



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



PROFIT CORPORATION ANNUAL REPORT 1997

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **86145** 2. Name of Corporation **FWHI Holdings, Inc.**
3. Street Address Principal Business Office **1140 Reservoir Avenue** City **Cranston** State **RI** Zip **02920**
4. Business Phone No. 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **6710**

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

Real Estate

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

President Name **Elizabeth Procaccianti** Vice President Name
Street Address **1140 Reservoir Avenue** Street Address
City **Cranston** State **RI** Zip **02920** City State Zip
Secretary Name **Elizabeth Procaccianti** Treasurer Name **Elizabeth Procaccianti**
Street Address **1140 Reservoir Avenue** Street Address **1140 Reservoir Avenue**
City **Cranston** State **RI** Zip **02920** City **Cranston** State **RI** Zip **02920**

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

Director Name **Elizabeth Procaccianti** Director Name
Street Address **1140 Reservoir Avenue** Street Address
City **Cranston** State **RI** Zip **02920** City State Zip
Director Name
Street Address
City State Zip

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

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000 SHS COMM	\$1.00 PAR		100	Common	\$1.00

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



* 8 6 1 4 5 *

File Date: 2/14/97
Check No.: 2687
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 of Officer [Signature] Date 2/14/97
Print or Type Name of Officer Elizabeth Procaccianti
Title of Officer Pres