

Check No.

FOR SECRETARY OF STATE USE ONLY

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 2001

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(ebd)) is subject to a penalty fee of \$25.00.

, Gorparate ID No. 19421	The Indian Ri				
3. Street Address Principal Business Office Rocky Hollow Road - PO Box 21			City East Greenwich	State Ri	<i>Σψ</i> 02818
Business Phone No. 5. State of Incorpo		5. State of Incorporation Rhode Island			
Brief Description of the Charac General Investment & R	eal Estate				
President Name	es of the office	Rå: ("X" BOX FOR AT	TACHMENT)   FILL IN SPA	ages before using ?	MIACHELENIS
Robert Allen Greene			Marilyn R. Greene Street Address		
Street Address PO Box 137			PO Box 137		
City East Greenwich	State RI	2ip 02818	City East Greenwich	State Ri	<i>Σφ</i> 02818
Secretary Name Allison H. Morrison			Treasurer Name Robert Allen Greene		
Street Address 384 West Allenton Road			Street Address PO Box 137		
City North Kingstown	State RI	<sup>Zg</sup> 02852	City East Greenwich	State RI	<i>Ζψ</i> <b>02818</b>
8. NAMES AND ADDRESS Director Name Sharon W. Greene To		'ORS: ("X" BOX FOR	ATTACHMENT) TELL IN !  Director Name Todd A. Greene	spaces before Using	G ATTACHMEN 19
Street Address 56 Jamaica Way			Street Address 10 Rosewood Drive		
Ctty North Kingstown	State R!	<sup>Ζψ</sup> 02852	Cuy Mansfield Director Name	State MA	<sup>Z4</sup> , 02048
Russell W. Reene			Robert Allen Greene	,	
Street Ablances 59 Essex Road			Street Address PO Box 24		
North Kingstown	State RI	<sup>Ζψ</sup> 02852	City East Greenwich	State RI	<i>Ζψ</i> 02818
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)  ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Sainber of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
500tc	Common	No Par	500	Common	no par
(11)			19 45 SEC		
This report must be executhis report must be execution	uted on behalf of the	corporation by an auth	orized representative. If the co- iver or trustee.	orporation is in the hand	ls of a receiver or truste
		FILED			
		DEC 0 4 200	7 Under penalty of poinchuding any acco	erjury, I declare and affirm mpanying schedules and s	that I have examined this tatements, and that all stat