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

Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

Filing Period: January 1–March 1 • Filing Fee: $50.00

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 6100

2. Name of Corporation The Fine Arts Realty, Inc.

3. Street Address Principal Business Office 66 Manistee Street | *City* Pawtucket | *State* RI | *Zip* 02861

4. Business Phone No. (401) 725-9511

5. State of Incorporation RHODE ISLAND

6. SIC Code 8888

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 Samuel Peterson
Street Address 66 Manistee Street
City Pawtucket *State* RI *Zip* 02861

Vice President Name Alice Rustigian
Street Address 24 Rosemere Road
City Pawtucket *State* RI *Zip* 02861

Secretary Name Elizabeth Peterson
Street Address 66 Manistee Street
City Pawtucket *State* RI *Zip* 02861

Treasurer Name Samuel Peterson
Street Address 66 Manistee Street
City Pawtucket *State* RI *Zip* 02861

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

Director Name None
Street Address
City *State* *Zip*

Director Name None
Street Address
City *State* *Zip*

Director Name None
Street Address
City *State* *Zip*

Director Name None
Street Address
City *State* *Zip*

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

AUTHORIZED SHARES

Number of Shares	*Class/Series*	*Par Value*
100 SHS NO PAR COM		

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

ISSUED SHARES

Number of Shares	*Class/Series*	*Par Value*
100	Common	No Par

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

[redacted]

6100

File Date: FILED
Check No.: JAN 23 2001
By: BJ MD 1662
FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

Samuel Peterson — *Signature of Officer* — *Date* 1/22/01

Samuel Peterson
Print or Type Name of Officer

[redacted] President
Title of Officer

Form 630 12/00