



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 99885 2. Name of Corporation LAY INVESTMENT GROUP, INC.
3. Street Address Principal Business Office 92 HAMLIN ST. City PROVIDENCE State RI Zip 02907
4. Business Phone No. (401) 781-0705 5. State of Incorporation Rhode Island 6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island
To purchase and sell real estate for profit

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name <u>Siphon LAY</u>	Vice President Name <u>Siphon Lay</u>
Street Address <u>92 HAMLIN ST.</u>	Street Address <u>SAME</u>
City <u>Providence</u> State <u>R.I.</u> Zip <u>02907</u>	City <u>SAME</u> State <u>SAME</u> Zip <u>SAME</u>
Secretary Name <u>Siphon LAY</u>	Treasurer Name <u>Siphon Lay</u>
Street Address <u>SAME</u>	Street Address <u>SAME</u>
City <u>SAME</u> State <u>SAME</u> Zip <u>SAME</u>	City <u>SAME</u> State <u>SAME</u> Zip <u>SAME</u>

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name <u>NONE</u>	Director Name
Street Address	Street Address
City <u>NONE</u> State <u>NONE</u> Zip <u>NONE</u>	City <u>NONE</u> State <u>NONE</u> Zip <u>NONE</u>
Director Name	Director Name
Street Address	Street Address
City <u>NONE</u> State <u>NONE</u> Zip <u>NONE</u>	City <u>NONE</u> State <u>NONE</u> Zip <u>NONE</u>

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
<u>1,000</u>	<u>Common</u>	<u>NO PAR VALUE</u>

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares	Class/Series	Par Value
<u>100</u>	<u>Common</u>	<u>NO PAR</u>

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

File Date: 7-9-02

Check No.: 1457

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer [Signature] Date 7/03/02

Print or Type Name of Officer Siphon LAY

Title of Officer President