



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

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 2003

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.

10000

2. Name of Corporation

TIFFANY REALTY CO.

3. Street Address Principal Business Office

286 Orchard Street

City

Cranston

State

RI

Zip

02910

4. Business Phone No.

401-941-7891

5. State of Incorporation

RHODE ISLAND

6. SIC Code

5579

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

General Real Estate

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

President Name

Herbert Orabona

Vice President Name

Louis Orabona

Street Address

11-32 Ledgewood Way

Street Address

17 White Drive

City

Peabody

State

MA

Zip

01960

City

Johnston

State

RI

Zip

02919

Secretary Name

Louise Del Prete

Treasurer Name

Louise Del Prete

Street Address

286 Orchard Street

Street Address

286 Orchard Street

City

Cranston

State

RI

Zip

02910

City

Cranston

State

RI

Zip

02910

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

Director Name

Herbert Orabona

Director Name

Louis Orabona

Street Address

11-32 Ledgewood Way

Street Address

17 White Drive

City

Peabody

State

MA

Zip

01960

City

Johnston

State

RI

Zip

02919

Director Name

Louise Del Prete

Director Name

Street Address

286 Orchard St.

City

Cranston

State

RI

Zip

02910

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

200 COMM NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

200 SHS NO PAR COM

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



* 1 0 0 0 0 *

File Date: 2.11.03

Check No.: 4475

By: ICP

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.

Louise Del Prete 2-10-03
Signature of Officer Date

Louise Del Prete

Print or Type Name of Officer

Secretary and Treasurer

Title of Officer

5

Form 630 12/02