



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 2000

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **100701** 2. Name of Corporation **AZA REALTY TRUST, INC.**  
3. Street Address Principal Business Office City State Zip  
**100 Glen Road Cranston RI 02920**  
4. Business Phone No. 5. State of Incorporation 6. SIC Code  
**(401) 467-9370 RHODE ISLAND 5538**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Ownership, management & rental of real property**

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

President Name <b>Brian J. Bowes</b>	Vice President Name
Street Address <b>11 Elm Street</b>	Street Address
City State Zip <b>Canton MA</b>	City State Zip
Secretary Name <b>Brian J. Bowes</b>	Treasurer Name <b>Brian J. Bowes</b>
Street Address <b>Same as above</b>	Street Address <b>Same as above</b>
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 <b>NONE</b>	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
<b>3,000</b>	<b>COMM</b>	<b>NO PAR VALUE</b>

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
<b>3,000</b>	<b>Common</b>	<b>No Par</b>

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



File Date: 3/13/00

Check No.: 153

By: [Signature]

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 [Signature] Date 18 Feb 2000

**BRIAN J. BOWES**

Print or Type Name of Officer

**President**