afficiatements contained	ne A
Check No.:	132208	Signature of Office) DAVID DIC	<u>,,</u>
Ву:	IW	Print or Type Name of Officer SECRETAR	_
FOR SECRETARY O	OF STATE USE ONLY	Title of Officer	_

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that afficiatements contained herein are true and correct.

Signature of Officer

DAVID DICK

Print or Type Name of Officer

Title of Officer



Class/Series

COMMON

Number of Shares

100

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-277-3040

•			401.277.30
PROFIT CORPORATION ANNUAL RIFILING Period: January 1-March 1 • Filing Fee: \$50.00	EPORT 1997		STOP: PLEASE READ INSTRUCTION BLEORE COMPLETING
FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation			
0070017 GARDEN CITY K.	T. INC.	State	Zip
170 WESTMINSTER S. State of Incorporation R	PROVIDENCE	RI	02903 6. SIC Code 4317
7. Brief Description of the Character of Business Conducted in Rhode Island	\ 1		, -
RETAIL OF HOME FURNISHING)		
B. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHA President Name	4ENT) Vice President Name		
NORMAN AXELROD	WILLIAM G	-	
6 BRIGHTON RD State CLIFTON NT 07015	6 BRIGHTON	State	Zip
CLIFTON NT 07015 Secretary Name	CLIFTON Treasurer Name	NJ.	07015
DAVID DICK	KERRY SO	PRANNO	
6 BRIGHTON RD State Zip	6 BRIGHTO CLIFTON	State RD	Zip
CLIFTON NJ 07015 9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTAC	CLIFTON	NJ	07015
9. NAMES AND ADDRESSES OF THE DIRECTORS TO BOX FOR ATTAC	Director Name		
NORMAN AXELROD	HUGH SCUK	LLIN	
6 BRIGHTON RD City State CLIFTON NT 07015	6 BRIGHTO CLIFTON	N Zb	Zip
CLIFTON NT 07015 Director Name	CLIFTON Director Name	NJ.	07015
JIM TOMASZEWSKI	Street Address		
6 BRIGHTON RD State Zip	City	State	Zip
CLIFION NJ 07015 10. SHARES AUTHORIZED AND ISSUED ("X" BOX FOR ATTACHMENT)			
A STATE OF THE STA	NO INTO CHARES		

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

Number of Shares

100

Class/Series

COMMON

Par Value

	Under penalty of perjury, I declare and affirm that I have examined
,	this report, including any accompanying schedules and statements, and
Mon	that all stetements copyained herely are true and correct.
File Date:	5-29-97
11808b	Signature of Officer Date
Check No.:	DAVID DICK
ву:	Print or Type Name of Officer
FOR SECRETARY OF STATE USE ONLY	SECRETARY
	Tile of Officer /

Par Value

PROFIT CORPORATION ANNUAL REPORT

401-9+3-92887. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN PRIODE ISLAND

2. NAME OF CORPORATION

1996

GARDEN CITY L.T., INC.

PLEASE TYPE OR PRINT IN BLACK INK.

