



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 IN BLACK)

1. Corporate ID No. 80011  
2. Name of Corporation TRIXIE REALTY, INC.  
3. Street Address Principal Business Office 472 SMITH STREET  
City PROVIDENCE State RI Zip 02908  
4. Business Phone No. (401) 454-3400  
5. State of Incorporation RHODE ISLAND  
6. SIC Code 5520  
7. Brief Description of the Character of Business Conducted in Rhode Island  
TO OWN, LEASE, BUY AND SELL REAL ESTATE.

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

President Name CARMINE J. SPINELLA			Vice President Name SAME		
Street Address 37 GILLEN AVENUE			Street Address		
City PROVIDENCE	State RI	Zip 02904	City	State	Zip
Secretary Name SAME			Treasurer Name SAME		
Street Address			Street Address		
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 CARMINE J. SPINELLA			Director Name		
Street Address 37 GILLEN AVENUE			Street Address		
City PROVIDENCE	State RI	Zip 02904	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
800 COMM NO PAR VALUE		

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

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
None		

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



8 0 0 1 1

\*80011 DBC 01/13/05 08:30:59 AM\*  
File Date 2-28-05  
Check No. 703  
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] 2-25-05  
Signature of Officer Date  
Carmine J. Spinella  
Print or Type Name of Officer  
President  
Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004**

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 80011		2. Name of Corporation TRIXIE REALTY, INC.			
3. Street Address Principal Business Office 472 SMITH STREET			City PROVIDENCE	State RI	Zip 02908
4. Business Phone No. 4014543400		5. State of Incorporation RHODE ISLAND		6. SIC Code 5520	
7. Brief Description of the Character of Business Conducted in Rhode Island TO OWN, LEASE, BUY AND SELL REAL ESTATE.					
<b>8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS</b>					
President Name Carmine J. Spinella			Vice President Name same		
Street Address 37 Gillen Avenue			Street Address .		
City Providence	State RI	Zip 02904	City .	State .	Zip .
Secretary Name same			Treasurer Name same		
Street Address .			Street Address .		
City .	State .	Zip .	City .	State .	Zip .
<b>9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS</b>					
Director Name Carmine J. Spinella			Director Name .		
Street Address 37 Gillen Avenue			Street Address .		
City Providence	State RI	Zip 02904	City .	State .	Zip .
Director Name .			Director Name .		
Street Address .			Street Address .		
City .	State .	Zip .	City .	State .	Zip .
<b>10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>			<b>11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
800 COMM NO PAR VALUE			None		

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



8 0 0 1 1

\*80011 DBC 01/16/04 02:53:36 PM\*

File Date 2/23/04

Check No. 650

By: SC

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.

Carmine J. Spinella 2/19/04  
Signature of Officer Date

Carmine J. Spinella  
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. **80011** 2. Name of Corporation **TRIXIE REALTY, INC.**  
3. Street Address Principal Business Office **474 Smith Street** City **Providence** State **RI** Zip **02908**  
4. Business Phone No. **(401) 454-3400** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **5520**  
7. Brief Description of the Character of Business Conducted in Rhode Island

To own, lease, buy and sell real estate or for any other lawful purpose.

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

President Name <b>Carmine J. Spinella</b> Street Address <b>37 Gillen Avenue</b> City <b>N. Providence</b> State <b>RI</b> Zip <b>02904</b>	Vice President Name <b>Carmine J. Spinella</b> Street Address <b>37 Gillen Avenue</b> City <b>N. Providence</b> State <b>RI</b> Zip <b>02904</b>
Secretary Name <b>Carmine J. Spinella</b> Street Address <b>37 Gillen Avenue</b> City <b>N. Providence</b> State <b>RI</b> Zip <b>02904</b>	Treasurer Name <b>Carmine J. Spinella</b> Street Address <b>37 Gillen Avenue</b> City <b>N. Providence</b> State <b>RI</b> Zip <b>02904</b>

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

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

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

AUTHORIZED SHARES	Class/Series	Par Value
800 COMM NO PAR VALUE		

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

ISSUED SHARES	Class/Series	Par Value
None		

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



\* 8 0 0 1 1 \*

File Date: 2.02.03  
Check No.: 582  
By: UP

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.

