



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) 222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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

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

By AMF
11-27 37489
11-27

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 12:1 PM 11-27
Check No.
By
FOR SECRETARY OF STATE USE ONLY

Signature Carol E Lacy 9-21-07
Print or Type Name CAROL E LACY
Title President