



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
401-277-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998
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 **2495 Post Road** City **Warwick** State **R.I.** Zip **02888**
4. Business Phone No. **245-9194** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **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)

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

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)

Director Name	Thomas Medici	Director Name	Donald Medici
Street Address	7 Melrose St	Street Address	49 Sandlewood Avenue
City	W. Warwick R.I.	City	Warwick R.I.
State	R.I.	State	R.I.
Zip	02893	Zip	02888
Director Name	Catherine Roberge	Director Name	
Street Address	2945 Post Road	Street Address	
City	W. Warwick R.I.	City	
State	R.I.	State	
Zip	02888	Zip	

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



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File Date: 2/20

Check No.: 2/32

By: KUP

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.

Thomas Medici
Signature of Officer Date

Thomas Medici
Print or Type Name of Officer

President
Title of Officer