



**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
401.222.3046

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. 66613 2. Name of Corporation THE PROVIDENCE AUCTION COMPANY

3. Street Address Principal Business Office 246 HOPE STREET City PROVIDENCE State RI Zip 02906

4. Business Phone No. 4014218888 5. State of Incorporation RHODE ISLAND 6. SIC Code 5520

7. Brief Description of the Character of Business Conducted in Rhode Island
THE AUCTIONING OF REAL ESTATE

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

President Name Peter M. Scotti Street Address 246 Hope Street City Providence State RI Zip 02906	Vice President Name None Street Address City State Zip
Secretary Name Peter M. Scotti Street Address 246 Hope Street City Providence State RI Zip 02906	Treasurer Name Peter M. Scotti Street Address 246 Hope Street City Providence State RI Zip 02906

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

Director Name Peter M. Scotti Street Address same as above 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) <input type="checkbox"/> AUTHORIZED SHARES Number of Shares Class/Series Par Value 600 NO PAR VALUE	11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES Number of Shares Class/Series Par Value 100 Common No par
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This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



66613 DBC 02/04/05 11:46:36 AM
File Date 2-18-05
Check No. 7159
By: Kp
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 Peter M. Scotti Date 2-15-05
Print or Type Name of Officer
President
Title of Officer

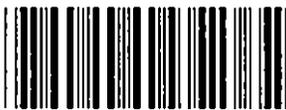


PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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

1. Corporate ID No. 66613		2. Name of Corporation THE PROVIDENCE AUCTION COMPANY					
3. Street Address Principal Business Office 246 Hope Street				City Providence	State RI	Zip 02906	
4. Business Phone No. (401) 421-8888			5. State of Incorporation RHODE ISLAND			6. SIC Code 5520	
7. Brief Description of the Character of Business Conducted in Rhode Island THE AUCTIONING 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 Peter M. Scotti				Vice President Name None			
Street Address 246 Hope Street				Street Address			
City Providence	State RI	Zip 02906		City	State	Zip	
Secretary Name Peter M. Scotti				Treasurer Name Peter M. Scotti			
Street Address 246 Hope Street				Street Address 246 Hope Street			
City Providence	State RI	Zip 02906		City Providence	State RI	Zip 02906	
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS							
Director Name Peter M. Scotti				Director Name			
Street Address same as above				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	
600 NO PAR VALUE				100	Common	no par	

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



* 6 6 6 1 3 *

File Date 2/19/04
Check No. 9920
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] 1-29-04
Signature of Officer Date
Peter M. Scotti
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. **66613** 2. Name of Corporation **THE PROVIDENCE AUCTION COMPANY**
3. Street Address Principal Business Office **246 Hope Street** City **Providence** State **RI** Zip **02906**
4. Business Phone No. **(401) 421-8888** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **5520**
7. Brief Description of the Character of Business Conducted in Rhode Island
Auctioning of real estate and any other lawful purpose.

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

President Name Peter M. Scotti Street Address 246 Hope Street City Providence State RI Zip 02906 Secretary Name Peter M. Scotti Street Address 246 Hope Street City Providence State RI Zip 02906	Vice President Name None Street Address City Providence State RI Zip 02906 Treasurer Name Peter M. Scotti Street Address 246 Hope Street City Providence State RI Zip 02906
--	--

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

Director Name Peter M. Scotti Street Address same as above City Providence State RI Zip 02906	Director Name Street Address City Providence State RI Zip 02906
--	--

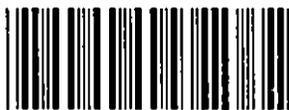
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Class/Series	Par Value
600 NO PAR VALUE		

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

ISSUED SHARES	Class/Series	Par Value
100	Common	no par

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



* 6 6 6 1 3 *

File Date: 2/3/03
Check No.: 4833
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] 1-30-03
Signature of Officer Date

Peter M. Scotti
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. **66613** 2. Name of Corporation **THE PROVIDENCE AUCTION COMPANY**
3. Street Address Principal Business Office **246 Hope Street** City **Providence** State **RI** Zip **02906**
4. Business Phone No. **(401) 421-8888** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **5520**
7. Brief Description of the Character of Business Conducted in Rhode Island
Auctioning of real estate and any other lawful purpose.

