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

James R. Langevin, *Secretary of State*
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040

STOP
PLEASE READ INSTRUCTIONS

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998

Filing Period: January 1–March 1 • Filing Fee: $50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 95968 *2. Name of Corporation* INTREPID REALTY & RELOCATION GROUP, INC.

3. Street Address Principal Business Office | *City* | *State* | *Zip*

4. Business Phone No. 401-331-7070 *5. State of Incorporation* RHODE ISLAND *6. SIC Code* 5520

7. Brief Description of the Character of Business Conducted in Rhode Island To sell, lease, buy, hold and construct residential & commercial real estate & such other lawful activity

8. NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)*

President Name
MICHAEL J. MURRAY
Street Address
155 SO. MAIN ST., #402
City | *State* | *Zip*
PROVIDENCE | RI | 02903

Vice President Name
AMY THEROUX
Street Address
155 SO. MAIN ST., #402
City | *State* | *Zip*
PROVIDENCE | RI | 02903

Secretary Name
MICHAEL J. MURRAY
Street Address
155 SO. MAIN ST., #402
City | *State* | *Zip*
PROVIDENCE | RI | 02903

Treasurer Name
MICHAEL J. MURRAY
Street Address
155 SO. MAIN ST., #402
City | *State* | *Zip*
PROVIDENCE | RI | 02903

9. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)*

Director Name
Street Address
City | *State* | *Zip*

Director Name
Street Address
City | *State* | *Zip*

Director Name
Street Address
City | *State* | *Zip*

Director Name
Street Address
City | *State* | *Zip*

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

AUTHORIZED SHARES

Number of Shares	*Class/Series*	*Par Value*
600	NO PAR VALUE	

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

ISSUED SHARES

Number of Shares	*Class/Series*	*Par Value*
0	NO PAR VALUE	

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

95968

FILED

File Date: JAN 30 1998 JAN 30 3 06 PM 98

Check No.: By CC112

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV.

By:

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 | *Date* 29 Jan 98

MICHAEL J. MURRAY
Print or Type Name of Officer

PRESIDENT
Title of Officer

Form 31.12/96