



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



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999
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 1005 DEAN KNAUSS REALTY HOLDING, INC.
3. Street Address Principal Business Office 1005 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)

President Name BRIAN A. FIELDING Vice President Name JAMES E. COADY
Street Address 2541 MINISTERIAL RD. Street Address 17 OLD RD.
City SOUTH KINGSTOWN RI Zip 02892 City CHARLESTOWN RI Zip 02813
Secretary Name JAMES E. COADY Treasurer Name BRIAN A. FIELDING
Street Address 17 OLD RD. Street Address 2541 MINISTERIAL RD.
City CHARLESTOWN RI Zip 02813 City SOUTH KINGSTOWN RI Zip 02892

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

Director Name BRIAN A. FIELDING Director Name JAMES E. COADY
Street Address 2541 MINISTERIAL RD. Street Address 17 OLD RD.
City SOUTH KINGSTOWN RI Zip 02892 City CHARLESTOWN RI Zip 02813
Director Name JAMES E. COADY Director Name BRIAN A. FIELDING
Street Address 17 OLD RD. Street Address 2541 MINISTERIAL RD.
City CHARLESTOWN RI Zip 02813 City SOUTH KINGSTOWN RI Zip 02892

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
6000 SHS COMMON NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
600 COMMON NO PAR VALUE

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

FILED

File Date: MAR 18 1999

Check No.: 220294

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 2/25/99
Signature of Officer Date

JAMES E. COADY
Print or Type Name of Officer

SECRETARY
Title of Officer