

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

* In accordance with R.I.G.L. 7-1.2-1			RT MUST BE TYPED OR PR ual report within thirty (30) days after		
subject to a penalty fee of \$25.00.	T			<del></del>	
1. Corporate ID No.	2. Name of Corporation  TEN COLLYGR STREET REALTY INC  Office  N ST  5. State of Incorporation  5. State of Incorporation				
3. Street Address Principal Business Office			ALIY INC	I Chart	70.
3. Street Address Principal Business Office			City Parties De les	State [2.]	02906
281 WATGEMAN ST 4. Business Phone No. 5. State of Incorporation		TRECTIONAL	101	0 0/2/2	
401-751-279u R1					
40(-75] -3794 6. Brief Description of the Character of Business Conducted in Rhode Island					<u> </u>
REAL ESTATE 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) $\Box$ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name			Vice President Name		
Sous Cons.			SAME		
Street Address			Street Address		
281 WATERMAN ST			Cor Page 1 (Marie Call)		
City	State	Zip	: City	State	Zip
PROTTANCE	RI	02406			
Secretary Name			Treasurer Name	J	<b>L</b>
Some			Same		
Street Address			Street Address		
			•		
City	State	Zip	City	State	Zip
		1			
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT)   FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Director Name					
Street Address			Street Address		
			•		
City	State	ZФ	City	State	Ζip
	I				
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)		
			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
This information is currently	of record in the Offi	ce of the Secretary of	Number of Shares	Class/Series	Par Value
State. Changes require an additional filing. See Section 9 of instruction sheet.			14. /6		
			Nowe		
				<u></u>	
This report must be executed	on behalf of the corp	oration by an authorize	d representative. If the corpora	ation is in the hand:	s of a receiver or trustee,
this report must be executed on behalf of the corporation by the receiver or trustee.					
Under penalty of perjury, I declare and affirm that I have examined this rep					
including any accompanying schedules and statements, and that all statement					
	<del> </del>	1	contained herein are true		
FILED			۸ مر	^	24 54009
0000			Signature	<del>~ \</del>	Date
File Date FILED Check No. SEP 2 9 200	<del>ປ</del>		$C_{ij}$	I.	Limit

ERIC GODENEM

Print or Type Name