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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

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

STOP
PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.: 99269
2. Name of Corporation: West Warwick RI Business Trust **THE NAME IN RI ISWest Warwick RI Business Trust
3. Street Address Principal Business Office: 1370 Avenue of the Americas — City: New York — State: NY — Zip: 10019
4. Business Phone No.: 212-581-4540
5. State of Incorporation: DELAWARE
6. SIC Code: 5553
7. Brief Description of the Character of Business Conducted in Rhode Island: Owner/lessor of Real Property

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

~~President Name~~ Trustee
Wilmington Trust Company
Street Address: Rodney Square North, 1100 N. Market Street
City: Wilmington — State: DE — Zip: 19890

~~Vice President Name~~ Trustee
William J. Wade c/o Richards, Layton & Finger
Street Address: One Rodney Square
City: Wilmington — State: DE — Zip: 19899

Secretary Name
Street Address
City — State — Zip

Treasurer Name
Street Address
City — State — Zip

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

Director Name: N/A
Street Address
City — State — Zip

Director Name
Street Address
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
None		

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
None		

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

[redacted] *99269*

File Date: 03-29-99
Check No.: 1004
By:
FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

Signature of Officer — Date: 3/18/99
JOSEPH B. FEIL — WILLIAM J. WADE
Print or Type Name of Officer
Financial Services Officer — Trustee
Title of Officer