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
401-222-3040

STOP

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ~~2000~~

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

(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 Russell Cohen
Street Address 242 Allens Avenue
City Providence *State* RI *Zip* 02905

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 Truste

74913

File Date: 1/25/00

Check No.: 1088

By: CM

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 1-20-00
Signature of Officer *Date*

DAVID A. COHEN, PRES.
Print or Type Name of Officer

Title of Officer

Form 630 12/96