



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 123306
 2. Name of Corporation Capraro Appraisal Company
 3. Street Address Principal Business Office 1515 Smith Street
 City No. Providence State RI Zip 02911
 4. Business Phone No. (401) 353-5500
 5. State of Incorporation Rhode Island
 6. SIC Code 8888
 7. Brief Description of the Character of Business Conducted in Rhode Island
 Appraisal of Real Estate

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

President Name Thomas Capraro, Jr. Street Address 1515 Smith Street City No. Providence State RI Zip 02911	Vice President Name None Street Address 1515 Smith Street City No. Providence State RI Zip 02911
Secretary Name None Street Address City No. Providence State RI Zip 02911	Treasurer Name None Street Address City No. Providence State RI Zip 02911

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

Director Name None Street Address City No. Providence State RI Zip 02911	Director Name None Street Address City No. Providence State RI Zip 02911
Director Name None Street Address City No. Providence State RI Zip 02911	Director Name None Street Address City No. Providence State RI Zip 02911

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

AUTHORIZED SHARES	Class/Series	Par Value
1	common	NPV

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

ISSUED SHARES	Class/Series	Par Value
1	common	NPV

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



FILED
SEP 01 2005
By AMF
75921

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: 8/16/05
 Print or Type Name of Officer: Thomas Capraro, Jr.
 Title of Officer: President

File Date _____
 Check No. _____
 By: _____
 FOR SECRETARY OF STATE USE ONLY

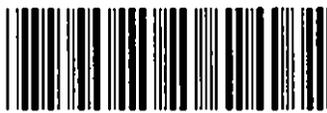


PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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

1. Corporate ID No. 123306		2. Name of Corporation Capraro Appraisal Company			
3. Street Address Principal Business Office 1910 SMITH STREET SUITE 12			City NO. PROV	State RI	Zip 02911
4. Business Phone No. 401-353-5500		5. State of Incorporation RHODE ISLAND		6. SIC Code 8888	
7. Brief Description of the Character of Business Conducted in Rhode Island APPRAISAL OF REAL ESTATE					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name THOMAS CAPRARO JR			Vice President Name NONE		
Street Address 101 ANGELL AVENUE			Street Address		
City NO. PROV	State RI	Zip 02911	City	State	Zip
Secretary Name NONE			Treasurer Name NONE		
Street Address			Street Address		
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 NONE			Director Name NONE		
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) <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
1	NO PAR VALUE		1	COMMON	NO PAR

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



* 1 2 3 3 0 6 *

FILED

File Date **OCT 06 2004**

Check No. **By M 47026**

By: **GM**

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.

THOMAS CAPRARO JR **10/06/2004**

Signature of Officer Date

THOMAS CAPRARO JR

Print or Type Name of Officer

PRESIDENT

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. **123306**
2. Name of Corporation **Capraro Appraisal Company**
3. Street Address Principal Business Office
1910 SMITH STREET SUITE 12
4. Business Phone No. **401 353 5500**
5. State of Incorporation **RHODE ISLAND**

City **NORTH PROVIDENCE** State **RI** Zip **02911**
6. SIC Code **8888**

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

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

President Name **THOMAS CAPRARO, JR.**
Street Address **101 ANGELL AVENUE**
City **N PROVIDENCE** State **RI** Zip **02911**
Secretary Name **NONE**
Street Address
City State Zip

Vice President Name **NONE**
Street Address
City State Zip
Treasurer Name **NONE**
Street Address
City State Zip

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

Director Name **NONE**
Street Address
City State Zip
Director Name **NONE**
Street Address
City State Zip

Director Name **NONE**
Street Address
City State Zip
Director Name **NONE**
Street Address
City State Zip

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

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

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

ISSUED SHARES
Number of Shares Class/Series Par Value

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



File Date: 2/3/03
Check No.: 1455
By: SM

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: 1/28/03
Print or Type Name of Officer: THOMAS CAPRARO JR.
Title of Officer: OWNER, PRESIDENT