



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 82719		2. Name of Corporation East Side Land Corporation			
3. Street Address Principal Business Office 270 Gano Street			City Providence	State R.I.	Zip 02906
4. Business Phone No. 401-331-2002		5. State of Incorporation Rhode Island			6. SIC Code 5579
7. Brief Description of the Character of Business Conducted in Rhode Island To purchase, sell, mortgage, rent, loan and invest in Real estate and other legal business					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Guy J. Settupane			Vice President Name same		
Street Address 270 Gano Street			Street Address		
City Providence,	State R.I.	Zip 02906	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) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name None			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
		MAR 04 2005			
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("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
1000	common	no par value	100	common	no par value
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					

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

MAR 04 2005

Handwritten signature/initials
CS9089

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 Guy J. Settupane, Pres Date _____

Print or Type Name of Officer

Title of Officer

File Date _____
Check No. _____
By: _____

FOR SECRETARY OF STATE USE ONLY



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 82719		2. Name of Corporation East Side Land Corporation			
3. Street Address Principal Business Office 270 Gano Street			City Providence	State R.I.	Zip 02906
4. Business Phone No 401-331-2002		5. State of Incorporation Rhode Island			6. SIC Code 5579

7. Brief Description of the Character of Business Conducted in Rhode Island
To Purchase, sell, mortgage, rent, loan and invest in Realestate and other legal business

NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Guy J. Settipane			Vice President Name same		
Street Address 270 Gano Street			Street Address		
City Providence,	State R.I.	Zip 02906	City	State	Zip
Secretary Name same			Treasurer Name same		
Street Address			Street Address		
City	State	Zip	City	State	Zip

NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name None			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

SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>			SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100	common	no par value	100	common	no par value

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

FILED

MAR 04 2005

Kmc
CS9089

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 Guy J. Settipane, Pres Date _____

Print or Type Name of Officer _____

Title of Officer _____

Date _____
File No. _____
FOR SECRETARY OF STATE USE ONLY



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 2003

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 82719		2. Name of Corporation East Side Land Corporation			
3. Street Address Principal Business Office 270 Gano Street			City Providence	State R.I.	Zip 02906
4. Business Phone No. 401-331-2002		5. State of Incorporation Rhode Island			6. SIC Code 5579
7. Brief Description of the Character of Business Conducted in Rhode Island To purchase, sell, mortgage, rent, loan and invest in Real estate and other legal business					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Guy J. Settupane			Vice President Name same		
Street Address 270 Gano Street			Street Address		
City Providence,	State R.I.	Zip 02906	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) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name None			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
1000	common	no par value	100	common	no par value

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

FILED

MAR 04 2005

By KMC

CS9089

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 Guy J. Settupane, Pres Date

Print or Type Name of Officer

Title of Officer

File Date: _____
Check No.: _____
By: _____
FOR SECRETARY OF STATE USE ONLY



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 2002

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

1 Corporate ID No. 82719		2 Name of Corporation East Side Land Corporation			
3 Street Address Principal Business Office 270 Gano Street			City Providence	State R.I.	Zip 02906
4 Business Phone No. 401-331-2002		5 State of Incorporation Rhode Island			6 SIC Code 5579

7 Brief Description of the Character of Business Conducted in Rhode Island
 To purchase, sell, mortgage, rent, loan and invest in Real estate and other legal business

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

President Name Guy J. Settupane			Vice President Name same		
Street Address 270 Gano Street			Street Address		
City Providence,	State R.I.	Zip 02906	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 None			Director Name		
Street Address FILED			Street Address		
City	State	Zip	City	State	Zip
		MAR 04 2005			
Director Name By _____			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

10. SHARES AUTHORIZED: (X) BOX FOR ATTACHMENT () **11. SHARES ISSUED: (X) BOX FOR ATTACHMENT ()**

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1000	common	no par value	100	common	no par value

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

MAR 04 2005
 By KMC
 C59089

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 Guy J. Settupane, Pres. Date _____

Print or Type Name of Officer _____

Title of Officer _____

File Date: _____
 Check No. _____
 By: _____
 FOR SECRETARY OF STATE USE ONLY



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 2001

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

1. Corporate ID No 82719		2. Name of Corporation East Side Land Corporation			
3. Street Address Principal Business Office 270 Gano Street			City Providence	State R.I.	Zip 02906
4. Business Phone No 401-331-2002		5. State of Incorporation Rhode Island			6. SIC Code 5579
7. Brief Description of the Character of Business Conducted in Rhode Island To purchase, sell, mortgage, rent, loan and invest in Real estate and other legal business					
8. NAMES AND ADDRESSES OF THE OFFICERS: (X) BOX FOR ATTACHMENT () FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Guy J. Settipane			Vice President Name same		
Street Address 270 Gano Street			Street Address		
City Providence,	State R.I.	Zip 02906	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 None			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 ()			11. SHARES ISSUED (X) BOX FOR ATTACHMENT ()		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1000	common	no par value	100	common	no par value

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

FILED

MAR 04 2005

By Kmc
C59089

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 Guy J. Settipane, Pres Date