Carmine J. Spinella 2-4-03  
Signature of Officer Date  
Carmine J. Spinella  
Print or Type Name of Officer  
President  
Title of Officer



**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. **80011** 2. Name of Corporation **TRIXIE REALTY, INC.**  
3. Street Address Principal Business Office **474 Smith Street** City **Providence** State **RI** Zip **02908**  
4. Business Phone No. **(401) 454-3400** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **5520**  
7. Brief Description of the Character of Business Conducted in Rhode Island  
**To own, lease, buy and sell real estate or for any other lawful purpose.**

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

President Name <b>Carmine J. Spinella</b>	Vice President Name <b>Carmine J. Spinella</b>
Street Address <b>37 Gillen Avenue</b>	Street Address <b>37 Gillen Avenue</b>
City <b>N. Providence</b> State <b>RI</b> Zip <b>02904</b>	City <b>N. Providence</b> State <b>RI</b> Zip <b>02904</b>
Secretary Name <b>Carmine J. Spinella</b>	Treasurer Name <b>Carmine J. Spinella</b>
Street Address <b>37 Gillen Avenue</b>	Street Address <b>37 Gillen Avenue</b>
City <b>N. Providence</b> State <b>RI</b> Zip <b>02904</b>	City <b>N. Providence</b> State <b>RI</b> Zip <b>02904</b>

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

Director Name	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  
**800 COMM NO PAR VALUE**

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

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**None**

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



\* 8 0 0 1 1 \*

File Date: 1-22-02  
Check No.: 501  
By: RL

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: Carmin J. Spinella Date: 1-18-02  
Print or Type Name of Officer: Carmin J. Spinella  
Title of Officer: President

**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. **80011** 2. Name of Corporation **TRIXIE REALTY, INC.**

3. Street Address Principal Business Office **472..Smith Street** City **Providence** State **RI** Zip **02908**  
4. Business Phone No. **(401) 454-3400** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **5520**

7. Brief Description of the Character of Business Conducted in Rhode Island  
To own, lease, buy and sell real estate or for any other lawful purpose.

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

President Name <b>Carmine J. Spinella</b>	Vice President Name <b>Carmine J. Spinella</b>
Street Address <b>37 Gillen Avenue</b>	Street Address <b>37 Gillen Avenue</b>
City <b>N. Providence</b> State <b>RI</b> Zip <b>02904</b>	City <b>N. Providence</b> State <b>RI</b> Zip <b>02904</b>
Secretary Name <b>Carmine J. Spinella</b>	Treasurer Name <b>Carmine J. Spinella</b>
Street Address <b>37 Gillen Avenue</b>	Street Address <b>37 Gillen Avenue</b>
City <b>N. Providence</b> State <b>RI</b> Zip <b>02904</b>	City <b>N. Providence</b> State <b>RI</b> Zip <b>02904</b>

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

Director Name <b>Same</b>	Director Name <b>Same</b>
Street Address	Street Address
City	City
State	State
Zip	Zip
Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip

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

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
**800 SHS NO PAR COMMON**

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

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**None**

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



\* 8 0 0 1 1 \*

File Date: 2/16  
Check No.: 452  
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] 2-14-01  
Signature of Officer Date  
Carmine J. Spinella  
Print or Type Name of Officer  
President -  
Title of Officer



**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. **80011** 2. Name of Corporation **TRIXIE REALTY, INC.**  
3. Street Address Principal Business Office City State Zip  
**472 SMITH STREET PROVIDENCE RI 02908**  
4. Business Phone No. (401) 454-3400 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **5520**  
7. Brief Description of the Character of Business Conducted in Rhode Island

TO OWN, LEASE, BUY AND SELL REAL ESTATE OR FOR ANY OTHER LAWFUL PURPOSE.

