

PROFIT CORPORATION ANNUAL REPORT

1996



State of Rhode Island and Providence Plantations
James R. Langevin, *Secretary of State*
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335 • (401) 277-3040

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

PLEASE TYPE OR PRINT IN BLACK INK.

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 CODE 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

PRESIDENT NAME			VICE PRESIDENT NAME		
Brian A. Fielding			James E. Coady		
STREET ADDRESS			STREET ADDRESS		
164 Knowles Way Extension			17 Old Road		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
Narragansett	RI	02882	Charlestown	RI	02813
SECRETARY NAME			TREASURER NAME		
James E. Coady			Brian A. Fielding		
STREET ADDRESS			STREET ADDRESS		
17 Old Road			164 Knowles Way Extension		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
Charlestown	RI	02813	Narragansett	RI	02882

9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME			DIRECTOR NAME		
Brian A. Fielding			James E. Coady		
STREET ADDRESS			STREET ADDRESS		
164 Knowles Way Extension			17 Old Road		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
Narragansett	RI	02882	Charlestown	RI	02813
DIRECTOR NAME			DIRECTOR NAME		
STREET ADDRESS			STREET ADDRESS		
CITY			CITY		
STATE			STATE		
ZIP CODE			ZIP CODE		

10. SHARES AUTHORIZED AND ISSUED

AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
600 SHS COMM NO 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

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.

File Date:

2/1/96

Check No:

0179

By:

CP

For Secretary of State Use Only

Signature of Officer

James E. Coady

Print or Type Name of Officer

Vice President

Title of Officer

1-12-96

Date

REMOVE BOTTOM BEFORE RETURNING

FORM 31 12/95