



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

Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903 1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 100701		2. Name of Corporation AZA REALTY TRUST, INC.		
3. Street Address Principal Business Office 100 Glen Road		City Cranston	State RI	Zip 02920
4. Business Phone No. (401) 467-9370		5. State of Incorporation RHODE ISLAND		6. SIC Code 5538
7. Brief Description of the Character of Business Conducted in Rhode Island THE OWNERSHIP, MANAGEMENT AND RENTAL OF REAL PROPERTY.				
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Brian J. Bowes		Vice President Name None		
Street Address 11 Elm Street		Street Address		
City Canton	State MA	Zip 02021	City	State
Secretary Name Brian J. Bowes		Treasurer Name Brian J. Bowes		
Street Address Same as above		Street Address Same as above		
City	State	Zip	City	State
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name NONE		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES		ISSUED SHARES		
Number of Shares	Class Series	Par Value	Number of Shares	Class Series
3,000 COMM NO PAR VALUE			3,000	Common
				No Par

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



File Date 2-16-05
Check No. 124
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.

Brian J. Bowes **10 FEB 05**
Signature of Officer Date

BRIAN J. BOWES
Print or Type Name of Officer
President
Title of Officer