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

AMENDED FILING – EFF. 2.12.02

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

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

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.	2. Name of Corporation
31803	Promac, Inc.

3. Street Address Principal Business Office	City	State	Zip
450 OLD BAPTIST ROAD	NORTH KINSGTOWN	RI	02852

4. Business Phone No.	5. State of Incorporation	6. SIC Code
(401) 885-5771	RHODE ISLAND	7245

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

DEVELOPMENT & CONSTRUCTION OF REAL ESTATE, BUYING & SELLING REALTY

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

President Name	Vice President Name
ANTHONY A. GERUSO	~~TINA M. GERUSO~~ GREGORY M. GERUSO
Street Address	Street Address
286 SAGE TRAIL	286 SAGE TRAIL
City / State / Zip	City / State / Zip
NO. KINGSTOWN / RI / 02852	NO. KINSGTOWN / RI / 02852
Secretary Name	**Treasurer Name**
MAUREEN J. MYETTE	~~TINA M. GERUSO~~ ANTHONY A. GERUSO
Street Address	Street Address
29 NEW YORK AVE.	286 SAGE TRAIL
City / State / Zip	City / State / Zip
CUMBERLAND / RI / 02864	NO. KINGSTOWN / RI / 02852

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

Director Name	Director Name
ANTHONY A. GERUSO	ANTHONY T. GERUSO
Street Address	Street Address
286 SAGE TRAIL	15 LITTLE POND COUNTY ROAD
City / State / Zip	City / State / Zip
NO. KINGSTOWN / RI / 02852	CUMBERLAND / RI / 02864
Director Name	**Director Name**
~~TUNA M. GERUSO~~ NONE	NONE
Street Address	Street Address
~~286 SAGE TRAIL~~	
City / State / Zip	City / State / Zip
~~NO. KINGSTOWN RI 02852~~	

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)*			11. SHARES ISSUED *("X" BOX FOR ATTACHMENT)*		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600 COMM NO PAR VALUE			600		

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

* 3 1 8 0 3 *

Anthony A. Geruso 2/12/02
ANTHONY A. GERUSO, PRESIDENT

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.

Anthony A. Geruso 2/1/02
Signature of Officer *Date*

ANTHONY A. GERUSO
Print or Type Name of Officer

PRESIDENT
Title of Officer

Date:

Check No.:

By:

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