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

President Name Peter M. Scotti			Vice President Name None		
Street Address 246 Hope Street			Street Address		
City	State	Zip	City	State	Zip
Providence	RI	02906			
Secretary Name Peter M. Scotti			Treasurer Name Peter M. Scotti		
Street Address 246 Hope Street			Street Address 246 Hope Street		
City	State	Zip	City	State	Zip
Providence	RI	02906	Providence	RI	02906

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

Director Name Peter M. Scotti			Director Name		
Street Address same as above			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	Class/Series	Par Value
600 NO PAR VALUE		

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

ISSUED SHARES	Class/Series	Par Value
100	Common	no par

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



* 6 6 6 1 3 *

File Date: 6-11-02
Check No.: 8903
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: 5-22-02
Print or Type Name of Officer: Peter M. Scotti
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. **66613** 2. Name of Corporation **THE PROVIDENCE AUCTION COMPANY**

3. Street Address Principal Business Office **246 Hope Street** City **Providence** State **RI** Zip **02906**
4. Business Phone No. **(401) 421-8888** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **5520**

7. Brief Description of the Character of Business Conducted in Rhode Island
Auctioning of real estate and any other lawful purpose.

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

President Name Peter M. Scotti	Vice President Name None.
Street Address 246 Hope Street	Street Address
City State Zip Providence RI 02906	City State Zip
Secretary Name Peter M. Scotti	Treasurer Name Peter M. Scotti
Street Address 246 Hope Street	Street Address 246 Hope Street
City State Zip Providence RI 02906	City State Zip Providence RI 02906

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

Director Name Peter M. Scotti	Director Name
Street Address same as above.	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
600 SHS NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
100 Common no par

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



* 6 6 6 1 3 *

File Date: 3-9-01
Check No.: 7826
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] Date 03.06.01

Peter M. Scotti
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. **66613** 2. Name of Corporation **THE PROVIDENCE AUCTION COMPANY**

3. Street Address Principal Business Office City State Zip
246 Hope Street Providence RI 02906

4. Business Phone No. (401) 421-8888 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **5520**

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

Auctioning of real estate and any other lawful purpose.

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

President Name Peter M. Scotti	Vice President Name None
Street Address 246 Hope Street	Street Address
City State Zip Providence RI 02906	City State Zip
Secretary Name Peter M. Scotti	Treasurer Name Peter M. Scotti
Street Address 246 Hope Street	Street Address 246 Hope Street
City State Zip Providence RI 02906	City State Zip Providence RI 02906

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

Director Name Peter M. Scotti	Director Name
Street Address same as above	Street Address
City State Zip Providence RI 02906	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

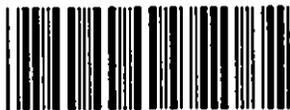
Number of Shares	Class/Series	Par Value
600 SHS	NO PAR VALUE	

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
100	Common	No Par

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



* 6 6 6 1 3 *

3/21/00

File Date: _____

Check No.: _____

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.

Peter M. Scotti 2/29/00
Signature of Officer Date

Peter M. Scotti
Print or Type Name of Officer

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. 66613		2. Name of Corporation THE PROVIDENCE AUCTION COMPANY			
3. Street Address Principal Business Office 246 Hope Street			City Providence	State RI	Zip 02906
4. Business Phone No. (401) 421-8888		5. State of Incorporation RHODE ISLAND		6. SIC Code 5520	
7. Brief Description of the Character of Business Conducted in Rhode Island Auctioning of real estate and any other lawful purpose.					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Peter M. Scotti			Vice President Name None		
Street Address 246 Hope Street			Street Address		
City Providence,	State RI	Zip 02906	City	State	Zip
Secretary Name Peter M. Scotti			Treasurer Name Peter M. Scotti		
Street Address same as above			Street Address same as above		
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 Peter M. Scotti			Director Name		
Street Address same as above			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
600 SHS NO PAR VALUE			100	Common	No Par

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



* 6 6 6 1 3 *

File Date: 04-07-99
Check No.: 6340
By: JD

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: 3/25/99
Print or Type Name of Officer: Peter M. Scotti
Title of Officer: President



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1988

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 66613 2. Name of Corporation THE PROVIDENCE AUCTION COMPANY
3. Street Address Principal Business Office 246 Hope Street City Providence State RI Zip 02906
4. Business Phone No. (401) 421-8888 5. State of Incorporation Rhode Island 6. SIC Code 5520

7. Brief Description of the Character of Business Conducted in Rhode Island
Auctioning of real estate and any other lawful purpose.

