



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 1997**

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  
**2945 Post Road Warwick R.I. 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)**

President Name <b>Thomas Medici</b> Street Address <b>7 Melrose St</b> City State Zip <b>W. Warwick RI 02893</b> Secretary Name <b>Catherine Roberge</b> Street Address <b>2945 Post Road</b> City State Zip <b>Warwick R.I. 02888</b>	Vice President Name <b>Donald Medici</b> Street Address <b>49 Sandlewood Avenue</b> City State Zip <b>Warwick RI 02888</b> Treasurer Name <b>Thomas Medici</b> Street Address <b>7 Melrose St</b> City State Zip <b>W. Warwick R. I. 02893</b>
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**9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)**

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

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

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>1,000 SHS COMM NO PAR VAL</b>			<b>300</b>	<b>Common</b>	<b>No par</b>

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: 9/14/97  
Check No.: 1956  
By: [Signature]  
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: 9/8/97  
Thomas Medici,  
Print or Type Name of Officer  
President  
Title of Officer