



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. 84748		2. Name of Corporation PARK AVENUE REALTY, INC.			
3. Street Address Principal Business Office 1362 PARK AVENUE		City CRANSTON	State R.I.	Zip 02920	
4. Business Phone No 401-464-5678		5. State of Incorporation RHODE ISLAND			6. SIC Code 5538
7. Brief Description of the Character of Business Conducted in Rhode Island TO CARRY ON THE BUSINESS OF A REALTY COMPANY.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name DAVIDE C. BROCCOLI			Vice President Name DAVIDE C. BROCCOLI		
Street Address 785 CHARLES ST			Street Address 785 CHARLES ST		
City PROV.	State R.I.	Zip 02904	City PROV.	State R.I.	Zip 02904
Secretary Name DAVIDE C. BROCCOLI			Treasurer Name DAVIDE C. BROCCOLI		
Street Address 785 CHARLES ST			Street Address 785 CHARLES ST		
City PROV.	State R.I.	Zip 02904	City PROV.	State R.I.	Zip 02904
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name NONE			Director Name NONE		
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 COMM NO PAR VALUE			100		NONE

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



File Date 3-1-05
Check No. 1579
By: 2
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 DAVIDE C. BROCCOLI Date 2-25-05
Print or Type Name of Officer DAVIDE C. BROCCOLI
Title of Officer PRESIDENT



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 2004

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 84748		2. Name of Corporation PARK AVENUE REALTY, INC.			
3. Street Address Principal Business Office 1362 PARK AVENUE S		City CRANSTON	State R.I.	Zip 02920	
4. Business Phone No. 401-464-5678		5. State of Incorporation RHODE ISLAND			6. SIC Code 5538
7. Brief Description of the Character of Business Conducted in Rhode Island TO CARRY ON THE BUSINESS OF A REALTY COMPANY.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name DAVIDE C. BROCCOLI			Vice President Name DAVIDE C. BROCCOLI		
Street Address 785 CHARLES ST			Street Address 785 CHARLES ST		
City PROV.	State R.I.	Zip 02904	City PROV.	State R.I.	Zip 02904
Secretary Name DAVIDE C. BROCCOLI			Treasurer Name DAVIDE C. BROCCOLI		
Street Address 785 CHARLES ST			Street Address 785 CHARLES ST		
City PROV.	State R.I.	Zip 02904	City PROV.	State R.I.	Zip 02904
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name NONE			Director Name NONE		
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 COMM NO PAR VALUE			100		NONE

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



* 8 4 7 4 8 *

File Date	3-2-04
Check No.	1510
By:	100
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.

DAVIDE C. BROCCOLI **2-27-04**
Signature of Officer Date
DAVIDE C. BROCCOLI
Print or Type Name of Officer
PRESIDENT
Title of Officer



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

Edward S. Inman, III, 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 OR PRINTED IN BLACK)

1. Corporate ID No. **84748**
2. Name of Corporation **PARK AVENUE REALTY, INC.**
3. Street Address Principal Business Office
1362 PARK AVENUE
4. Business Phone No. **401-464-5678** 5. State of Incorporation **RHODE ISLAND**
6. Brief Description of the Character of Business Conducted in Rhode Island
REALTY CO.

City **CRANSTON** State **R.I.** Zip **02920**
6. SIC Code **5538**

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name **DAVIDE C. BROCCOLI**
Street Address **785 CHARLES ST**
City **PROV.** State **R.I.** Zip **02904**
Secretary Name **DAVIDE C. BROCCOLI**
Street Address **785 CHARLES ST**
City **PROV.** State **R.I.** Zip **02904**

Vice President Name **DAVIDE C. BROCCOLI**
Street Address **785 CHARLES ST**
City **PROV.** State **R.I.** Zip **02904**
Treasurer Name **DAVIDE C. BROCCOLI**
Street Address **785 CHARLES ST.**
City **PROV.** State **R.I.** Zip **02904**

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name **NONE**
Street Address
City State Zip
Director Name
Street Address
City State Zip

Director Name
Street Address
City State Zip
Director Name
Street Address
City State Zip

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
1,000 COMM NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
100 NONE

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



* 8 4 7 4 8 *

File Date: **3-3-03**
Check No.: **1438**
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 **DAVIDE C. BROCCOLI** Date **2-18-03**
Print or Type Name of Officer **DAVIDE C. BROCCOLI**
Title of Officer **PRESIDENT**

Title of Officer
5



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

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

84748

2. Name of Corporation

PARK AVENUE REALTY, INC.

