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

Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

Filing Period: January 1–March 1 • Filing Fee: $50.00

STOP
PLEASE READ
INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.
74913

2. Name of Corporation
Red Bridge Property, Co.

3. Street Address Principal Business Office
242 Allens Avenue

City
Providence

State
RI

Zip
02905

4. Business Phone No.
(401) 467-3730

5. State of Incorporation
RHODE ISLAND

6. SIC Code
5538

7. Brief Description of the Character of Business Conducted in Rhode Island
Real property development

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

President Name
David A. Cohen
Street Address
242 Allens Avenue
City Providence *State* RI *Zip* 02905

Vice President Name
Joel H. Cohen
Street Address
242 Allens Avenue
City Providence *State* RI *Zip* 02905

Secretary Name
Joel Cohen
Street Address
See Above
City *State* *Zip*

Treasurer Name
Joel Cohen
Street Address
See Above
City *State* *Zip*

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

Director Name
David A. Cohen
Street Address
See Above
City *State* *Zip*

Director Name
Joel H. Cohen
Street Address
See Above
City *State* *Zip*

Director Name
Street Address
City *State* *Zip*

Director Name
Street Address
City *State* *Zip*

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

AUTHORIZED SHARES

Number of Shares	*Class/Series*	*Par Value*
8,000 SHS	$1.00 PAR VALUE	

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

ISSUED SHARES

Number of Shares	*Class/Series*	*Par Value*
100	Common	$1.00

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

74913

File Date: FILED

Check No.:

FEB 20 2001

By: By 1205

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.

David A Cohen 2-1-01

Signature of Officer *Date*

DAVID A. COHEN, PRES.

Print or Type Name of Officer

Title of Officer

Form 630 12/00