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

President Name <u>Peter M. Scotti</u>			Vice President Name <u>None</u>		
Street Address <u>246 Hope Street</u>			Street Address		
City <u>Providence</u>	State <u>RI</u>	Zip <u>02906</u>	City	State	Zip
Secretary Name <u>Peter M. Scotti</u>			Treasurer Name <u>Peter M. Scotti</u>		
Street Address <u>same as above</u>			Street Address <u>same as above</u>		
City	State	Zip	City	State	Zip

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

Director Name <u>Peter M. Scotti</u>			Director Name		
Street Address <u>same as above</u>			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
<u>600</u>	<u>Common</u>	<u>No par</u>

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

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
<u>100</u>	<u>Common</u>	<u>No par</u>

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

File Date: 6-19-98
Check No.: 41903
By: AMF

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] 1/3/98
Signature of Officer Date

Peter M. Scotti
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. **66613** 2. Name of Corporation **THE PROVIDENCE AUCTION COMPANY**
3. Street Address Principal Business Office **60 Ship St.** City **Prov.** State **RI** Zip **02903**
4. Business Phone No. **(401) 421-8888** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **5520**

7. Brief Description of the Character of Business Conducted in Rhode Island
Auctioning of real estate and any other lawful business.

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

President Name Peter M. Scotti			Vice President Name None		
Street Address 60 Ship Street			Street Address		
City Prov.	State RI	Zip 02903	City	State	Zip
Secretary Name Peter M. Scotti			Treasurer Name Peter M. Scotti		
Street Address same as above			Street Address same as above		
City	State	Zip	City	State	Zip

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

Director Name Peter M. Scotti			Director Name		
Street Address same as above			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 AND ISSUED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600 SHS	NO PAR VALUE		100	Common	no par

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



File Date: 6/20/97
Check No.: 2896
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: 6/7/97
Peter M. Scotti
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: 66613
2. NAME OF CORPORATION: THE PROVIDENCE AUCTION COMPANY
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE: 60 Ship Street, Prov., RI 02903
4. BUSINESS PHONE NO: (401) 421-8888
5. STATE OF INCORPORATION: RHODE ISLAND
6. SIC CODE: 5520/7880

7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND:
Auctioning of real estate and any other lawful business.

8. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME Peter M. Scotti			VICE PRESIDENT NAME None		
STREET ADDRESS 60 Ship Street			STREET ADDRESS		
CITY Prov.	STATE RI	ZIP CODE 02903	CITY	STATE	ZIP CODE
SECRETARY NAME Peter M. Scotti			TREASURER NAME Peter M. Scotti		
STREET ADDRESS same as above			STREET ADDRESS same as above		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE

9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME Peter M. Scotti			DIRECTOR NAME		
STREET ADDRESS same as above			STREET ADDRESS		
CITY	STATE	ZIP CODE	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
600 SHS	NO PAR VALUE		100	Common	no par val

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:

10/4/96

Check No:

1298

JS

Signature of Officer

Peter M. Scotti

Print or Type Name of Officer

President

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

Corporate ID: 0056613 Annual Report for the year: 1995

Name of Corporation: THE PROVIDENCE AUCTION COMPANY

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: ()
 Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):
60 Ship Street
Providence, RI 02903
 Phone: (401) 421-8888

Brief statement of the character of business conducted in Rhode Island:
Auctioning of real estate and any other
lawful business.

THE NAMES OF THE OFFICERS ARE:

PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
Peter M. Scotti	60 Ship Street, Providence, RI	02903	
VICE PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
none			
SECRETARY	STREET ADDRESS	CITY/STATE	ZIP CODE
Peter M. Scotti	same as above		
TREASURER	STREET ADDRESS	CITY/STATE	ZIP CODE
Peter M. Scotti	same as above		

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
Peter M. Scotti	same as above		
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

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
600	Common without par	100	Common without par

Date 2/16, 19 95 By: *P. Scotti*
 Peter M. Scotti
 PRINT OR TYPE NAME OF OFFICER SIGNING
 President
 TITLE OF OFFICER SIGNING

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.