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

President Name <b>CARMINE J. SPINELLA</b> Street Address <b>37 GILLEN AVENUE</b> City State Zip <b>NCRTH PROVIDENCE RI 02904</b>	Vice President Name <b>CARMINE J. SPINELLA</b> Street Address <b>37 GILLEN AVENUE</b> City State Zip <b>N. PROVIDENCE RI 02904</b>
Secretary Name <b>CARMINE J. SPINELLA</b> Street Address <b>37 GILLEN AVENUE</b> City State Zip <b>N. PROVIDENCE RI 02904</b>	Treasurer Name <b>CARMINE J. SPINELLA</b> Street Address <b>37 GILLEN AVENUE</b> City State Zip <b>N. PROVIDENCE RI 02904</b>

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

Director Name <b>SAME</b> Street Address <b>SAME</b> City State Zip	Director Name <b>SAME</b> Street Address <b>SAME</b> City State Zip
---	---

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

AUTHORIZED SHARES		
Number of Shares	Class/Series	Par Value
<b>800 SHS</b>	<b>NO PAR</b>	<b>COMMON</b>

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

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
<b>NONE</b>		

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



\* 8 0 0 1 1 \*

File Date: 2/14/00  
Check No.: 375  
By: DJM

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.

Carmine Spinella 2-10-2000  
Signature of Officer Date

Print or Type Name of Officer

Title of Officer

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999**

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

(FORM MUST BE TYPED IN BLACK)



1. Corporate ID No. <b>80011</b>		2. Name of Corporation <b>TRIXIE REALTY, INC.</b>					
3. Street Address Principal Business Office <b>472 Smith Street</b>				City <b>Providence</b>	State <b>RI</b>	Zip <b>02908</b>	
4. Business Phone No. <b>(401) 454-3400</b>			5. State of Incorporation <b>RHODE ISLAND</b>			6. SIC Code <b>6520</b>	
7. Brief Description of the Character of Business Conducted in Rhode Island <b>To own, lease, buy and sell real estate or for any other lawful purpose.</b>							
<b>8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS</b>							
President Name <b>Carmine J. Spinella</b>				Vice President Name <b>Carmine J. Spinella</b>			
Street Address <b>37 Gillen Avenue</b>				Street Address <b>37 Gillen Avenue</b>			
City <b>North Providence</b>	State <b>RI</b>	Zip <b>02904</b>	City <b>North Providence</b>	State <b>RI</b>	Zip <b>02904</b>		
Secretary Name <b>Carmine J. Spinella</b>				Treasurer Name <b>Carmine J. Spinella</b>			
Street Address <b>37 Gillen Avenue</b>				Street Address <b>37 Gillen Avenue</b>			
City <b>North Providence</b>	State <b>RI</b>	Zip <b>02904</b>	City <b>North Providence</b>	State <b>RI</b>	Zip <b>02904</b>		
<b>9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS</b>							
Director Name <b>Same</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		
<b>10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/></b>				<b>11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/></b>			
AUTHORIZED SHARES			ISSUED SHARES				
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value		
<b>800 SHS NO PAR COMMON</b>			<b>200</b>	<b>Common</b>	<b>No Par Value</b>		

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



File Date: Feb 12, 99  
Check No.: 306  
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] 2-10-99  
Signature of Officer Date  
**Carmine J. Spinella**  
Print or Type Name of Officer  
**President**  
Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998**

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **80011** 2. Name of Corporation **TRIXIE REALTY, INC.**  
3. Street Address Principal Business Office **472 SMITH STREET** City **PROVIDENCE** State **RI** Zip **02908**  
4. Business Phone No. **(401) 454-3400** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **5520**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**TO OWN, LEASE, BUY AND SELL REAL ESTATE OR FOR ANY OTHER LAWFUL PURPOSE.**

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT)

President Name <b>CARMINE J. SPINELLA</b> Street Address <b>37 GILLEN AVENUE</b> City <b>NORTH PROVIDENCE</b> State <b>RI</b> Zip <b>02904</b>	Vice President Name <b>CARMINE J. SPINELLA</b> Street Address <b>37 GILLEN AVENUE</b> City <b>NORTH PROVIDENCE</b> State <b>RI</b> Zip <b>02904</b>
Secretary Name <b>CARMINE J. SPINELLA</b> Street Address <b>37 GILLEN AVENUE</b> City <b>NORTH PROVIDENCE</b> State <b>RI</b> Zip <b>02904</b>	Treasurer Name <b>CARMINE J. SPINELLA</b> Street Address <b>37 GILLEN AVENUE</b> City <b>NORTH PROVIDENCE</b> State <b>RI</b> Zip <b>02904</b>