RHODE ISLAND

07015

VICE PRESIDENT NAVE

STREET ADDRESS

CLIFTO THEASUREN HAME



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

1. CORPORATE ID NO.

PRESIDENT HAME

70017

3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE

NORMAN

CKIPION -		OLULO			
ECTOR NAME	ă. n A i	RES AND ADD	DIRECTOR HAME	IRECTORS	
ARTHUR	RICHARD	5			
EET ADDRESS		·	STREET ADDRESS	······································	
ONE_TI	4EALL)	<u> </u>			
211	STATE	ZP CODE	an	STATE	ZIP CODE
TOR NAME	<i>N_</i> Y	10580	DIRECTOR NAVE		
TOTAL POOLS	/		and other result		
TADORESS			STREET ADDRESS	····	
	STATE	☑P COOE	• arr	STATE	ZIP COOE
<u>ب</u> را د ب ي	10.51	ARES AUTHO	RIZED AND ISSUEI		
	AUTHORIZED SHARES			ISSUED SHARES	
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	MAMBER OF SHARES	CLASS/SERIES	
100 SHS C	OMM NO PAR VALU	F.	1/2/2	· Connany	
				COMMUN	
				1	<u>i</u>
					<u> </u>
	This	report must be SI	GNED IN INK by either t	he	
Р	resident, Vice Preside	ent, Secretary, Ass	stant Secretary, Treasure	r, Receiver or Trustee	
			Under penalty	of perjury, I declare and at	firm that
			report, includin	g any accompanying sched contained hereif are true a	dules and
	2101	•		A 1 (1) /	
le Date: $\partial \partial$	2196		Signature of Of	ficer (Figure	
	_		*		
Check Not:	9(eS3)		DAYI		
1.	CD life		Print or Type N	_	
h:			SECK	ETARY	
For Secretary	of State Use Only		Title of Officer	,	
		DETACU DATA	rise organic ortinalist	-	

100 COMMON 10	-/-/ >
NK by either the tary, Treasurer, Receiver or Trustee	
Under penalty of perjury, I declare and affirm that I h report, including any accompanying schedules and st all statements contained herein are true and correct.	
Signature of Officer	
Print or Type Name of Officer	
SECRETARY Title of Officer	1-23-46
Title of Officer	Date

PAR VALUE

State of Rhode Island and Providence Plantations Office of The Secretary of State

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

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.

0070017 Corporate ID:	4995 Annual Report for the year:
GARDEN CITY L.T.	
Name of Corporation:	Business Entity is (check one): [Business Corporation (See RIGL Chapter 7-1.1) [Professional Service Corporation (See RIGL Chapter 7-5.1)
Phone: ()	Brief statement of the character of business conducted in Rhode Island:
Address and telephone of the principal office of business entity in Rhod Island (Provide street address - Not P.O. Box):	
Phone: ()	
THE NAM	ES OF THE OFFICERS ARE:
PRESIDENT	STREET ADDRESS CITY/STATE ZIP CODE
VIRMAN AXELED 6	STREET ADDRESS CITYSTATE VIP CODE
WILLIAM GILES 6	STREET ADDRESS CITYSTATE ZIP CODE
DAVID DICK	BRIGHTON PD CLIFTON NT 07055 STREET ADDRESS CITYSTATE ZIPCODE
KERRY SURANNO 6	BEIGHTON PD CLIFTON NJ 07015
THE NAME	S OF THE DIRECTORS ARE: STREET ADDRESS CITYSTATE ZIP CODE
MICHAEL BRENNAN ON	TI-0/1 P1/- 11/
NARTHUR RICHARDS ON	STREET ADDRESS CITYSTATE NY 10580 ZIP CODE
NUMBER OF SHARES AUTHORIZED (Rider may be attached)	NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)
Number of Shares Class / Series	Number of Shares Class / Series
100 COMMON	100 COMMON FEB 1 5 1995
	5 UP H 30 8537
Date JANUARY 9 1995	By: DAVID DICK PRINT OR TYPE NAME OF OFFICER SIGNING
Form 31 1/95	TITLE OF OFFICER SIGNING SECRETARY
DESIGNATED REGISTE	RED 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	277047	Annual Report	for the year	1999
	of the corporation is	GARDEN CITY L	.T., INC.	
Second: It is inc	orporated under the laws of	RHODE	ESLAN	<i>'</i> D
THIRD: Characte	r of business, briefly stated, is	RETAIL OF	HOME	FURNISHING
FOURTH: If foreig	gn corporation, address of its p	rincipal office	••••••	
FirTH: Business a	address in Rhode Island	O HILLSIDE	ROAD	
	CRI	ANSTON RI	02920	2
SIXTH: Names an	nd addresses of its directors and		(luding number, street	Attach rider if necessary)
MICHAEL I	BRENNAN Director	ONE THEA	KL PD	RYE, NY 10580
ARTHUR R	PICHARDS Director	ONE THEA	4 15	RYE, NY 10580
SHAHID QU	URAESHI Director	ONE THEH	ILL RD	PYE, NY 10580
NORMAN AT	KELROD President	6 BRIGHT	on PD	CLIFTON NJ 07015
WILLIAM RI	CHINS Vice Preside	ent 6 BRIGHTON	v PD	SLIFTON, NJ 07015
MARIA GI	ORDANO Secretary	6 BRIGHTON	U FT C	LIFTON, NJ OTOIS
MAPIA GIO	ORDANO Treasurer	6 BRIGHTON	, RD C	LIFTON, NJ 07015
SEVENTH: Numb	er of Shares authorized:			Par Value or statement that
No. of Shares	Class	Series		shares are without par value
100	NON-VOTING	NO-FAR		~
	r of Shares issued:	Con b	3756	Par Value
		कर्मकुलाल ^{कु} स्टब्स	APR 1919	or statement that
No. of Shares	Class NON- JUTING	NOTPAR	7,4	, par value
Dated APRIA		GARDEN CIT (Name of Corporation) By Mau Man Title SECRET		
(Report must b	ne signed by an officer)	Title SECRET	ARY	

