



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00  
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. <b>129735</b>		2. Name of Corporation <b>NANTUCKET COTTAGE CO., INC.</b>			
3. Street Address Principal Business Office <b>24 Bellevue Avenue</b>			City <b>Newport</b>	State <b>RI</b>	Zip <b>02840</b>
4. Business Phone No. <b>846-6499</b>		5. State of Incorporation <b>RHODE ISLAND</b>		6. SIC Code	
7. Brief Description of the Character of Business Conducted in Rhode Island <b>REAL ESTATE DEVELOPMENT, RESIDENTIAL AND COMMERCIAL, GENERAL CONSTRUCTION CONTRACTOR</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>Ronald F. DiMauro</b>			Vice President Name <b>Ronald F. DiMauro</b>		
Street Address <b>24 Bellevue Avenue</b>			Street Address <b>24 Bellevue Avenue</b>		
City <b>Newport</b>	State <b>RI</b>	Zip <b>02840</b>	City <b>Newport</b>	State <b>RI</b>	Zip <b>02840</b>
Secretary Name <b>Ronald F. DiMauro</b>			Treasurer Name <b>Ronald F. DiMauro</b>		
Street Address <b>24 Bellevue Avenue</b>			Street Address <b>24 Bellevue Avenue</b>		
City <b>Newport</b>	State <b>RI</b>	Zip <b>02840</b>	City <b>Newport</b>	State <b>RI</b>	Zip <b>02840</b>
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <b>Ronald F. DiMauro</b>			Director Name <b>Ronald F. DiMauro</b>		
Street Address <b>24 Bellevue Avenue</b>			Street Address <b>24 Bellevue Avenue</b>		
City <b>Newport</b>	State <b>RI</b>	Zip <b>02840</b>	City <b>Newport</b>	State <b>RI</b>	Zip <b>02840</b>
Director Name <b>Ronald F. DiMauro</b>			Director Name <b>Ronald F. DiMauro</b>		
Street Address <b>24 Bellevue Avenue</b>			Street Address <b>24 Bellevue Avenue</b>		
City <b>Newport</b>	State <b>RI</b>	Zip <b>02840</b>	City <b>Newport</b>	State <b>RI</b>	Zip <b>02840</b>
10. SHARES AUTHORIZED ("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
<b>1,000</b>	<b>\$1.00</b>	<b>PAR VALUE</b>	<b>1,000</b>	<b>\$1.00</b>	<b>PAR VALUE</b>

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



\*129735\*

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: Ronald F. DiMauro Date: 1/28/05

Ronald F. DiMauro  
President  
Title of Officer

2-7-05  
Check No. 1120  
By: KB  
FOR SECRETARY OF STATE USE ONLY



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(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 129735		2. Name of Corporation NANTUCKET COTTAGE CO., INC.			
3. Street Address Principal Business Office 24 Bellevue Avenue			City Newport	State RI	Zip 02840
4. Business Phone No. 401-846-6499		5. State of Incorporation RHODE ISLAND			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island REAL ESTATE DEVELOPMENT, RESIDENTIAL AND COMMERCIAL, GENERAL CONSTRUCTION CONTRACTOR					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Ronald DiMauro			Vice President Name Ronald DiMauro		
Street Address 24 Bellevue Avenue			Street Address 24 Bellevue Avenue		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
Secretary Name Ronald DiMauro			Treasurer Name Ronald DiMauro		
Street Address 24 Bellevue Avenue			Street Address 24 Bellevue Avenue		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Ronald DiMauro			Director Name		
Street Address 24 Bellevue Avenue			Street Address		
City Newport	State RI	Zip 02840	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	\$1.00 PAR VALUE		1,000	\$1.00 PAR VALUE	

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



\* 1 2 9 7 3 5 \*

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.

*Ronald DiMauro*  
Signature of Officer  
Ronald DiMauro  
Date  
1/20/04  
Print or Type Name of Officer  
President  
Title of Officer

1-23-04  
Check No. 1048  
By: *[Signature]*  
FOR SECRETARY OF STATE USE ONLY