



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. 125013		2. Name of Corporation Poppy Hills Development Group		
3. Street Address Principal Business Office 1481 Atwood Avenue		City Johnston	State RI	Zip 02919
4. Business Phone No. (401) 861-7788		5. State of Incorporation RHODE ISLAND		6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN THE BUSINESS OF BUYING, SELLING, DEVELOPING, TRANSFERRING, LEASING AND/OR RENTING REAL ESTATE				
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Richard J. Colardo, Sr.		Vice President Name Richard J. Colardo, Jr.		
Street Address 1481 Atwood Avenue		Street Address 1481 Atwood Avenue		
City Johnston	State RI	Zip 02919	City Johnston	State RI
Secretary Name Richard J. Colardo, Sr.		Treasurer Name Richard J. Colardo, Jr.		
Street Address 1481 Atwood Avenue		Street Address 1481 Atwood Avenue		
City Johnston	State RI	Zip 02919	City Johnston	State RI
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name Richard J. Colardo, Sr.		Director Name Richard J. Colardo, Jr.		
Street Address 1481 Atwood Avenue		Street Address 1481 Atwood Avenue		
City Johnston	State RI	Zip 02919	City Johnston	State RI
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
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
8,000 NO PAR VALUE			100	Class A
				no par

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



File Date	<u>3/1/05</u>
Check No.	<u>17568</u>
By:	<u>VD.</u>
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

Richard J. Colardo, Sr.

Print or Type Name of Officer

President

Title of Officer



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City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Secretary Name Richard J. Colardo, Sr.			Treasurer Name Richard J. Colardo, Jr.		
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City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Director Name			Director Name		
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City	State	Zip	City	State	Zip
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AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000 NO PAR VALUE			100	Class A	no par

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



* 1 2 5 0 1 3 *

File Date 2/19/04
Check No. 17256
By: ls.

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

Richard J. Colardo, Sr.

Print or Type Name of Officer

President

Title of Officer

Date



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

man, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



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1. Corporate ID No.

2. Name of Corporation

125013

Poppy Hills Development Group

3. Street Address Principal Business Office

1481 Atwood Avenue

City

Johnston

State

RI

Zip

02919

4. Business Phone No.

(401) 861-7788

5. State of Incorporation

RHODE ISLAND

6. SIC Code

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

Buying, selling, leasing, holding, and otherwise generally dealing in real property.

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

President Name

Richard J. Colardo, Sr.

Vice President Name

Richard J. Colardo, Jr.

Street Address

1481 Atwood Avenue

Street Address

1481 Atwood Avenue

City

Johnston

State

RI

Zip

02919

City

Johnston

State

RI

Zip

02919

Secretary Name

Richard J. Colardo, Sr.

Treasurer Name

Richard J. Colardo, Sr.

Street Address

1481 Atwood Avenue

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RI

Zip

02919

City

Johnston

State

RI

Zip

02919

Director Name

Director Name

Street Address

Street Address

City

Johnston

State

RI

Zip

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

8,000 NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

100

Class A

no par

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



* 1 2 5 0 1 3 *

File Date: FILED

Check No.: FEB 27 2003

By: By 18213

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

Richard J. Colardo, Sr.

Print or Type Name of Officer

President

Title of Officer

5

Form 630 12/02