Filing Fee \$50.00 Payable to Secretary of State

State of Rhode Island and Providence Plantations Office of The Secretary of State Office Secretary of State

100 North Main Street Providence, Rhode Island 02903-1335 401-277-3040

Corporate ID:	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.	Business Entity is (check one):			
	(54 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			
For foreign entity, address and telephone number of principal office:				
	communications may be directed:			
	-			
· · · · · · · · · · · · · · · · · · ·	- <u>V3 coff co.</u>			
Prone: ()	PROVIDENCE RI 02.905			
Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box)	Brief statement of the character of business conducted in Rhode Island			
150 HILLSIDE ROAD	RETAIL OF HOME FURNISHING			
CRANSTON RI	-			
_02920	Date of Organization 10-19-92			
Prone (401) 943-9288.	Date of Qualification to do business in Rhode Island (if foreign cotity):			
Prone Crop 175 7805.	- _ `			
THE NAMES (OF THE OFFICERS ARE:			
CHEFF EXECUTIVE OF CEROR PRESIDENT CHES ON:	OF THE OFFICERS ARE: CONSTATE ZIRCON			
OF CHARATING OFFICER OF VICE PRESIDENT CHES OFF	CIGHTON RD CLIFTON NU 07015 EFTADIRES			
CUSTODIANDERICORIDOR STORTARIO ICALIONI STR	CLIFTON PD CLIFTON NJ 07015			
DAVID DICK 6 BI	PICHTON PD CLIFTON NT 07015			
KERRY SORANNO 6 BE	PIGHTON RD CLAIFTON NJ 07015			
THE NAMES O	OF THE DIRECTORS ARE:			
	THEALL ED SYE NY 10580			
AETHUR RICHARDS ONE	THEALL PD PYE NY 10580 LEST ADDRESS CONSTATE NECONS			
· · · ·	THEALL RD RYE NY 10580			
SHAHID QURAESHI DAVE NUMBER OF SHARES AUTHORIZED (If Applicable)	NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)			
	!			
NUMBER 100	NUMBER 700			
CLASS COMMON	CLASS COMMON			
SERIES NO-PAR	SERIES NO-PAC			
PAR VALUE OR	PAR VALUE OR			
WITHOUT PAR	WITHOUT PAR 10,000			
Date MARCH 3 1994 By	and Dob			
,	PAUID DICK			
FRI	INTOR TYPE NAME OF OUT CLER SIGNING			
- C - C - C - C - C - C - C - C - C - C	SECRETARY			
E				
DESIGNATED REGISTERED OR RI	ESIDENT AGENT FOR SERVICE OF PROCESS:			
DIMBINITINE DICTION OF THE				

PI EASE NOTE. If the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form LLC 3 most be filed.

FILED

PR 2 0 1994

KC ___