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT)

Director Name <b>CARMINE J. SPINELLA</b> Street Address <b>37 GILLEN AVENUE</b> City <b>NORTH PROVIDENCE</b> State <b>RI</b> Zip <b>02904</b>	Director Name <b>None</b> Street Address <b>None</b> City <b>None</b> State <b>None</b> Zip <b>None</b>
Director Name <b>None</b> Street Address <b>None</b> City <b>None</b> State <b>None</b> Zip <b>None</b>	Director Name <b>None</b> Street Address <b>None</b> City <b>None</b> State <b>None</b> Zip <b>None</b>

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

AUTHORIZED SHARES	Class/Series	Par Value
<b>800 SHS</b>	<b>NO PAR</b>	<b>COMMON</b>

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

ISSUED SHARES	Class/Series	Par Value
<b>200</b>	<b>COMMON</b>	<b>NO PAR VALUE</b>

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



File Date: 9/23/98  
Check No.: 73  
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] 2-23-98  
Signature of Officer Date  
**CARMINE J. SPINELLA**  
Print or Type Name of Officer  
**PRESIDENT**  
Title of Officer



**PROFIT CORPORATION ANNUAL REPORT 1997**

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **80011** 2. Name of Corporation **TRIXIE REALTY, INC.**  
3. Street Address Principal Business Office **472 SMITH STREET** City **PROVIDENCE** State **RI** Zip **02908**  
4. Business Phone No. **(401) 454-3400** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **5520**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**TO OWN, LEASE, BUY AND SELL REAL ESTATE OR FOR ANY OTHER LAWFUL PURPOSE.**

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT)

President Name <b>CARMINE J. SPINELLA</b> Street Address <b>37 GILLEN AVENUE</b> City <b>NORTH PROVIDENCE</b> State <b>RI</b> Zip <b>02904</b>	Vice President Name <b>CARMINE J. SPINELLA</b> Street Address <b>37 GILLEN AVENUE</b> City <b>NORTH PROVIDENCE</b> State <b>RI</b> Zip <b>02904</b>
Secretary Name <b>CARMINE J. SPINELLA</b> Street Address <b>37 GILLEN AVENUE</b> City <b>NORTH PROVIDENCE</b> State <b>RI</b> Zip <b>02904</b>	Treasurer Name <b>CARMINE J. SPINELLA</b> Street Address <b>37 GILLEN AVENUE</b> City <b>NORTH PROVIDENCE</b> State <b>RI</b> Zip <b>02904</b>

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT)

Director Name <b>CARMINE J. SPINELLA</b> Street Address <b>37 GILLEN AVENUE</b> City <b>NORTH PROVIDENCE</b> State <b>RI</b> Zip <b>02904</b>	Director Name  Street Address  City  State  Zip
Director Name  Street Address  City  State  Zip	Director Name  Street Address  City  State  Zip

10. SHARES AUTHORIZED AND ISSUED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>800 SHS</b>	<b>NO PAR COMMON</b>		<b>200</b>	<b>COMMON</b>	<b>NO PAR VALUE</b>

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



File Date: 3.3.97

Check No.: 187

By: ICP

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.

