



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

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
(401) 222-3010

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporation No. <u>701,24</u>		2. Name of Corporation <u>SWANEE REALTY CORPORATION</u>	
3. Street Address, Principal Business Office <u>335 POST ROAD</u>		City <u>WARWICK</u>	State <u>RI</u>
4. Business Phone No. <u>401-785-0943</u>		5. State of Incorporation <u>RI</u>	
6. Brief Description of the Character of Business Conducted in Rhode Island <u>RENTAL REAL ESTATE</u>			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name <u>CAROL LACY</u>		Vice President Name <u>CAROL LACY</u>	
Street Address <u>335 POST RD.</u>		Street Address <u>335 POST RD.</u>	
City <u>WARWICK</u>	State <u>RI</u>	Zip <u>02888</u>	City <u>WARWICK</u>
Secretary Name <u>CAROL LACY</u>		Treasurer Name <u>CAROL LACY</u>	
Street Address <u>335 POST RD.</u>		Street Address <u>335 POST RD.</u>	
City <u>WARWICK</u>	State <u>RI</u>	Zip <u>02888</u>	City <u>WARWICK</u>
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name <u>N/A</u>		Director Name <u>N/A</u>	
Street Address		Street Address	
City	State	Zip	City
Director Name <u>N/A</u>		Director Name <u>N/A</u>	
Street Address		Street Address	
City	State	Zip	City
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>	
AUTHORIZED SHARES		ISSUED SHARES — THIS SECTION <u>MUST</u> BE COMPLETED	
Number of Shares	Class/Series	Par Value	Number of Shares
<u>100</u>	<u>COMMON</u>	<u>NONE</u>	<u>NONE</u>

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

FILED

SEP 21 2007

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 _____
Check No. _____
By: _____
FOR SECRETARY OF STATE USE ONLY

By AMF
12:27
2007 SEP 21
11-37489

Signature Carol Lacy Date 9-21-07
Print or Type Name CAROL LACY
Title PRESIDENT