



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

A M E N D E D

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 2003

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 16 Stafford Road			City Tiverton	State RI	Zip 02878
4. Business Phone No. 401-625-1662		5. State of Incorporation Rhode Island			6. SIC Code 5710
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) <input type="checkbox"/> FILE IN SPACES BEFORE USING ATTACHMENTS					
President Name Mark A. DeMello			Vice President Name		
Street Address 96 Sandra Lee Lane			Street Address		
City Tiverton	State RI	Zip 02878	City	State	Zip
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"/> FILE IN SPACES BEFORE USING ATTACHMENTS					
Director Name Franklyn B. Neville			Director Name Davis R. Logan		
Street Address 2046 Main Road			Street Address 81 Durfee Road		
City Tiverton	State RI	Zip 02878	City Tiverton	State RI	Zip 02878
Director Name Mark A. DeMello			Director Name		
Street Address 96 Sandra Lee Lane			Street Address		
City Tiverton	State RI	Zip 02878	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
1000	Common	No Par Value	100	Common	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.

*Mark A. DeMello*  
Signature of Officer

*7/9/03*  
Date

Mark A. DeMello  
Print or Type Name of Officer

President  
Title of Officer

File Date: <i>7-11-03</i>
Check No. <i>—</i>
By: <i>[Signature]</i>
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