



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

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040

Amended



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR _____

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 63028 2. Name of Corporation Sandwood ass Inc
3. Street Address Principal Business Office 1191 Post Rd City Worwick State RI Zip 02888
4. Business Phone No. 401-467-3171 5. State of Incorporation _____ 6. SIC Code 5579

7. Brief Description of the Character of Business Conducted in Rhode Island
operation + development of Real Property

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

President Name <u>Frank NERI</u> Street Address <u>1006 Post Rd</u> City <u>Worwick</u> State <u>RI</u> Zip <u>02888</u>	Vice President Name <u>Joseph M. NERI</u> Street Address <u>1006 Post Rd</u> City <u>Worwick</u> State <u>RI</u> Zip <u>02888</u>
Secretary Name <u>Theresa Murphy</u> Street Address <u>1006 Post Rd</u> City <u>Worwick</u> State <u>RI</u> Zip <u>02888</u>	Treasurer Name <u>Robert J NERI</u> Street Address <u>1006 Post Rd</u> City <u>Worwick</u> State <u>RI</u> Zip <u>02888</u>

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

Director Name <u>Frank NERI</u> Street Address <u>1006 Post Rd</u> City <u>Worwick</u> State <u>RI</u> Zip <u>02888</u>	Director Name <u>Robert J NERI</u> Street Address <u>1006 Post Rd</u> City <u>Worwick</u> State <u>RI</u> Zip <u>02888</u>
Director Name <u>Frank M NERI</u> Street Address <u>1006 Post Rd</u> City <u>Worwick</u> State <u>RI</u> Zip <u>02888</u>	

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)			11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)		
<small>AUTHORIZED SHARES</small>			<small>ISSUED SHARES</small>		
<small>Number of Shares</small>	<small>Class/Series</small>	<small>Per Value</small>	<small>Number of Shares</small>	<small>Class/Series</small>	<small>Per Value</small>
<u>4,000</u>	<u>Shs Com no Par Val</u>		<u>1600</u>	<u>Common</u>	<u>no Par Val</u>

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

File Date: 1-6-99
Check No.: no fee
By: ICD
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.
Sandwood ass Inc
Frank Neri pres 1-4-99
Signature of Officer Date
FRANK NERI
Print or Type Name of Officer
President
Title of Officer