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 2000

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

STOP
PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 40200

2. Name of Corporation REALTY PRO, INC.

3. Street Address Principal Business Office 180 Meshanticut Valley Parkway

City Cranston *State* RI *Zip* 02920

4. Business Phone No. (401) 942-1872

5. State of Incorporation RHODE ISLAND

6. SIC Code 5538

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 180 Meshanticut Valley Parkway
City Cranston *State* RI *Zip* 02920

Vice President Name Emelia M. DeCesare
Street Address 180 Meshanticut Valley Parkway
City Cranston *State* RI *Zip* 02920

Secretary Name Emelia M. DeCesare
Street Address 180 Meshanticut Valley Parkway
City Cranston *State* RI *Zip* 02920

Treasurer Name Emelia M. DeCesare
Street Address 180 Meshanticut Valley Parkway
City Cranston *State* RI *Zip* 02920

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

Director Name Emelia M. DeCesare
Street Address 180 Meshanticut Valley Parkway
City Cranston *State* RI *Zip* 02920

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*
1,000	COMMON	NO PAR

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

ISSUED SHARES

Number of Shares	*Class/Series*	*Par Value*
1,000	common	no par value

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

[redacted] *40200*

File Date: 2/11/00
Check No.: 1434
By: [redacted]
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.

Emelia M. DeCesare 1-7-00
Signature of Officer *Date*

EMELIA M. DECESARE
Print or Type Name of Officer

PRESIDENT
Title of Officer