



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

Edward S. Inman, III, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 2003  
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  
**Realty Holding Company**

**8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name <b>Brian A. Fielding</b> Street Address <b>164 Knowles Way Extension</b> City <b>Narragansett</b> State <b>RI</b> Zip <b>02882</b>	Vice President Name <b>James E. Coady</b> Street Address <b>17 Old Road</b> City <b>Charlestown</b> State <b>RI</b> Zip <b>02813</b>
Secretary Name <b>James E. Coady</b> Street Address <b>17 Old Road</b> City <b>Charlestown</b> State <b>RI</b> Zip <b>02813</b>	Treasurer Name <b>Brian A. Fielding</b> Street Address <b>164 Knowles Way Extension</b> City <b>Narragansett</b> State <b>RI</b> Zip <b>02882</b>

**9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name <b>Brian A. Fielding</b> Street Address <b>164 Knowles Way Extension</b> City <b>Narragansett</b> State <b>RI</b> Zip <b>02882</b>	Director Name <b>James E. Coady</b> Street Address <b>17 Old Road</b> City <b>Charlestown</b> State <b>RI</b> Zip <b>02813</b>
Director Name  Street Address  City State Zip	Director Name  Street Address  City State Zip

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

AUTHORIZED SHARES	Class/Series	Par Value
<b>600 COMM NO PAR VALUE</b>		

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

ISSUED SHARES	Class/Series	Par Value
<b>600</b>	<b>Common</b>	<b>No Par</b>

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



\* 7 5 0 2 0 \*

File Date: 2/10/03

Check No.: 1006

By: [Signature]

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] 1/21/2003  
Signature of Officer Date

James E. Coady  
Print or Type Name of Officer

Vice President  
Title of Officer