



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002**

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **80200** 2. Name of Corporation **MEDICI REALTY INC.**  
3. Street Address Principal Business Office  
4. Business Phone No. **2495 Post Road** 5. State of Incorporation **RHODE ISLAND**  
**245-9194**  
7. Brief Description of the Character of Business Conducted in Rhode Island

City **Warwick** State **RI** Zip **02888**  
6. SIC Code **5579**

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

President Name **Thomas Medici**  
Street Address  
City **7 Melrose St** State **RI** Zip **02893**  
Secretary Name **W War.** State **RI** Zip **02893**  
Street Address **Catherine Roberge**  
City **2945 Post Road** State **RI** Zip

Vice President Name **Donald Medici**  
Street Address  
City **49 Sandlewood Ave** State **RI** Zip **02886**  
Treasurer Name **Thomas Medici**  
Street Address **same as above**  
City **Warwick** State **RI** Zip

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

Director Name **Thomas Medici**  
Street Address  
City **same as above** State **RI** Zip  
Director Name **Catherine Roberge**  
Street Address  
City State Zip

Director Name **Donald Medici**  
Street Address  
City **same as above** State Zip  
Director Name  
Street Address  
City State Zip

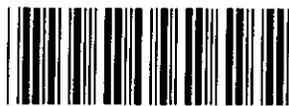
**10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)**

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
**1,000 COMM NO PAR VALUE**

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

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**300 common no par**

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



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File Date: 2/4/02

Check No.: 7426

By: TM

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.

Signature of Officer [Signature] Date 1/30/02

Thomas Medici  
Print or Type Name of Officer

President  
Title of Officer