

Amended



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998
Filing Period: January 1-March 1 • Filing Fee: ~~560.00~~

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 52435 2. Name of Corporation FRENCHTOWN BDRS., INC.
3. Street Address Principal Business Office 49 RAVEN CIRCLE City CRANSTON State RI Zip 02921
4. Business Phone No. 401-884-1717 5. State of Incorporation RHODE ISLAND 6. SIC Code 02921

7. Brief Description of the Character of Business Conducted in Rhode Island
RES/COMM. CONSTRUCTION + GENERAL CONTRACTING

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

President Name <u>MATTHEW J. OSMANSKI</u> Street Address <u>49 RAVEN CIR.</u> City <u>CRANSTON</u> State <u>RI</u> Zip <u>02921</u>	Vice President Name <u>David J. Charpentier</u> Street Address <u>9 Lisa Lane</u> City <u>Hope Valley</u> State <u>RI</u> Zip <u>02832</u>
Secretary Name <u>/</u> Street Address <u>/</u> City <u>/</u> State <u>/</u> Zip <u>/</u>	Treasurer Name <u>/</u> Street Address <u>/</u> City <u>/</u> State <u>/</u> Zip <u>/</u>

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

Director Name <u>/</u> Street Address <u>/</u> City <u>/</u> State <u>/</u> Zip <u>/</u>	Director Name <u>/</u> Street Address <u>/</u> City <u>/</u> State <u>/</u> Zip <u>/</u>
Director Name <u>/</u> Street Address <u>/</u> City <u>/</u> State <u>/</u> Zip <u>/</u>	Director Name <u>/</u> Street Address <u>/</u> City <u>/</u> State <u>/</u> Zip <u>/</u>

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

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	<u>1000</u>		<u>1.00</u>

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	<u>0</u>		

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: SEP 29 1998
Check No.: /
By: [Signature]
FOR SECRETARY OF STATE USE ONLY

Signature of Officer: [Signature] Date: 9/28/98
Print or Type Name of Officer: MATTHEW J. OSMANSKI
Title of Officer: PRESIDENT