



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

Corporations Division
100 North Main Street, Providence, RI 02903-1331
401-222-3041



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001
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
4. Business Phone No. (401) 781-0705		5. State of Incorporation RHODE ISLAND	
6. SIC Code 02907			
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 Siphon LAY		Vice President Name Siphon LAY	
Street Address 92 HAMLIN ST.		Street Address SAME	
City PROVIDENCE	State RI	City PROVIDENCE	State RI
Zip 02907		Zip 02907	
Secretary Name Siphon LAY		Treasurer Name Siphon LAY	
Street Address SAME		Street Address SAME	
City PROVIDENCE	State RI	City PROVIDENCE	State RI
Zip 02907		Zip 02907	
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name NONE		Director Name NONE	
Street Address NONE		Street Address NONE	
City NONE	State NONE	City NONE	State NONE
Zip NONE		Zip NONE	
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)			
AUTHORIZED SHARES			
Number of Shares 1,000 COMM NO PAR VALUE	Class/Series COMM	Par Value NO PAR VALUE	
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)			
ISSUED SHARES			
Number of Shares 100	Class/Series COMMON	Par Value NO PAR	

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

File Date: **9-18-01**
Check No.: **1188**
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: **9/15/01**
Print or Type Name of Officer: **Siphon LAY**
Title of Officer: **President**