

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 201.222.

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.I law (R.I.G.L. 7-1,2-1501(c&d	L. 7-1.2-1501(e), each co ()) is subject to a penalt	orporation failing or refus by fee of \$25.00.	ing to file its annual report withi	n thirty (30) days after	the time prescribed by		
1. Corporate ID No. 2. Name of Corporation							
148659 COMMERCIAL OFFICE LEASING FAC. 3. Street Address Principal Business Office City PROVINENCE RT 02908							
3. Street Address Principal Business Office 76 DERRY STREET			City	State 2	Zip		
4. Business Phone No.	DIKEE 1	5. State of Incorporation	PROVIDENCE	11-	02908		
(401) 351-10	611	R HODE I	e: 111				
6. Brief Description of the Charac		n Rhode Island	JLAND				
OFFICE LEA		2000					
7. NAMES AND ADDRESS	SES OF THE OFFICER	IS: ("X" BOX FOR ATT.	(<i>CHMENT)</i> [] FILL IN SPAC	ES BEFORE USING AT	TACHMENTS		
President Name	_	2500 1963 61 5200 52 500 196 New Johnson 64, 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	Vice President Name				
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NORTH PROVIDEN	a RI	02404	NORTH PROMISERIE	= RI	12504		
Secretary Name			Treasurer Name				
HYE CHUNG PAR	<u> </u>		SUN FOUNG LEE Street Address				
Street Address	<i>(</i>)						
254 MIDDEE ST	KEE 1		1650 DOUGLAS AM Cary NORTH PROVIDENCE	ENCE APT.	1110		
PAUTUCKE T 8. NAMES AND ADDRESS	State RI	00860	City	State	Zip		
8. NAMES AND ADDRESS	41 TO 10 TO	personal recognition of the contract of the co	JOCK (# PROVIDENCE TACHMENT) FILL IN SPA		10)404		
Director Name			Director Name	X-12-11-11-11-11-11-11-11-11-11-11-11-11-			
MI JUNE LEE Street Address			Street Address				
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1690 DOUGLAS A	VENUC, API	1110	1650 WUGLAS AV	enver, API	1110		
1650 DOVELAS AU CHY KRTH PROVIDENCE	= State	00901	1650 DOUGLAS AV CON NORTH PROVIDENCE	State Q+	Zip N		
Director Name	C.J/\:		Director Name	1	102907		
			120 COVOL THATPE				
Street Address			Street Address				
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City	State	Zip	City	State	Zip		
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this report must be execute	d on behalf of the cor	poration by the receiver	ed representative. If the corporator trustee.	mon is in the hands of	a receiver or trustee,		
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including any accompanying schedules and statements, and that all statements

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MI JUNG LEE	
Print or Type Name	
PRESIDENT	
Title	······································