



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 2005

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 139327		2. Name of Corporation SouthCoast Title and Escrow, Inc.			
3. Street Address Principal Business Office 80 Fairview Ave.		City Coventry	State RI	Zip 02816	
4. Business Phone No. 508-646-9030		5. State of Incorporation RHODE ISLAND			6. SIC Code 7880
7. Brief Description of the Character of Business Conducted in Rhode Island PERFORM REAL ESTATE TITLE SERVICES					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Anthony A. Senerchia, Sr.		Vice President Name Raymond E. Morris			
Street Address 90 Fairview Ave.		Street Address 415 Albion Rd.			
City Coventry	State RI	Zip 02816	City Lincoln	State RI	Zip 02865
Secretary Name Karen L. Senerchia		Treasurer Name Karen L. Senerchia			
Street Address 90 Fairview Ave.		Street Address 90 Fairview Ave.			
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Anthony A. Senerchia, Sr.		Director Name Raymond E. Morris			
Street Address 90 Fairview Ave.		Street Address 415 Albion Rd.			
City Coventry	State RI	Zip 02816	City Lincoln	State RI	Zip 02865
Director Name Karen L. Senerchia		Director Name			
Street Address 90 Fairview Ave.		Street Address			
City Coventry	State RI	Zip 02816	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 NO PAR VALUE			0- NO PAR VALUE		

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



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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 Anthony A. Senerchia Date 3/23/05
Print or Type Name of Officer
Anthony A. Senerchia, Sr.
President
Title of Officer

139327 DBC 03/24/05 12:43 PM
FILED
File Date MAR 25 2005
Check No. 1143
By [Signature]
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