



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 106900		2. Name of Corporation V & M Realty, Inc.			
3. Street Address Principal Business Office 34 Hamlet Avenue			City Woonsocket	State RI	Zip 02895
4. Business Phone No. 765-0200		5. State of Incorporation RHODE ISLAND		6. SIC Code 0	
7. Brief Description of the Character of Business Conducted in Rhode Island DEALING IN REAL ESTATE					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Mathew LaCroix			Vice President Name Vivian LaCroix		
Street Address 28 Mendon Road			Street Address 28 Mendon Road		
City Woonsocket	State RI	Zip 02895	City Woonsocket	State RI	Zip 02895
Secretary Name Vivian LaCroix			Treasurer Name Mathew LaCroix		
Street Address 28 Mendon Road			Street Address 28 Mendon Road		
City Woonsocket	State RI	Zip 02895	City Woonsocket	State RI	Zip 02895
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name None			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"/>					
AUTHORIZED SHARES					
Number of Shares	Class Series	Par Value	Number of Shares	Class Series	Par Value
100	NO	PAR VALUE	0		
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
ISSUED SHARES					
Number of Shares	Class Series	Par Value	Number of Shares	Class Series	Par Value
			0		

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 **FILED**

Check No. **MAR 01 2004**

By: **By 185776AD**

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.

Mathew J. LaCroix
Signature of Officer Date **3-2-04**

Mathew LaCroix
Print or Type Name of Officer

President