



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. 110103		2. Name of Corporation SWEET AVE. REALTY, INC			
3. Street Address Principal Business Office 17 ROCKYCREST RD.			City CUMBERLAND	State RI	Zip 02864
4. Business Phone No. (401) - 333-9233		5. State of Incorporation RHODE ISLAND			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island TO OWN, HOLD, RENT, LEASE, MANAGE, ENCUMBER, IMPROVE, EXCHANGE, BUY AND SELL REAL PROPERTY, COLLECT RENTS, ETC.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name KENNETH T. DYKAS			Vice President Name LORRAINE T. DYKAS		
Street Address 17 ROCKYCREST RD.			Street Address 17 ROCKYCREST RD.		
City CUMBERLAND	State RI	Zip 02864	City CUMBERLAND	State RI	Zip 02864
Secretary Name LORRAINE T. DYKAS			Treasurer Name LORRAINE T. DYKAS		
Street Address SAME.			Street Address SAME.		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name KENNETH T. DYKAS			Director Name LORRAINE T. DYKAS		
Street Address 17 ROCKYCREST RD.			Street Address 17 ROCKYCREST RD.		
City CUMB	State RI	Zip 02864	City CUMB	State RI	Zip 02864
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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	Par Value
2,000	NO PAR VALUE		400	Common	NO PAR.

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



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: Lorraine T. Dykas Date: 1/15/05

Print or Type Name of Officer: LORRAINE T. DYKAS

Title of Officer: SECRETARY - TREASURER

File Date: **FILED**
Check No.: **FEB 11 2005**
By: 175600
FOR SECRETARY OF STATE USE ONLY



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 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 110103		2. Name of Corporation SWEET AVE. REALTY, INC			
3. Street Address Principal Business Office 17 ROCKYCREST RD			City CUMBERLAND	State RI	Zip 02864
4. Business Phone No. (401)-333-9233		5. State of Incorporation RHODE ISLAND		6. SIC Code 5538	
7. Brief Description of the Character of Business Conducted in Rhode Island TO OWN, HOLD, RENT, LEASE, MANAGE, ENCUMBER, IMPROVE, EXCHANGE, BUY AND SELL REAL PROPERTY, COLLECT RENTS, ETC.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name KENNETH T. DYKAS			Vice President Name LORRAINE T. DYKAS		
Street Address 17 ROCKYCREST RD			Street Address 17 ROCKYCREST RD		
City CUMB	State RI	Zip 02864	City CUMB	State RI	Zip 02864
Secretary Name LORRAINE T. DYKAS			Treasurer Name LORRAINE T. DYKAS		
Street Address SAME			Street Address SAME		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name KENNETH T. DYKAS			Director Name LORRAINE T. DYKAS		
Street Address 17 ROCKYCREST RD			Street Address 17 ROCKYCREST RD		
City CUMB	State RI	Zip 02864	City CUMB	State RI	Zip 02864
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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	Par Value
2,000	NO PAR VALUE		400	Common	NO PAR.

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



* 1 1 0 1 0 3 *

File Date: 2/21/04
Check No.: 768
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: 2/21/04
LORRAINE T. DYKAS
Print or Type Name of Officer
SECRETARY - TREASURER
Title of Officer

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

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



(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 110103 2. Name of Corporation SWEET AVE. REALTY, INC

3. Street Address Principal Business Office 17 ROCKYCREST RD. City CUMBERLAND State RI Zip 02864

4. Business Phone No. 401-333-9233 5. State of Incorporation RHODE ISLAND 6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island BUYING, MAINTAINING, SELLING REAL ESTATE.

