



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. 111930		2. Name of Corporation AWASHONKS REALTY, INC.			
3. Street Address Principal Business Office 325 HURST LANE			City TIVERTON	State RI	Zip 02878-
4. Business Phone No. 4016241662		5. State of Incorporation RHODE ISLAND			6. SIC Code 5520
7. Brief Description of the Character of Business Conducted in Rhode Island DEAL IN PERSONAL PROPERTY OF EVERY NATURE AND REAL PROPERTY.					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name MARK A. DEMELLO			Vice President Name DAVIS R. LOGAN		
Street Address 96 SANDRA LEE LANE			Street Address 81 DURFEE ROAD		
City TIVERTON	State RI	Zip 02878	City TIVERTON	State RI	Zip 02878
Secretary Name MARK A. DEMELLO			Treasurer Name DAVIS R. LOGAN		
Street Address 96 SANDRA LEE LANE			Street Address 81 DURFEE ROAD		
City TIVERTON	State RI	Zip 02878	City TIVERTON	State RI	Zip 02878
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name MARK A. DEMELLO			Director Name DAVIS R. LOGAN		
Street Address 96 SANDRA LEE LANE			Street Address 81 DURFEE ROAD		
City TIVERTON	State RI	Zip 02878	City TIVERTON	State RI	Zip 02878
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
1,000	NO PAR VALUE		200	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 1 9 3 0

111930 DBC 05/27/05 02:54:43 PM

File Date 6-1-05

Check No. 4631

By: DW

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 _____ Date 5/31/05
DAVIS R. LOGAN
Print or Type Name of Officer
VICE PRESIDENT
Title of Officer



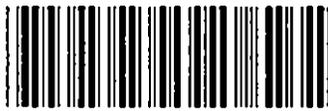
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 111930		2. Name of Corporation AWASHONKS REALTY, INC.			
3. Street Address Principal Business Office 325 Hurst LN			City Tiverton	State R.I.	Zip 02878
4. Business Phone No. (401) 624-1662		5. State of Incorporation RHODE ISLAND			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island DEAL IN PERSONAL PROPERTY OF EVERY NATURE AND REAL PROPERTY.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Franklin Neville			Vice President Name		
Street Address 325 Hurst LN			Street Address		
City Tiverton	State R.I.	Zip 02878	City	State	Zip
Secretary Name Mark Mello			Treasurer Name DAvis Logan		
Street Address 325 Hurst LN			Street Address 325 Hurst LN		
City Tiverton	State R.I.	Zip 02837	City Tiverton	State R.I.	Zip 02837
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Franklin Neville			Director Name		
Street Address 325 Hurst LN			Street Address		
City Tiverton	State R.I.	Zip 02837	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
1,000 NO PAR VALUE	common		100	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 1 9 3 0 *

File Date	3204
Check No.	3125
By:	1UP
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: Franklin B Neville Date: 3/1/04
 Franklin Neville
 Print or Type Name of Officer
 President
 Title of Officer



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. **111930** 2. Name of Corporation **AWASHONKS REALTY, INC.**
3. Street Address Principal Business Office **325 Hurst LN**
4. Business Phone No. **401-624-1662** 5. State of Incorporation **RHODE ISLAND**
7. Brief Description of the Character of Business Conducted in Rhode Island

City **Tiverton** State **RI** Zip **02878**
6. SIC Code

Real Estate Sales

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

President Name **Franklin Neville**
Street Address **325 Hurst LN**
City **Tiverton** State **RI** Zip **02878**

Vice President Name
Street Address
City State Zip

Secretary Name **Mark DeMello**
Street Address **325 Hurst LN**
City **Tiverton** State **RI** Zip **02878**

Treasurer Name **Davis Logan**
Street Address **325 Hurst LN**
City **Tiverton** State **RI** Zip **02878**

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

Director Name **Franklyn Neville**
Street Address **325 Hurst Ln**
City **Tiverton** State **RI** Zip **02878**

Director Name
Street Address
City State Zip

Street Address
City State Zip

Street Address
City State Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Class/Series	Par Value
1,000 NO PAR VALUE	common	

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

ISSUED SHARES	Class/Series	Par Value
100	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 1 9 3 0 *

File Date: 3-3-03
Check No.: 1700
By: UP

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.

Franklin B. Neville 2/28/03
Signature of Officer Date

Franklin Neville
Print or Type Name of Officer
President

Title of Officer
5



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. **111930** 2. Name of Corporation **AWASHONKS REALTY, INC.**

3. Street Address Principal Business Office **325 HURST LN** City **TIVERTON** State **RI** Zip **02878**
4. Business Phone No. **401-624-1662** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code

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

REAL ESTATE SALES

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

President Name FRANKLYN NEVILLE Street Address 325 HURST LN City TIVERTON State RI Zip 02878	Vice President Name Street Address City State Zip
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Secretary Name MARK DEMELLO Street Address 325 HURST LN City TIVERTON State RI Zip 02878	Treasurer Name DAVIS LOGAN Street Address 325 HURST LN City TIVERTON State RI Zip 02878
---	--

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

Director Name FRANKLYN NEVILLE Street Address 325 HURST LN City TIVERTON State RI Zip 02878	Director Name Street Address City State Zip
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10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Class/Series	Par Value
1,000 NO PAR VALUE	COMMON	

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

ISSUED SHARES	Class/Series	Par Value
100	COMMON	NO PAR

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: 3/18/02
Check No.: 0740
By: FB
FOR SECRETARY OF STATE USE ONLY

Signature of Officer: *Franklyn Neville* Date _____
FRANKLYN NEVILLE
Print or Type Name of Officer
PRESIDENT
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. **111930** 2. Name of Corporation **WASHONKS REALTY, INC.**

3. Street Address Principal Business Office **325 Hurst Lane** City **Tiverton** State **RI** Zip **02878**
4. Business Phone No. **401-624-1662** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code

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

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

President Name Franklyn Neville Street Address 325 Hurst Lane City Tiverton State RI Zip 02878	Vice President Name Street Address City State Zip
Secretary Name Mark DeMello Street Address 325 Hurst Lane City Tiverton State RI Zip 02878	Treasurer Name Davis Logan Street Address 325 Hurst Lane City Tiverton State RI Zip 02878

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

Director Name Franklyn Neville Street Address 325 Hurst Lane City Tiverton State RI Zip 02878	Director Name Street Address City State Zip
Street Address City State Zip	Street Address City State Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Class/Series	Par Value
1,000 NO PAR VALUE		

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

ISSUED SHARES	Class/Series	Par Value
100	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 1 9 3 0 *

File Date: 3/2

Check No.: 223

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] 3/1/01
Signature of Officer Date

Franklyn Neville
Print or Type Name of Officer

President
Title of Officer