Carmine Spinella 2-28-97  
Signature of Officer Date

CARMINE J. SPINELLA  
Print or Type Name of Officer

PRESIDENT  
Title of Officer

# PROFIT CORPORATION ANNUAL REPORT

## 1996



State of Rhode Island and Providence Plantations  
James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street  
Providence, Rhode Island 02903-1335 • (401) 277-3040

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

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. 80011		2. NAME OF CORPORATION TRIXIE REALTY, INC.			
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 472 Smith Street			CITY Providence,	STATE RI	ZIP CODE 02908
4. BUSINESS PHONE NO. (401) 454-3400		5. STATE OF INCORPORATION RHODE ISLAND			6. SIC CODE 5520

7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND  
To own, lease, buy and sell real estate or for any other lawful purpose

8. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME CARMINE J. SPINELLA			VICE PRESIDENT NAME CARMINE J. SPINELLA		
STREET ADDRESS 37 Gillen Avenue			STREET ADDRESS 37 Gillen Avenue		
CITY Providence, N.	STATE RI	ZIP CODE 02904	CITY N. Providence	STATE RI	ZIP CODE 02904

SECRETARY NAME CARMINE J. SPINELLA			TREASURER NAME CARMINE J. SPINELLA		
STREET ADDRESS 37 Gillen Avenue			STREET ADDRESS 37 Gillen Avenue		
CITY N. Providence	STATE RI	ZIP CODE 02904	CITY N. Providence,	STATE RI	ZIP CODE 02904

9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME CARMINE J. SPINELLA			DIRECTOR NAME		
STREET ADDRESS 37 Gillen Avenue			STREET ADDRESS		
CITY N. Providence	STATE RI	ZIP CODE 02904	CITY	STATE	ZIP CODE
DIRECTOR NAME			DIRECTOR NAME		
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE

10. SHARES AUTHORIZED AND ISSUED

AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
800 SHS	NO PAR COMMON		200	Common	No Par Value

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.

File Date: 2/5/96

Check No: 144

By: For Secretary of State Use Only

Signature of Officer

CARMINE J. SPINELLA  
Print or Type Name of Officer

PRESIDENT  
Title of Officer

1-31-96  
Date



**ANNUAL REPORT**

Please Type or Print  
 File Annually - Jan. 1 - March 1  
 Filing Fee \$50.00  
 Make Checks Payable to: Secretary of State

**ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.**

0080011

1995

Corporate ID: \_\_\_\_\_ Annual Report for the year: \_\_\_\_\_

Name of Corporation: TRIXIE REALTY, INC.

Business entity organized under the laws of the State of: RI

For foreign entity, address and telephone number of principal office:

Business Entity is (check one):

Business Corporation (See RIGL Chapter 7-1.1)

Professional Service Corporation (See RIGL Chapter 7-5.1)

Phone: ( )

Brief statement of the character of business conducted in Rhode Island:

To own, lease, buy and sell real estate  
or for any other lawful purpose.

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

TRIXIE REALTY, INC.

472 Smith Street

Providence, RI 02908

Phone: (401) 454-3400

**THE NAMES OF THE OFFICERS ARE:**

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
PRESIDENT <u>CARMINE J. SPINELLA</u>	<u>37 Gillen Avenue</u>	<u>North Providence, RI</u>	<u>02904</u>
VICE PRESIDENT <u>CARMINE J. SPINELLA</u>	<u>37 Gillen Avenue</u>	<u>North Providence, RI</u>	<u>02904</u>
SECRETARY <u>CARMINE J. SPINELLA</u>	<u>37 Gillen Avenue</u>	<u>North Providence, RI</u>	<u>02904</u>
TREASURER <u>CARMINE J. SPINELLA</u>	<u>37 Gillen Avenue</u>	<u>North Providence, RI</u>	<u>02904</u>

**THE NAMES OF THE DIRECTORS ARE:**

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>CARMINE J. SPINELLA</u>	<u>37 Gillen Avenue</u>	<u>North Providence, RI</u>	<u>02904</u>

NUMBER OF SHARES AUTHORIZED (Rider may be attached)			NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)		
Number of Shares	Class / Series		Number of Shares	Class / Series	
800	Common	N/A	200	Common	N/A

Date February 8, 1995

By: Carmine Spinella  
CARMINE J. SPINELLA

PRINT OR TYPE NAME OF OFFICER SIGNING  
PRESIDENT  
 TITLE OF OFFICER SIGNING

Form 31 1-95

**DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:**

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

DAVID M. SPINELLA  
 735 SMITH STREET  
 PROVIDENCE RI 02908

**FILED**

FEB 13 1995

By: [Signature]  
00119