Matthew A. Brown, Secretary of State Corporations Division

	VIDENCE PLAN Secretary of State	NTATIONS	100 North Main Street, Providence, RI 02903-133 <u>:</u> 401.222.3040				
PROFIT CORPORTING Period: January 1 (FORM MUST BE TYPED IN	- March I ● F	ANNUAL REPO iling Fee: \$50.00	RT FOR THE	YEAR 2004	. ·		
1. Corporate ID No. *54120*	2. Name of Corpor B & D Realty			e California (Maria and California)	Section of the Sectio		
3. Street Address Principal Buss 559 PUTNAM PIKE	- 1	Anna an	City GREENVILLE	State RI	Zip 02828		
4. Business Phone No. 4019495090		5. State of Incorporation RHODE ISLAND		and the second s	6. SIC Code 5553		
7. Brief Description of the Char PURCHASE, LEASING,	racter of Business Con DEVELOPING OF	ducted in Rhode Island REAL ESTATE					
President Name DONALD J. DARNBRO		ICERS ("X" BOX FOR ATTA	ICHMENT)    FILL IN S Vice President Name DOUGLAS J. DAR		TACHMENTS		
Street Address PO BOX 502			Street Address 135 PLEASANT V	IEW AVENUE #12			
City GREENVILLE Secretary Name JENNIFER L. DARNE	State RI ROUGH	Zip 02828	City SMITHFIELD Treasurer Name JILL M. SALINA	State RI	Zip 02917		
Street Address 11 CLARK ROAD		e e e e e e e e e e e e e e e e e e e	Street Address  11 CLARK ROAD	1- Maria - 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1			
City SMITHFIELD	State RI	<i>Zip</i> 02917	City SMITHFIELD	State R I	<i>Zip</i> 02917		
9. NAMES AND ADDRES Director Name	SES OF THE DIR	ECTORS ("X" BOX FOR AT	TACHMENT)   FILL IN Director Name	SPACES BEFORE USING	ATTACHMENTS		
NONE	Note that the second se		er e				
Street Address			Street Address				
City	State	Zip	- City	State	Zip		
Director Name	A section of the section of	The state of the s	Director Name	e de la companya del companya de la companya de la companya del companya de la co			
Street Address	t de la companya de		Street Address	A section of the sect			
City	State	Zip	City	State	Zip		
10. SHARES AUTHORIZI AUTHORIZED SHARES Number of Shares	ED ("X" BOX FOR A	ATTACHMENT).   Par Value	11: SHARES ISSUED (* ISSUED SHARES Number of Shares	X" BOX FOR ATTACHMEN  Class/Series	D □		
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This report must be <b>signe</b>	e <b>d in ink</b> by eithe	r the President, Vice Pre	sident, Secretary, Assi	stant Secretary, Treasu	rer, Receiver or Trustee		
* 5 4	1 2 0 *		Under penalty of pe	erjury, I declare and affirm t	hat I have examined		

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File Date		_	$\Delta k$	$\Delta$	<u> 2</u>	<u> [/</u>	<u>U</u>	
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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

DONALD J. DARNBROUGH, JR.

Print or Type Name of Officer

Print or Type Name of Officer

**PRESIDENT** 

Title of Officer

Form 630 12/01