



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 2002
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED 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

City

Woonsocket

State

RI

Zip

02895

6. SIC Code

0

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

Mathew LaCroix

Street Address

28 Mendon Road

City

State

Zip

Woonsocket

RI

02895

Secretary Name

Vivian LaCroix

Street Address

28 Mendon Road

City

State

Zip

Woonsocket

RI

02895

Vice President Name

Vivian LaCroix

Street Address

28 Mendon Road

City

State

Zip

Woonsocket

RI

02895

Treasurer Name

Vivian LaCroix

Street Address

28 Mendon Road

City

State

Zip

Woonsocket

RI

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

his 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 *

3.11.02

File Date: _____

16505

Check No.: _____

2

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

Mathew LaCroix

Print or Type Name of Officer

Date

1.15.02