



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

Edward S. Inman, III, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

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

(FORM MUST BE TYPED IN BLACK)

|                                                                                                                                         |                  |                                               |                                         |              |               |
|-----------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------------------------------|-----------------------------------------|--------------|---------------|
| 1. Corporate ID No.<br>*116600*                                                                                                         |                  | 2. Name of Corporation<br>Vantage Group, Ltd. |                                         |              |               |
| 3. Street Address Principal Business Office<br>ONE CITIZENS PLAZA                                                                       |                  |                                               | City<br>PROVIDENCE                      | State<br>RI  | Zip<br>02903- |
| 4. Business Phone No.<br>401-454-1019                                                                                                   |                  | 5. State of Incorporation<br>RHODE ISLAND     |                                         |              | 6. SIC Code   |
| 7. Brief Description of the Character of Business Conducted in Rhode Island<br>INVESTMENTS IN REAL ESTATE                               |                  |                                               |                                         |              |               |
| 8. NAMES AND ADDRESSES OF THE OFFICERS (X BOX FOR ATTACHMENT) <input type="checkbox"/> FILE IN SPACES BEFORE USING ATTACHMENTS          |                  |                                               |                                         |              |               |
| President Name<br>Arthur J. Kaufman                                                                                                     |                  |                                               | Vice President Name                     |              |               |
| Street Address<br>56 Valley Brook Drive                                                                                                 |                  |                                               | Street Address                          |              |               |
| City<br>Warwick                                                                                                                         | State<br>RI      | Zip<br>02818                                  | City                                    | State        | Zip           |
| Secretary Name<br>Arthur J. Kaufman                                                                                                     |                  |                                               | Treasurer Name<br>Arthur J. Kaufman     |              |               |
| Street Address<br>56 Valley Brook Drive                                                                                                 |                  |                                               | Street Address<br>56 Valley Brook Drive |              |               |
| City<br>Warwick                                                                                                                         | State<br>RI      | Zip<br>02818                                  | City<br>Warwick                         | State<br>RI  | Zip<br>02818  |
| 9. NAMES AND ADDRESSES OF THE DIRECTORS (X BOX FOR ATTACHMENT) <input type="checkbox"/> FILE IN SPACES BEFORE USING ATTACHMENTS         |                  |                                               |                                         |              |               |
| Director Name                                                                                                                           |                  |                                               | Director Name                           |              |               |
| Street Address                                                                                                                          |                  |                                               | Street Address                          |              |               |
| City                                                                                                                                    | State            | Zip                                           | City                                    | State        | Zip           |
| Director Name                                                                                                                           |                  |                                               | Director Name                           |              |               |
| Street Address                                                                                                                          |                  |                                               | Street Address                          |              |               |
| City                                                                                                                                    | State            | Zip                                           | City                                    | State        | Zip           |
| 10. SHARES AUTHORIZED (X BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED (X BOX FOR ATTACHMENT) <input type="checkbox"/> |                  |                                               |                                         |              |               |
| AUTHORIZED SHARES                                                                                                                       |                  |                                               | ISSUED SHARES                           |              |               |
| Number of Shares                                                                                                                        | Class/Series     | Par Value                                     | Number of Shares                        | Class/Series | Par Value     |
| 3,000                                                                                                                                   | \$ .01 PAR VALUE |                                               | 1,000                                   | Common       | \$ .01        |

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



\* 1 1 6 6 0 0 \*

\*\*116600\* 1/15/03 9:16:05 AM\*

File Date 2-27-03

Check No. 11012

By: Kme

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

Arthur J. Kaufman

Print or Type Name of Officer

President

Date

2/20/03