



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001**

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

(FORM MUST BE TYPED 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**  
**Brian A. Fielding**  
**Street Address**  
**164 Knowles Way Extension**  
 City **Narragansett** State **RI** Zip **02882**  
**Secretary Name**  
**James E. Coady**  
**Street Address**  
**17 Old Road**  
 City **Charlestown** State **RI** Zip **02813**  
**Vice President Name**  
**James E. Coady**  
**Street Address**  
**17 Old Road**  
 City **Charlestown** State **RI** Zip **02813**  
**Treasurer Name**  
**Brian A. Fielding**  
**Street Address**  
**164 Knowles Way Extension**  
 City **Narragansett** State **RI** Zip **02882**

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

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

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

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

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

ISSUED SHARES	Class/Series	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



\* 7 5 0 2 0 \*

File Date: 3-26-01

Check No.: 780

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.

James E. Coady 1/9/2001  
 Signature of Officer Date

James E. Coady  
 Print or Type Name of Officer

Vice President  
 Title of Officer