



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. 115724		2. Name of Corporation DELOS REALTY, INC.			
3. Street Address Principal Business Office TEN SMITH AVENUE			City GREENVILLE	State RI	Zip 02828-
4. Business Phone No. 4019490840		5. State of Incorporation RHODE ISLAND			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island TO BUY, RENT, SELL AND REHABILITATE REAL ESTATE					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name LIONEL DELOS			Vice President Name THIERRY DELOS		
Street Address 24 RUSTIC ACRES DRIVE			Street Address 19 MATHEW DRIVE		
City CHEPACHET	State RI	Zip 02814	City JOHNSTON	State RI	Zip 02919
Secretary Name MARIE DELOS			Treasurer Name NICOLE DELOS		
Street Address 601 FRUIT HILL AVENUE			Street Address 24 RUSTIC ACRES DRIVE		
City NORTH PROVIDENCE	State RI	Zip 02911	City CHEPACHET	State RI	Zip 02814
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
3,000	COMM NO PAR VALUE		500	COMMON	NO PAR VALUE

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



1 1 5 7 2 4

115724 DBC 01/04/05 10:46:21 AM

File Date 2-9-05

Check No. 1069

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.

Lionel Delos 2/7/05
Signature of Officer Date

Lionel Delos
Print or Type Name of Officer

President
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. 115724		2 Name of Corporation DELOS REALTY, INC.			
3 Street Address Principal Business Office 10 SMITH AVENUE			City GREENVILLE	State RI	Zip 02828
4 Business Phone No. 401-949-0840		5 State of Incorporation RHODE ISLAND			6 SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island TO BUY, RENT, SELL AND REHABILITATE REAL ESTATE					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name LIONEL DELOS			Vice President Name THIERRY DELOS		
Street Address 24 RUSTIC ACRES DRIVE			Street Address 19 MATHEW DRIVE		
City CHEPACHET	State RI	Zip 02814	City JOHNSTON	State RI	Zip 02919
Secretary Name MARIE DELOS			Treasurer Name NICOLE DELOS		
Street Address 601 FRUIT HILL AVENUE			Street Address 24 RUSTIC ACRES DRIVE		
City NORTH PROVIDENCE	State RI	Zip 02911	City CHEPACHET	State RI	Zip 02814
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
3,000	COMM NO PAR VALUE		500	COMMON	NO PAR VALUE

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



* 1 1 5 7 2 4 *

File Date: 1-30-04
Check No.: 1049
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 of Officer: [Signature]
Date: 1-25-04
Print or Type Name of Officer: Lionel Delos
Title of Officer: President



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

Edward S. Inman, III, 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 IN BLACK)

1. Corporate ID No. *115724* 2. Name of Corporation DELOS REALTY, INC.
3. Street Address Principal Business Office TEN SMITH AVENUE City GREENVILLE State RI Zip 02828-
4. Business Phone No. 5. State of Incorporation RHODE ISLAND 6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island
TO BUY, RENT, SELL AND REHABILITATE REAL ESTATE, TOGETHER WITH ALL ACTIVITIES INCIDENTAL THERETO AND NOT PROHIBITED BY LAW.

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

President Name LIONEL DELOS Street Address 24 RUSTIC ACRES DRIVE City CHEPACHET State RI Zip 02814	Vice President Name THIERRY DELOS Street Address 19 MATHEW DRIVE City JOHNSTON State RI Zip 02919
Secretary Name MARIE DELOS Street Address 601 FRUIT HILL AVENUE City NORTH PROVIDENCE State RI Zip 02911	Treasurer Name NICOLE DELOS Street Address 24 RUSTIC ACRES DRIVE City CHEPACHET State RI Zip 02814

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)

Number of Shares	Class/Series	Par Value
3,000	COMM	NO PAR VALUE

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

Number of Shares	Class/Series	Par Value
500	COMMON	NO PAR VALUE

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



115724 DBC1/21/0310:37:43 AM
File Date 4-7-03
Check No. 1036
By: ICP
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.

Nicole Delos 4/3/03
Signature of Officer Date
Nicole Delos
Print or Type Name of Officer
Treasurer
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. 115724 2. Name of Corporation DELOS REALTY, INC.
3. Street Address Principal Business Office TEN SMITH AVENUE, City GREENVILLE State RI Zip 02828
4. Business Phone No. 5. State of Incorporation RHODE ISLAND 6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island TO BUY, RENT, SELL & REHABILITATE REAL ESTATE, TOGETHER WITH ALL ACTIVITIES INCIDENTAL THERETO AND NOT PROHIBITED BY LAW.

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

President Name LIONEL DELOS Street Address 24 RUSTIC ACRES DRIVE City CHEPACHET State RI Zip 02814	Vice President Name THIERRY DELOS Street Address 19 MATHEW DRIVE City JOHNSTON State RI Zip 02919
Secretary Name MARIE DELOS Street Address 601 FRUIT HILL AVENUE City NORTH PROVIDENCE State RI Zip 02911	Treasurer Name NICOLE DELOS Street Address 24 RUSTIC ACRES DRIVE City CHEPACHET, State RI Zip 02814

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
	3,000	COMM NO PAR VALUE	

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

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

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



* 1 1 5 7 2 4 *

File Date: 4-8-02
1018
Check No.:
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.

Nicole Delos 3/25/02
Signature of Officer Date
Nicole Delos
Print or Type Name of Officer
Treasurer
Title of Officer



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. **115724** 2. Name of Corporation **DELOS REALTY, INC.**

3. Street Address Principal Business Office City State Zip
499 Great Road **Lincoln** **RI** **02865**

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

7. Brief Description of the Character of Business Conducted in Rhode Island **To buy, rent, sell and rehabilitate real estate, together with any other activities necessary or incidental thereto.**

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

<i>President Name</i> Lionel Delos <i>Street Address</i> 499 Great Road <i>City</i> <i>State</i> <i>Zip</i> Lincoln RI 02865 <i>Secretary Name</i> Marie Delos <i>Street Address</i> 601 Fruit Hill Avenue <i>City</i> <i>State</i> <i>Zip</i> North Providence RI 02911	<i>Vice President Name</i> Thierry Delos <i>Street Address</i> 19 Mathew Drive <i>City</i> <i>State</i> <i>Zip</i> Johnston RI 02919 <i>Treasurer Name</i> Nicole Delos <i>Street Address</i> 499 Great Road <i>City</i> <i>State</i> <i>Zip</i> Lincoln RI 02911
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9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

<i>Director Name</i> None <i>Street Address</i> <i>City</i> <i>State</i> <i>Zip</i> <i>Director Name</i> <i>Street Address</i> <i>City</i> <i>State</i> <i>Zip</i>	<i>Director Name</i> <i>Street Address</i> <i>City</i> <i>State</i> <i>Zip</i> <i>Director Name</i> <i>Street Address</i> <i>City</i> <i>State</i> <i>Zip</i>
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10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	3,000	COMM NO PAR VALUE	

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	500	common	no par

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



* 1 1 5 7 2 4 *

File Date: 3-26-01

Check No.: 1002

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.

Nicole Delos 3/19/01
Signature of Officer *Date*

Nicole Delos
Print or Type Name of Officer

Treasurer
Title of Officer