



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
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 2005

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 141240		2. Name of Corporation W.M.G. PROPERTIES, INC.			
3. Street Address Principal Business Office 32 GREENVILLE AVENUE			City JOHNSTON	State RI	Zip 02919
4. Business Phone No.		5. State of Incorporation RHODE ISLAND			6. SIC Code 5538
7. Brief Description of the Character of Business Conducted in Rhode Island INVESTMENT OWNERSHIP AND RENTAL OF REAL ESTATE					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name WILLIAM M. GERIBO			Vice President Name WILLIAM M. GERIBO		
Street Address 32 GREENVILLE AVENUE			Street Address		
City JOHNSTON	State RI	Zip 02919	City	State	Zip
Secretary Name WILLIAM M. GERIBO			Treasurer Name WILLIAM M. GERIBO		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name WILLIAM M. GERIBO			Director Name		
Street Address			Street Address		
City	State	Zip	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
1000	COMMON	NO PAR	600	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.

William M. Geribo, Pres. 3-10-05
Signature of Officer Date

WILLIAM M. GERIBO

Print or Type Name of Officer

PRESIDENT

Title of Officer

FILED	
File Date	MAR 11 2005
Check No.	By <u>[Signature]</u>
By:	
FOR SECRETARY OF STATE USE ONLY	