



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 75020		2. Name of Corporation 165 DEAN KNAUSS REALTY HOLDING, INC.			
3. Street Address Principal Business Office 165 Dean Knauss Drive			City Narragansett	State RI	Zip 02882
4. Business Phone No. (401) 792-3327		5. State of Incorporation RHODE ISLAND			6. SIC Code 5538
7. Brief Description of the Character of Business Conducted in Rhode Island TO OPERATE AS A REALTY HOLDING COMPANY AND TO DERIVE RENTALOR LEASE INCOME.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Brian A. Fielding			Vice President Name James E. Coady		
Street Address 164 Knowles Way Extension			Street Address 17 Old Road		
City Narragansett	State RI	Zip 02882	City Charlestown	State RI	Zip 02813
Secretary Name James E. Coady			Treasurer Name Brian A. Fielding		
Street Address 17 Old Road			Street Address 164 Knowles Way Extension		
City Charlestown	State RI	Zip 02813	City Narragansett	State RI	Zip 02882
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Brian A. Fielding			Director Name James E. Coady		
Street Address 164 Knowles Way Extension			Street Address 17 Old Road		
City Narragansett	State RI	Zip 02882	City Charlestown	State RI	Zip 02813
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600 COMM NO PAR VALUE			600	Common	No Par

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



File Date	1-25-05
Check No.	1239
By:	ac
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 James E. Coady Date 1/10/2005
Print or Type Name of Officer JAMES E. COADY
Title of Officer VICE PRESIDENT