MARC A. GREENFIELD
 321 SOUTH MAIN STREET
 PROVIDENCE RI 02903

FILED
 MAR 03 1995
 By CC 02149

Filing Fee \$50.00
Payable to:
Secretary of State

PLEASE TYPE or PRINT

State of Rhode Island and Providence Plantations
Office of The Secretary of State
100 North Main Street
Providence, Rhode Island 02903-1335
401 277-3040

145
File Annually
LLC: Sept. 1 - Nov. 1
CORP: Jan. 1 - March 1

Corporate ID: 0066613 Annual Report for the year: 1994

Name of Business Entity: THE PROVIDENCE AUCTION COMPANY

Business entity organized under the laws of the State of Rhode Island

Federal Taxpayer Identification Number: [REDACTED]

For foreign entity, address and telephone number of principal office

Name, title and mailing address of contact person to whom communications may be directed:

Peter M. Scotti, President

60 Ship Street

Providence, RI 02903

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

60 Ship Street

Providence, RI 02903

Phone: (401) 421-8888

Business Entity is (check one):

- Business Corporation (See RIGL Chapter 7-1.1)
- Professional Service Corporation (See RIGL Chapter 7-5.1)
- Limited Liability Company (See RIGL 7-16)

Name, title and mailing address of contact person to whom communications may be directed:

Peter M. Scotti, President

60 Ship Street

Providence, RI 02903

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

Auctioning of real estate.

Date of Organization: January 10, 1992

Date of Qualification to do business in Rhode Island (if foreign entity)

THE NAMES OF THE OFFICERS ARE:

CHIEF EXECUTIVE OFFICER OR PRESIDENT (Check One) STREET ADDRESS CITY/STATE ZIP CODE

Peter M. Scotti 60 Ship Street, Providence, RI 02903

CHIEF OPERATING OFFICER OR VICE PRESIDENT (Check One) STREET ADDRESS CITY/STATE ZIP CODE

none

CUSTODIAN OF RECORDS OR SECRETARY (Check One) STREET ADDRESS CITY/STATE ZIP CODE

Peter M. Scotti same as above

CHIEF FINANCIAL OFFICER OR TREASURER (Check One) STREET ADDRESS CITY/STATE ZIP CODE

Peter M. Scotti same as above

THE NAMES OF THE DIRECTORS ARE:

NAME STREET ADDRESS CITY/STATE ZIP CODE

Peter M. Scotti same as above

NAME STREET ADDRESS CITY/STATE ZIP CODE

NAME STREET ADDRESS CITY/STATE ZIP CODE

NUMBER OF SHARES AUTHORIZED (If Applicable) NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)

NUMBER 600 NUMBER 100

CLASS Common CLASS Common

SERIES SERIES

PAR VALUE OR WITHOUT PAR Without par PAR VALUE OR WITHOUT PAR Without par

FC 15795

Date Feb 28 1994 By [Signature]

Peter M. Scotti
PRINT OR TYPE NAME OF OFFICER SIGNING

President
TITLE OF OFFICER SIGNING

Form 3 1994

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form LLC 3 must be filed

MARC A. GREENFIELD
321 SOUTH MAIN STREET
PROVIDENCE RI 02903

Filing Fee \$50.00

12257975

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0055513 Annual Report for the year 1993

FIRST: The name of the corporation is THE PROVIDENCE AUCTION COMPANY

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is The auctioning of real estate or any other lawful purpose.

FOURTH: If foreign corporation, address of its principal office.....

FIFTH: Business address in Rhode Island 60 Ship Street, Providence, RI 02903

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Peter M. Scotti	Director	60 Ship Street, Providence, RI 02903
	Director	
	Director	
Peter M. Scotti	President	same as above
none	Vice President	
Peter M. Scotti	Secretary	same as above
Peter M. Scotti	Treasurer	same as above

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
600	Common		No par value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	Common		No par value

Dated August 11 19 93

THE PROVIDENCE AUCTION COMPANY

(Name of Corporation)

By Peter M. Scotti

Title President

(Report must be signed by an officer)

PAID
SEP 02 1993
SEC'Y OF STATE