

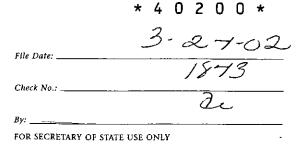
Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002 Filing Period: January 1-March 1 • Filing Fee: \$50.00

STOP PILAM RIAD INSIRI CIRONS

1. Copyonite 1D No. 40200 REALTY PRO, INC. 3. Steet Address Principal Business Office 180 Meshanticut Valley Parkway (401) 942-1872 RHODE ISLAND 5. Steet of incorporation (401) 942-1872 RHODE ISLAND 5. Steet of incorporation (401) 942-1872 RHODE ISLAND 5. Steet Selection of the Character of Business Conducted in Rhode Island 180 Meshanticut Valley Parkway 5. Steet Address 180 Meshanticut Valley Parkway 5. Steet Address 180 Meshanticut Valley Parkway 5. Steet Address 5. SAME 6. StC Code 5. State 5. State 5. AME 5. State 5. AME 5. StC Code 6. Stoe 6. State 5. State 6. Stoe 6.	(FORM MUST BE TYPED IN BLAC	K)				
180 Meshanticut Valley Parkway 4. Business Phone No. 5. State of Incorporation (4.01) 942-1872 RHODE ISLAND 7. Brief Description of the Character of Business Conducted in Rhode Island real estate 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name Emelia M. DeCesare Street Address SAME Cranston Finance RI O2920 City State Street Address SAME Somethand Name Emelia M. DeCesare Street Address SAME City State Somethand Name Emelia M. DeCesare Street Address SAME City State Somethand Name Emelia M. DeCesare Street Address SAME City State Somethand Name Emelia M. DeCesare Street Address SAME City State Zip O. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name Emelia M. DeCesare Street Address SAME City State Zip O. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name Emelia M. DeCesare Street Address SAME City State Zip O. State Zip O. State Zip O. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) UITHORIZED SHARES White Director Name City State Zip O. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) UITHORIZED SHARES White Director Name Citys State Zip O. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) UITHORIZED SHARES White Director Name Citys State Citys State Zip O. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) UITHORIZED SHARES White Director Shares Citys State Citys State Citys State Zip O. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) UITHORIZED SHARES Number of Shares Citys States Fer Value	·	·	-		•	
4. Ausiness Phone No. (401) 942-1872 RHODE ISLAND 5538 7. Airly Description of the Character of Business Conducted in Rhode Island real estate 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name Emelia M. DeCesare Street Address Street Address STORT STATE Street Address SAME Say	3. Street Address Principal Business O	ffice		City		
R. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name Emelia M. DeCesare Street Address 180 Meshanticut Valley Parkway City Granston State RI 02920 City State Emelia M. DeCesare Street Address SAME City State Street Address SAME City State Street Address SAME City State Street Address SAME City State City State Street Address SAME City State Street Address SAME City State Street Address SAME City State Zip O. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) III. SHARES ISSUED (*X* BOX FOR ATTACHMENT) UNHORIZED SHARES Number of Shares Class/Series Par Value 1.000 COMM NO PAR VALUE	4. Business Phone No. (401) 942-1872		5. State of Incorporation RHODE ISLAND	Cranston	RI	6. SIC Code
Treatment Name Emelia M. DeCesare Street Address 180 Meshanticut Valley Parkway State AND Cranston RI O2920 City State Emelia M. DeCesare Street Address SAME City State Emelia M. DeCesare Emelia M. DeCesare Street Address SAME City State Emelia M. DeCesare Street Address SAME City State Street Address SAME City State City S	real estate					
And the state of t	President Name		OFFICERS ("X" BOX FOR ATTACE	Vice President Name		MENTS
Granston RI 02920 Secretary Name Emelia M. DeCesare Street Address Street Address SAME City State Zip City State Zip Director Name Emelia M. DeCesare Street Address SAME City State Zip City State Zip Director Name Emelia M. DeCesare Street Address Street Address Street Address SAME City State Zip City State Zip Director Name Emelia M. DeCesare Street Address SAME City State Zip City State Zip Director Name Director Name Street Address SAME City State Zip O. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) DIRECTOR Name Street Address Street Address Street Address Street Address Street Address City State Zip O. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) DIRECTOR Name Number of Shares Class/Series Par Value 1.000 COMM NO PAR VALUE		Valley	Parkway			
Emelia M. DeCesare Street Address SAME City State Zip City State Zip D. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name Emelia M. DeCesare Street Address Street Address Street Address SAME City State Zip Director Name Director Name Street Address SAME City State Zip Director Name Other Address Street Address Street Address Street Address SAME City State Zip O. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) UIHORRED SHARES LUHORRED SHARES LUHORRE			^{Zip} 02920	City	State	Zip
O. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Emelia M. DeCesare Street Address SAME City State Zip City State Zip Director Name University Name Street Address City State Zip O. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) UIHORIZED SHARES UIHORIZED SHARES UIHORIZED SHARES UIMOR COMM NO PAR VALUE	Emelia M. DeCes	are		Emelia M. Street Address	DeCesare	
Director Name Emelia M. DeCesare Street Address SAME City State Zip City State Zip Director Name Director Name City State Zip Director Name Street Address Street Address State Zip Director Name 1. SHARES ISSUED ("X" BOX FOR ATTACHMENT) UITHORIZED SHARES LUMBER OF Shares Class/Series Par Value 1.000 COMM NO PAR VALUE		State	Zip	City	State	Zip
Street Address SAME City State Zip City State Zip Director Name treet Address Street Address City State Zip City State Zip O. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) UIHORIZED SHARES Tumber of Shares Class/Series Par Value 1.000 COMM NO PAR VALUE	Director Name		DIRECTORS ("X" BOX FOR ATTA		'ACES BEFORE USING ATTAC	HMENTS
Director Name treet Address Street Address City State Zip City State Zip O. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) UIHORIZED SHARES SUED SHARES SUED SHARES ISSUED SHARES IMPORT OF Shares Class/Series Par Value 1.000 COMM NO PAR VALUE	treet Address			Street Address		
Street Address City State Zip City State Zip O. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) UIHORIZED SHARES SSUED SHARES SSUED SHARES ISSUED SHARES INUMBer of Shares Class/Series Par Value 1.000 COMM NO PAR VALUE	City	State	Zip	City	State	Zip
O. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) UTHORIZED SHARES Umber of Shares Class/Series Par Value 1.000 COMM NO PAR VALUE	Director Name			Director Name		
O. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) UITHORIZED SHARES Umber of Shares Class/Series Par Value 1.000 COMM NO PAR VALUE	treet Address			Street Address		
UTHORIZED SHARES sumber of Shares Class/Series Par Value Number of Shares Class/Series Par Value	Sity	State	Zip	City	State	Zip
1.000 COMM NO PAR VALUE		("X" BOX FOR	ATTACHMENT)		D ("X" BOX FOR ATTACHMENT)	e de la Seul de la Companya de la C
1,000 COMM NO PAR VALUE 1,000 common no par	umber of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
	1,000 COMM NO PAR VALU	E		1,000	common	no par

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.

melin	m.	Le Exas	3/15/8
Signature of Of	ficer		Date

Emelia M. DeCesare
Print or Type Name of Officer

President

Title of Officer

Form 630 12/01