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___

STOP
PLEASE READ
INSTRUCTIONS

Filing Period: *January 1–March 1* • *Filing Fee: $50.00*

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.
99300

2. Name of Corporation
Melucci Realty Corp.

3. Street Address Principal Business Office
5 Higginson Ave.

City **Lincoln** State **RI** Zip **02865**

4. Business Phone No.
725-3023

5. State of Incorporation
RHODE ISLAND

6. SIC Code
5538

7. Brief Description of the Character of Business Conducted in Rhode Island

To own, manage, lease, convey and otherwise deal in real estate

8. NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)* **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name
Edward M. Melucci
Street Address
12 Cliffside Drive
City **Lincoln** State **RI** Zip **02865**

Vice President Name
Patricia M. Melucci
Street Address
12 Cliffside Drive
City **Lincoln** State **RI** Zip **02865**

Secretary Name
same as above
Street Address
same
City **same** State **same** Zip **same**

Treasurer Name
same as above
Street Address
same
City **same** State **same** Zip **same**

9. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)* **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name
Edward M. Melucci
Street Address
same as above
City **same** State **same** Zip **same**

Director Name
Patricia M. Melucci
Street Address
same as above
City **same** State **same** Zip **same**

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
2,000 NO PAR VALUE	**common**	

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
200	**common**	**no par**

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

* 9 9 3 0 0 *

File Date: __2-1-02__

Check No.: __10208__

__2.__

By: _____

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 _____ Date __1/30/02__

Print or Type Name of Officer
Edward M. Melucci

Title of Officer
President

Form 630 12/01