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.
33526

2. Name of Corporation
Metro Properties, Inc.

3. Street Address Principal Business Office
290 Westminster Street

City
Providence

State
RI

Zip
02903

4. Business Phone No.
401-751-1950

5. State of Incorporation
RHODE ISLAND

6. SIC Code
5579

7. Brief Description of the Character of Business Conducted in Rhode Island
Investing, managing, purchasing, selling, brokering and otherwise dealing in real estate

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

President Name
Didier Sartor

Street Address
290 Westminster Street

City / *State* / *Zip*
Providence / RI / 02903

Vice President Name

Street Address

City / *State* / *Zip*

Secretary Name
Richard M. C. Glenn, III

Street Address
2700 Hospital Trust Tower

City / *State* / *Zip*
Providence / RI / 02903

Treasurer Name
Didier Sartor

Street Address
290 Westminster Street

City / *State* / *Zip*
Providence / RI / 02903

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

Director Name
Didier Sartor

Street Address
290 Westminster Street

City / *State* / *Zip*
Providence / RI / 02903

Director Name
Jean Seneclauze

Street Address
c/o SCOMP, S.A., 54 Rue Pigalle

City / *State* / *Zip*
Paris 9 / Fr

Director Name
Philippe Seneclauze

Street Address
c/o SCOMP, S.A., 54 Rue Pigalle

City / *State* / *Zip*
Paris 9 / Fr

Director Name

Street Address

City / *State* / *Zip*

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

AUTHORIZED SHARES

Number of Shares	*Class/Series*	*Par Value*
8,000	**COM.**	**$1.00 PAR VAL**

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

ISSUED SHARES

Number of Shares	*Class/Series*	*Par Value*
5,000	Common/N/A	

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

* 3 3 5 2 6 *

File Date: 3.23.98

Check No.: 6335

By: ICP

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* 3/2/98

Didier Sartor
Print or Type Name of Officer

President
Title of Officer

Form 31 12/96