



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 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
4. Business Phone No. 765-0200
5. State of Incorporation RHODE ISLAND
6. Brief Description of the Character of Business Conducted in Rhode Island
Real Estate

City Woonsocket
State RI
Zip 02895
6. SIC Code 0

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT)

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Mathew LaCroix
Street Address 28 Mendon Road
City Woonsocket
State RI
Zip 02895
Secretary Name Vivian LaCroix
Street Address 28 Mendon Road
City Woonsocket
State RI
Zip 02895

Vice President Name Vivian LaCroix
Street Address 28 Mendon Road
City Woonsocket
State RI
Zip 02895
Treasurer Name Vivian LaCroix
Street Address 28 Mendon Road
City Woonsocket
State RI
Zip 02895

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
Street Address
City
State
Zip

Director Name
Street Address
City
State
Zip
Director Name
Street Address
City
State
Zip

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
100 NO PAR VALUE

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

ISSUED SHARES
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



* 1 0 6 9 0 0 *

File Date: 2/25/03
Check No.: 17529
By: [Signature]

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] Pres
Signature of Officer Date

Mathew LaCroix
Print or Type Name of Officer
President