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

President Name KENNETH T. DTKAS
Street Address 17 ROCKYCREST RD.
City CUMBERLAND State RI Zip 02864

Vice President Name LORRAINE T. DTKAS
Street Address 17 ROCKYCREST RD.
City CUMB. State RI Zip 02864

Secretary Name LORRAINE T. DTKAS
Street Address SAMS.
City _____ State _____ Zip _____

Treasurer Name LORRAINE T. DTKAS
Street Address SAMS.
City _____ State _____ Zip _____

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

Director Name KENNETH T. DTKAS
Street Address 17 ROCKYCREST RD.
City CUMB. State RI Zip 02864

Director Name LORRAINE T. DTKAS
Street Address 17 ROCKYCREST RD.
City CUMB. State RI Zip 02864

Director Name _____
Street Address _____
City _____ State _____ Zip _____

Director Name _____
Street Address _____
City _____ State _____ Zip _____

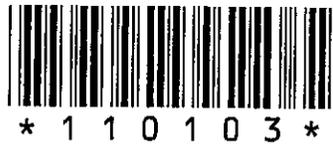
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	2,000	NO PAR VALUE	

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	400	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: 2/12/03
Check No.: 475
By: [Signature]

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 1/15/03
Print or Type Name of Officer LORRAINE T. DTKAS
Title of Officer SECRETARY - TREASURER



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **110103** 2. Name of Corporation **SWEET AVE. REALTY, INC**

3. Street Address Principal Business Office **17 ROCKY CREST RD.** City **CUMB.** State **RI.** Zip **02847.**

4. Business Phone No. **(401)-333-9233** 5. State of Incorporation **RHODE ISLAND**

7. Brief Description of the Character of Business Conducted in Rhode Island
BUYING, MAINTAINING, & SELLING OF REAL ESTATE.

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

President Name **KENNETH T. DTKAS.**

Street Address **17 ROCKY CREST RD.**
City **CUMB.** State **RI.** Zip **02847.**

Secretary Name **LORENS T. DTKAS.**

Street Address **SAME.**
City _____ State _____ Zip _____

Vice President Name **LORENS T. DTKAS.**

Street Address **17 ROCKY CREST RD.**
City **CUMB.** State **RI.** Zip **02847.**

Treasurer Name **LORENS T. DTKAS.**

Street Address **SAME.**
City _____ State _____ Zip _____

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

Director Name **LORENS T. DTKAS.**

Street Address **SAME.**
City _____ State _____ Zip _____

Director Name **KENNETH T. DTKAS.**

Street Address **SAME.**
City _____ State _____ Zip _____

Director Name _____ Street Address _____ City _____ State _____ Zip _____

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Class/Series	Par Value
Number of Shares		
J NO PAR VALUE		

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

ISSUED SHARES	Class/Series	Par Value
Number of Shares		
400	Common	NO PAR

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



* 1 1 0 1 0 3 *

File Date: **2-25-02**

Check No.: **345**

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] **2/19/02**
Signature of Officer Date

LORENS T. DTKAS.
Print or Type Name of Officer

Sec. - Treas.
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **110103** 2. Name of Corporation **SWEET AVE. REALTY, INC**

3. Street Address Principal Business Office **17 ROCKYCREST RD.** City **CUMBERLAND** State **RI.** Zip **02864.**

4. Business Phone No. **(401) - 333 - 9233.** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island
BUYING, MAINTAINING, & SELLING OF REAL ESTATE.

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

President Name KENNETH T. DYKAS.	Vice President Name LORRAINE T. DYKAS.
Street Address 17 ROCKYCREST RD.	Street Address 17 ROCKYCREST RD.
City CUMBERLAND State RI. Zip 02864.	City CUMB. State RI. Zip 02864.
Secretary Name LORRAINE T. DYKAS.	Treasurer Name LORRAINE T. DYKAS.
Street Address SAMS.	Street Address SAMS.
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 KENNETH T. DYKAS.	Director Name LORRAINE T. DYKAS.
Street Address 17 ROCKYCREST RD.	Street Address 17 ROCKYCREST RD.
City CUMB. State RI. Zip 02864.	City CUMB. State RI. Zip 02864.
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
2000 SHARES	Common -	NO PAR.

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
400 SHARES	Common	NO PAR.

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



* 1 1 0 1 0 3 *

File Date: 3/2

Check No.: 240

By: [Signature]

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.

Lorraine T. Dykas. 2/26/01.

Signature of Officer LORRAINE T. DYKAS. Date

Print or Type Name of Officer SECRETARY - TREASURER.

Title of Officer