



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. 87813		2. Name of Corporation FORNEL REALTY INC.			
3. Street Address Principal Business Office 1113 CHARLES ST.			City N. PROV.	State R.I.	Zip 02904
4. Business License No. (401) 723 6900		5. State of Incorporation RHODE ISLAND		6. SIC Code 5579	
7. Brief Description of the Character of Business Conducted in Rhode Island PURCHASE AND SALE 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 LUIGI LANCELLOTTA			Vice President Name ANTHONY LANCELLOTTA		
Street Address 1113 CHARLES ST.			Street Address 76 TOLUEN RD		
City N. PROV.	State R.I.	Zip 02904	City W. WARWICK	State R.I.	Zip 02893
Secretary Name LUIGI LANCELLOTTA			Treasurer Name ANTHONY LANCELLOTTA		
Street Address SAME			Street Address SAME		
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			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) <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
1,000 COMM NO PAR VALUE			400	COMM.	NO PAR

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



File Date 1/19/05
Check No. 7921
By: DA

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.

Anthony Lancellotta
Signature of Officer _____ Date _____
ANTHONY LANCELLOTTA
Print or Type Name of Officer
V.P.
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 87813		2. Name of Corporation FORNEL REALTY INC.			
3. Street Address Principal Business Office 1113 CHARLES ST. N.P.			City N. PROV.	State R.I.	Zip 02904
4. Business Phone No. (401) 723-6900		5. State of Incorporation RHODE ISLAND		6. SIC Code 5579	
7. Brief Description of the Character of Business Conducted in Rhode Island PURCHASE AND SALE 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 Luigi LANCELLETTA			Vice President Name ANTHONY LANCELLETTA		
Street Address 1111 CHARLES ST.			Street Address 26 TOWER RD		
City N. PROV.	State R.I.	Zip 02904	City W.I.	State R.I.	Zip 02893
Secretary Name SAME			Treasurer Name SAME		
Street Address SAME			Street Address SAME		
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
1,000 COMM NO PAR VALUE			400	COMM.	NO PAR VALUE

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



* 8 7 8 1 3 *

File Date 1-9-04
Check No. 7109
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] 12-29-03
Signature of Officer Date
ANTHONY LANCELLETTA
Print or Type Name of Officer
VICE 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. **87813** 2. Name of Corporation **FORNEL REALTY INC.**
3. Street Address Principal Business Office **1113 CHARLES ST. N. PROV.** City **N. PROV.** State **R.I.** Zip **02904**
4. Business Phone No. **(401) 7236900** 5. State of Incorporation **RHODE ISLAND**
6. SIC Code **5579**

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

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

President Name **LUIGI LANCELLI**
Street Address **18 JANE ST.** City **N. PROV.** State **R.I.** Zip **02904**
Secretary Name **SAME**
Street Address **SAME**
City _____ State _____ Zip _____

Vice President Name **ANTHONY LANCELLI**
Street Address **26 TOWER RD.** City **W. W.** State **R.I.** Zip **02893**
Treasurer Name **SAME**
Street Address **SAME**
City _____ State _____ Zip _____

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
Number of Shares Class/Series Par Value
1,000 COMM NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
1000 COMMON STOCK NO PAR VALUE

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



* 8 7 8 1 3 *

File Date: 2-10-03
Check No.: 6428
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 of Officer [Signature] Date 1-17-03
Print or Type Name of Officer ANTHONY LANCELLI
Title of Officer V.P.

PROFIT
Filing Period

2008



FORM LINE
Corporate ID

~~05040800~~ 0287813

FARNEL REALTY

N. PROV. R.I.

R.I.

02904

113 CHARLES ST.

R.I. (INC. 1996)

(401) 723 6900

CATERING - BANQUET.

Luigi LANCELOTTA
62 VOLTURNO ST.

N. PROV.

R.I.

02904

SAME

SAME

ANTHONY LANCELOTTA
26 TOWER RD

R.I.

02893

SAME

SAME

1000

COMMON

0

1000

COMMON

0

115

Member or Trustee

examined
statements, and
contracts

2/21/02
5679
HE

Anthony Lancellotta
ANTHONY LANCELOTTA
V.P.

2-17-02



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. **87813** 2. Name of Corporation **FORNEL REALTY INC.**
3. Street Address Principal Business Office **1113 CHARLES ST.** City **N. PROV.** State **R.I.** Zip **02904**
4. Business Phone No. **(401) 723 6900** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **5579**
7. Brief Description of the Character of Business Conducted in Rhode Island **BANQUET RESTAURANT**

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

President Name LUIGI LANCELLOTTA	Vice President Name ANTHONY LANCELLOTTA
Street Address 82 VOLTURNO ST.	Street Address 26 TOWER RD.
City N. PROV. State R.I. Zip 02904	City W.W. State R.I. Zip 02893
Secretary Name SAME	Treasurer Name SAME
Street Address SAME	Street Address SAME
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	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
1,000 SHS COMM NO PAR VAL

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)
ISSUED SHARES
Number of Shares Class/Series Par Value
1,000 SHS COMM NO PAR VAL

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



* 8 7 8 1 3 *

File Date: 1/2
4890
Check No.: 2
By: _____
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.