3. Street Address Principal Business Office

1362 PARK AVENUE

City

CRANSTON

State

R.I.

Zip

02920

4. Business Phone No.

401-464-5678

5. State of Incorporation

RHODE ISLAND

6. SIC Code

5538

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

REALTY CO.

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

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

DAVIDE C. BROCCOLI

Vice President Name

DAVIDE C. BROCCOLI

Street Address

785 CHARLES ST

Street Address

785 CHARLES ST

City

PROVIDENCE

State

R.I.

Zip

02904

City

PROVIDENCE

State

R.I.

Zip

02904

Secretary Name

DAVIDE C. BROCCOLI

Treasurer Name

DAVIDE C. BROCCOLI

Street Address

785 CHARLES ST

Street Address

785 CHARLES ST.

City

PROVIDENCE

State

R.I.

Zip

02904

City

PROVIDENCE

State

R.I.

Zip

02904

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

FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

NONE

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)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

1,000 COMM NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

100

NONE

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



* 8 4 7 4 8 *

File Date:

3-4-02

Check No:

1380

By:

2

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.

DAVIDE C. BROCCOLI 2-18-02
Signature of Officer Date

DAVIDE C. BROCCOLI
Print or Type Name of Officer

PRESIDENT
Title of Officer



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

Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 84748 2. Name of Corporation PARK AVENUE REALTY, INC.

3. Street Address Principal Business Office 1362 PARK AVENUE City CRANSTON State R.I. Zip 02920

4. Business Phone No. 401-464-5678 5. State of Incorporation RHODE ISLAND 6. SIC Code 5538

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

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name <u>DAVIDE C. BROCCOLI</u>	Vice President Name <u>DAVIDE C. BROCCOLI</u>
Street Address <u>785 CHARLES ST.</u>	Street Address <u>785 CHARLES ST.</u>
City <u>PROVIDENCE</u> State <u>R.I.</u> Zip <u>02904</u>	City <u>PROVIDENCE</u> State <u>R.I.</u> Zip <u>02904</u>
Secretary Name <u>DAVIDE C. BROCCOLI</u>	Treasurer Name <u>DAVIDE C. BROCCOLI</u>
Street Address <u>785 CHARLES ST.</u>	Street Address <u>785 CHARLES ST.</u>
City <u>PROVIDENCE</u> State <u>R.I.</u> Zip <u>02904</u>	City <u>PROVIDENCE</u> State <u>R.I.</u> Zip <u>02904</u>

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name <u>NONE</u>	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip
Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
<u>1,000 SHS COMM NO PAR VAL</u>		

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
<u>100</u>		<u>NONE</u>

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



* 8 4 7 4 8 *

File Date: 2/26

Check No.: 1325

By: De

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.

DAVIDE C. BROCCOLI 2-16-01
Signature of Officer Date

DAVIDE C. BROCCOLI
Print or Type Name of Officer

PRESIDENT
Title of Officer



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
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **84748** 2. Name of Corporation **PARK AVENUE REALTY, INC.**

3. Street Address Principal Business Office **1362 PARK AVENUE** City **CRANSTON** State **R.I.** Zip **02920**

4. Business Phone No. **401-464-5678** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **5538**

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

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name DAVIDE C. BROCCOLI	Vice President Name DAVIDE C. BROCCOLI
Street Address 785 CHARLES ST.	Street Address 785 CHARLES ST.
City PROVIDENCE State R.I. Zip 02904	City PROVIDENCE State R.I. Zip 02904
Secretary Name DAVIDE C. BROCCOLI	Treasurer Name DAVIDE C. BROCCOLI
Street Address 785 CHARLES ST.	Street Address 785 CHARLES ST.
City PROVIDENCE State R.I. Zip 02904	City PROVIDENCE State R.I. Zip 02904

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name NONE.	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip
Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
1,000 SHS COMM NO PAR VAL

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

ISSUED SHARES
Number of Shares Class/Series Par Value
100 NONE.