Print or Type Name of Officer

Title of Officer



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 2000

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1 Corporate ID No 82719		2 Name of Corporation East Side Land Corporation			
3 Street Address Principal Business Office 270 Gano Street			City Providence	State R.I.	Zip 02906
4 Business Phone No 401-331-2002		5 State of Incorporation Rhode Island			6 SIC Code 5579
7 Brief Description of the Character of Business Conducted in Rhode Island To purchase, sell, mortgage, rent, loan and invest in Real estate and other legal business					
8 NAMES AND ADDRESSES OF THE OFFICERS: (X) BOX FOR ATTACHMENT () FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Guy J. Settupane			Vice President Name same		
Street Address 270 Gano Street			Street Address		
City Providence,	State R.I.	Zip 02906	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 None			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 ()			11. SHARES ISSUED: (X) BOX FOR ATTACHMENT ()		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1000	common	no par value	100	common	no par value

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

MAR 04 2005
By Kue
C 59089

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 Guy J. Settupane, Pres 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 OR PRINTED IN BLACK)

1. Corporate ID No 82719	2. Name of Corporation East Side Land Corporation
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3. Street Address Principal Business Office 270 Gano Street	City Providence	State R.I.	Zip 02906
----------------------------------------------------------------	--------------------	---------------	--------------

4. Business Phone No. 401-331-2002	5. State of Incorporation Rhode Island	6. SIC Code 5579
---------------------------------------	-------------------------------------------	---------------------

7. Brief Description of the Character of Business Conducted in Rhode Island
To purchase, sell, mortgage, rent, loan and invest in Real estate and other legal business

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

President Name Guy J. Settiane	Vice President Name same
-----------------------------------	-----------------------------

Street Address 270 Gano Street	Street Address
-----------------------------------	----------------

City Providence,	State R.I.	Zip 02906	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 None	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
1000	common	no par value	100	common	no par value

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

MAR 04 2005
By KMC
C59089

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 Guy J. Settiane, Pres Date _____

Print or Type Name of Officer _____

Title of Officer _____

File Date _____
Check No. _____
By: _____
FOR SECRETARY OF STATE USE ONLY



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 1998

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

1. Corporate ID No. 82719		2. Name of Corporation East Side Land Corporation			
3. Street Address Principal Business Office 270 Gano Street			City Providence	State R.I.	Zip 02906
4. Business Phone No. 401-331-2002		5. State of Incorporation Rhode Island			6. SIC Code 5579
7. Brief Description of the Character of Business Conducted in Rhode Island To purchase, sell, mortgage, rent, loan and invest in Real estate and other legal business					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Guy J. Settupane			Vice President Name same		
Street Address 270 Gano Street			Street Address		
City Providence,	State R.I.	Zip 02906	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) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name None			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name By			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
1000	common	no par value	100	common	no par value

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

MAR 04 2005

By KMC
C59089

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 Guy J. Settupane, Pres Date

Print or Type Name of Officer

Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1997

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 82719		2. Name of Corporation East Side Land Corporation			
3. Street Address Principal Business Office 270 Gano Street.			City Providence	State R.I.	Zip 02906
4. Business Phone No. 401-331-2002		5. State of Incorporation Rhode Island		6. SIC Code 5579	
7. Brief Description of the Character of Business Conducted in Rhode Island To purchase, sell, mortgage, rent, loan and invest in Real estate and other legal business					
8. NAMES AND ADDRESSES OF THE OFFICERS: (X) BOX FOR ATTACHMENT () FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Guy J. Settupane			Vice President Name same		
Street Address 270 Gano Street			Street Address		
City Providence,	State R.I.	Zip 02906	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 None			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 () FILL IN SPACES BEFORE USING ATTACHMENTS					
A. AUTHORIZED SHARES			B. ISSUED SHARES: (X) BOX FOR ATTACHMENT () FILL IN SPACES BEFORE USING ATTACHMENTS		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1000	common	no par value	100	common	no par value

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

FILED

MAR 04 2005

By KMC

CS9089

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 Guy J. Settupane, Pres Date

Print or Type Name of Officer

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 82719 2. NAME OF CORPORATION EASTside Land Corporation
~~05-0481779~~
 3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 270 Gano Street, Providence, RI. ZIP CODE 02906
 4. BUSINESS PHONE NO 331-2002 5. STATE OF INCORPORATION Rhode Island 6. SIC CODE 5579
 7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND
Real estate Management

8. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME <u>Mirna Nieves</u>	VICE PRESIDENT NAME <u>MIRNA Nieves</u>
STREET ADDRESS <u>270 Gano Street</u>	STREET ADDRESS <u>"</u>
CITY STATE ZIP CODE <u>Providence RI 02906</u>	CITY STATE ZIP CODE <u>" " "</u>
SECRETARY NAME <u>Mirna Nieves</u>	TREASURER NAME <u>Mirna Nieves</u>
STREET ADDRESS <u>"</u>	STREET ADDRESS <u>"</u>
CITY STATE ZIP CODE <u>" " "</u>	CITY STATE ZIP CODE <u>" " "</u>

9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME <u>Mirna Nieves</u>	DIRECTOR NAME
STREET ADDRESS <u>270 Gano Street</u>	STREET ADDRESS
CITY STATE ZIP CODE <u>Providence RI 02906</u>	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

NUMBER OF SHARES	AUTHORIZED SHARES CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	ISSUED SHARES CLASS / SERIES	PAR VALUE
<u>100</u>	<u>Common</u>	<u>None</u>	<u>* One</u>	<u>Common</u>	<u>None</u>

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: 1/17/96
 Check No: 11/13
 By: KID

Mirna Nieves
 Signature of Officer
Mirna Nieves
 Print or Type Name of Officer
President
 Title of Officer
10/16/96
 Date

For Secretary of State Use Only