Anthony Lancellotta 1-5-00
Signature of Officer Date
ANTHONY LANCELLOTTA
Print or Type Name of Officer
V.P.
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. **87813** 2. Name of Corporation **FORNEL REALTY INC.**

3. Street Address Principal Business Office **113 CHARLES STREET** City **North Providence** State **RI** Zip **02904**

4. Business Phone No. **401-723-6900** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **5579**

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

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

President Name LUIGI LANCELLOTTA	Vice President Name ANTHONY LANCELLOTTA
Street Address 82 VOLTURNO ST	Street Address 26 TOWER RD
City North Providence State RI Zip 02904	City W. WARRICK State RI Zip 02893
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) 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)

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
1,000 SHS COMM NO PAR VAL		

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
100 SHS COMM NO PAR VAL		

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



* 8 7 8 1 3 *

File Date: 2/2/00
Check No.: 4131
By: cc

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.

Anthony Lancelotta 12-31-99
Signature of Officer Date
ANTHONY LANCELLOTTA
Print or Type Name of Officer
VICE PRESIDENT
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. **87813** 2. Name of Corporation **FORNEL REALTY INC.**

3. Street Address Principal Business Office
1113 CHARLES ST City **N. PROV.** State **R.I.** Zip **02904**

4. Business Phone No. **(401) 723 6900** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **5579**

7. Brief Description of the Character of Business Conducted in Rhode Island
RESTAURANT - CATERING - BANQUETS

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

<p>President Name LUIGI LANCELOTTA</p> <p>Street Address 82 VOLTURNO ST</p> <p>City N. PROV. State R.I. Zip 02904</p> <p>Secretary Name LUIGI LANCELOTTA</p> <p>Street Address 82 VOLTURNO ST</p> <p>City N. PROV. State R.I. Zip 02904</p>	<p>Vice President Name ANTHONY LANCELOTTA</p> <p>Street Address 26 TOWER RD.</p> <p>City W.W. State R.I. Zip 02893</p> <p>Treasurer Name ANTHONY LANCELOTTA</p> <p>Street Address 26 TOWER RD</p> <p>City W.W. State R.I. Zip 02893</p>
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9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

<p>Director Name</p> <p>Street Address</p> <p>City State Zip</p> <p>Director Name</p> <p>Street Address</p> <p>City State Zip</p>	<p>Director Name</p> <p>Street Address</p> <p>City State Zip</p> <p>Director Name</p> <p>Street Address</p> <p>City State Zip</p>
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10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) 11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 SHS COMM NO PAR VAL			1000	COMM.	NO PAR VAL

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



* 8 7 8 1 3 *

File Date: **PAID**

Check No.: **FEB 22 1999**

By: **SECY OF STATE**

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.

Anthony Lancellotta Date **2-16-99**

Signature of Officer Date

ANTHONY LANCELOTTA

Print or Type Name of Officer

VICE 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. **87813**
2. Name of Corporation **REALTY FORNEL ENTERPRISES, INC.**
3. Street Address Principal Business Office **1113 Charles Street** City **N. Providence** State **RI** Zip **02904**
4. Business Phone No. **723-6900** 5. State of Incorporation **Rhode Island** 6. SIC Code **5579**

7. Brief Description of the Character of Business Conducted in Rhode Island
purchase, sell, manage, rent and lease commercial and residential property

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

President Name			Vice President Name		
Luigi Lancellotta			Anthony Lancellotta		
Street Address			Street Address		
7 Hoover Drive			24 Tower Road		
City	State	Zip	City	State	Zip
Coventry	RI	02816	West Warwick	RI	02893
Secretary Name			Treasurer Name		
Luigi Lancellotta			Anthony Lancellotta		
Street Address			Street Address		
7 Hoover Drive			24 Tower Road		
City	State	Zip	City	State	Zip
Coventry	RI	02816	West Warwick	RI	02893

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

Director Name			Director Name		
NONE			Anthony Lancellotta		
Street Address			Street Address		
7 Hoover Drive			24 Tower Road		
City	State	Zip	City	State	Zip
Coventry	RI	02816	West Warwick	RI	02893

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

AUTHORIZED SHARES	Class/Series	Par Value
Number of Shares		
1000 SHS COMM NO PAR VAL		

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

ISSUED SHARES	Class/Series	Par Value
Number of Shares		
400	Common	none

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.

Anthony Lancellotta **6-15-98**
Signature of Officer Date
ANTHONY LANCELLOTTA
Print or Type Name of Officer
VICE PRESIDENT
Title of Officer

File Date: **6/24/98**
Check No.: **2938**
By: **[Signature]**
FOR SECRETARY OF STATE USE ONLY



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. **87813** 2. Name of Corporation **FORNEL ENTERPRISES, INC.**

3. Street Address Principal Business Office **1113 Charles Street** City **North Providence** State **RI** Zip **02904**
4. Business Phone No. **401-723-6900** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **5579**

7. Brief Description of the Character of Business Conducted in Rhode Island
purchase, sell, manage, rent & lease commercial and residential property

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

President Name Luigi Lancellotta Street Address 7 Hoover Drive City Coventry State RI Zip 02816	Vice President Name Anthony Lancellotta Street Address 24 Tower Road City West Warwick State RI Zip 02893
Secretary Name Luigi Lancellotta Street Address 7 Hoover Drive City Coventry State RI Zip 02816	Treasurer Name Anthony Lancellotta Street Address 24 Tower Road City West Warwick State RI Zip 02893

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

Director Name none 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 AND ISSUED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 SHS COMM NO PAR VAL			400	COMMON	none

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



File Date: 2/19/97
Check No.: 2036
By: [Signature] / SEC

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: 2-3-97
Print or Type Name of Officer: ANTHONY LANCELOTTA
Title of Officer: V.P.