



**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. 2. Name of Corporation

39421 J. CRABE, INC.

3. Street Address Principal Business Office

57 America's Cup Avenue

City

Newport

State

Rhode Island

Zip

02840

4. Business Phone No.

401/849-8210

5. State of Incorporation

RHODE ISLAND

6. SIC Code

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

Retail toy store

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

President Name

Joseph J. Berardone

Street Address

67 Indian Trail

City

State

Zip

Saunderstown Rhode Island 02874

Secretary Name

Catherine P. Berardone

Street Address

67 Indian Trail

City

State

Zip

Saunderstown Rhode Island 02874

Vice President Name

Catherine P. Berardone

Street Address

67 Indian Trail

City

State

Zip

Saunderstown Rhode Island 02874

Treasurer Name

Joseph J. Berardone

Street Address

67 Indian Trail

City

State

Zip

Saunderstown Rhode Island 02874

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

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 (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

1,000 SHS NO PAR VAL

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

100

Common

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



\* 3 9 4 2 1 \*

File Date: 2/28/00

Check No.: 1013

By: J.C.

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: [Signature] Date: 2/25/00

Joseph J. Berardone

Print or Type Name of Officer

President

Title of Officer