



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 02903-1335
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **1999**

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 2. Name of Corporation

99300

Melucci Realty Corp.

3. Street Address Principal Business Office

5 Higginson Avenue

City

Lincoln

State

RI

Zip

02865

4. Business Phone No.

(401) 725-0323

5. State of Incorporation

RHODE ISLAND

6. SIC Code

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

Vice President Name

Patricia M. Melucci

Street Address

12 Cliffside Drive

Street Address

12 Cliffside Drive

City

Lincoln

State

RI

Zip

02865

City

Lincoln

State

RI

Zip

02865

Secretary Name

Patricia M. Melucci

Treasurer Name

Edward M. Melucci

Street Address

same

Street Address

same

City

same

State

same

Zip

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

Director Name

Patricia M. Melucci

Street Address

12 Cliffside Drive

Street Address

12 Cliffside Drive

City

Lincoln

State

RI

Zip

02865

City

Lincoln

State

RI

Zip

02865

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

2,000 NO PAR VALUE

common

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

20

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:

Check No.:

By:

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.

Signature of Officer

Date

Edward M. Melucci

Print or Type Name of Officer

President

Title of Officer