



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

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1333
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

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

City

Woonsocket

State

RI

Zip

02895

4. Business Phone No.

765-0200

5. State of Incorporation
RHODE ISLAND

6. SIC Code

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

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

Vivian LaCroix

Street Address

same as above

Street Address

same as above

City

State

Zip

City

State

Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) 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)

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: **2/25/00**

Check No.: **14066**

By: **Mc**

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 LaCroix 3-2000
Signature of Officer Date

MATHEW LACROIX
Print or Type Name of Officer