



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. 131813		2. Name of Corporation WTS REALTY, INC.			
3. Street Address Principal Business Office 172 FRONT STREET			City WOONSOCKET	State RI	Zip 02895-
4. Business Phone No. 4017651840		5. State of Incorporation RHODE ISLAND			6. SIC Code 5838
7. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN THE REAL ESTATE BUSINESS AND REAL ESTATE TRANSACTIONS					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name RONALD H. GASKIN			Vice President Name STEVEN DENOYELLE		
Street Address 10 URSULA ROAD			Street Address 137 MONTY AVENUE		
City SMITHFIELD	State RI	Zip 02917	City WOONSOCKET	State RI	Zip 02895
Secretary Name RONALD H. GASKIN			Treasurer Name STEVEN DENOYELLE		
Street Address 10 URSULA ROAD			Street Address 137 MONTY AVENUE		
City SMITHFIELD	State RI	Zip 02917	City WOONSOCKET	State RI	Zip 02895
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name RONALD H. GASKIN			Director Name STEVEN DENOYELLE		
Street Address 10 URSULA ROAD			Street Address 137 MONTY AVENUE		
City SMITHFIELD	State RI	Zip 02917	City WOONSOCKET	State RI	Zip 02895
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		1,000	COMMON	NO PAR

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



1 3 1 8 1 3

131813 DEC 02/19/05 03:46:34 PM

File Date 12/25/05

Check No. 1042

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] 12/21/05
Signature of Officer Date
RONALD H. GASKIN
Print or Type Name of Officer
PRESIDENT
Title of Officer



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



* 1 3 1 8 1 3 *

File Date 3/9/04
Check No. 1015
By: W
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] 3/1/04
Signature of Officer Date
RONALD H. GASKIN
Print or Type Name of Officer
PRESIDENT
Title of Officer