



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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **80200** 2. Name of Corporation **MEDICI REALTY INC.**

3. Street Address Principal Business Office City State Zip  
**2495 Post Road Warwick RI 02888**  
4. Business Phone No. 5. State of Incorporation 6. SIC Code  
**245-9194 RHODE ISLAND 5579**

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 <b>Thomas Medici</b>	Vice President Name <b>Donald Medici</b>
Street Address <b>7 Melrose St.</b>	Street Address <b>49 Sandlewood Avenue</b>
City State Zip <b>W. Warwick R. I. 02893</b>	City State Zip <b>Warwick R. I. 02886</b>
Secretary Name <b>Catherine Roberge</b>	Treasurer Name <b>Thomas Medici</b>
Street Address <b>2945 Post Road</b>	Street Address <b>7 Melrose St</b>
City State Zip <b>Warwick RI 02888</b>	City State Zip <b>W. Warwick R.I. 02893</b>

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

Director Name <b>Thomas Medici</b>	Director Name <b>Donald Medici</b>
Street Address <b>same as above</b>	Street Address <b>same as above</b>
City State Zip <b>Warwick RI 02888</b>	City State Zip <b>Warwick R.I. 02893</b>
Director Name <b>Catherine Roberge</b>	Director Name <b>Thomas Medici</b>
Street Address <b>same as above</b>	Street Address <b>7 Melrose St</b>
City State Zip <b>Warwick RI 02888</b>	City State Zip <b>W. Warwick R.I. 02893</b>

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

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

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



\* 8 0 2 0 0 \*

File Date: 1-26-00  
Check No.: 3242  
By: AMF

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] Date 1/26/00  
Signature of Officer  
**Thomas Medici**  
Print or Type Name of Officer  
**President**  
Title of Officer