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



* 8 4 7 4 8 *

File Date: **3/3/00**

Check No.: **074**

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.

DAVIDE C. BROCCOLI **2-18-00**
Signature of Officer Date

DAVIDE C. BROCCOLI
Print or Type Name of Officer

PRESIDENT.
Title of Officer



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
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 84748		2. Name of Corporation PARK AVENUE REALTY, INC.			
3. Street Address Principal Business Office 1362 PARK AVENUE		City CRANSTON	State R.I.	Zip 02920	
4. Business Phone No. 401-464-5678		5. State of Incorporation RHODE ISLAND			6. SIC Code 5538
7. Brief Description of the Character of Business Conducted in Rhode Island REALTY CO.					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name DAVIDE C. BROCCOLI			Vice President Name DAVIDE C. BROCCOLI		
Street Address 785 CHARLES ST.			Street Address 785 CHARLES ST.		
City PROVIDENCE	State R.I.	Zip 02904	City PROVIDENCE	State R.I.	Zip 02904
Secretary Name DAVIDE C. BROCCOLI			Treasurer Name DAVIDE C. BROCCOLI		
Street Address 785 CHARLES ST.			Street Address 785 CHARLES ST.		
City PROVIDENCE	State R.I.	Zip 02904	City PROVIDENCE	State R.I.	Zip 02904
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name NONE.			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
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>			11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 SHS COMM NO PAR VAL			100		NONE.

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



* 8 4 7 4 8 *

File Date: Mar 2, 99
Check No.: 1202
By: JD

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.

DAVIDE C. BROCCOLI 2-28-99
Signature of Officer Date
DAVIDE C. BROCCOLI
Print or Type Name of Officer
PRESIDENT.
Title of Officer



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 FOR THE YEAR **1998**

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **84748** 2. Name of Corporation **PARK AVENUE REALTY, INC.**
3. Street Address Principal Business Office **1362 PARK AVENUE** City **CRANSTON** State **R.I.** Zip **02920**
4. Business Phone No. **401-464-5678** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **5538**

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

REALTY CO.

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

President Name **DAVIDE C. BROCCOLI** Vice President Name **DAVIDE C. BROCCOLI**
Street Address **785 CHARLES ST.** Street Address **785 CHARLES ST.**
City **PROVIDENCE** State **R.I.** Zip **02904** City **PROVIDENCE** State **R.I.** Zip **02904**
Secretary Name **DAVIDE C. BROCCOLI** Treasurer Name **DAVIDE C. BROCCOLI**
Street Address **785 CHARLES ST.** Street Address **785 CHARLES ST.**
City **PROVIDENCE** State **R.I.** Zip **02904** City **PROVIDENCE** State **R.I.** Zip **02904**

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

Director Name **NONE.** Director Name
Street Address Street Address
City State Zip City State Zip
Director Name
Street Address
City State Zip

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
1,000 SHS COMM NO PAR VAL

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

ISSUED SHARES
Number of Shares Class/Series Par Value
100 NONE.

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



File Date: **2/18/98**
Check No.: **1122**
By: **KLO**
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 **DAVIDE C. BROCCOLI Pres. 2-16-98** Date
Print or Type Name of Officer **DAVIDE C. BROCCOLI**
Title of Officer **PRESIDENT**



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. **84748** 2. Name of Corporation **PARK AVENUE REALTY, INC.**

3. Street Address Principal Business Office **1362 PARK AVENUE** City **CRANSTON** State **R.I.** Zip **02920**

4. Business Phone No. **401-464-5678** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **5538**

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

REALTY CO.

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

President Name DAVIDE C. BROCCOLI	Vice President Name DAVIDE C. BROCCOLI
Street Address 785 CHARLES ST.	Street Address 785 CHARLES ST.
City PROVIDENCE State R.I. Zip 02904	City PROVIDENCE State R.I. Zip 02904
Secretary Name DAVIDE C. BROCCOLI	Treasurer Name DAVIDE C. BROCCOLI
Street Address 785 CHARLES ST.	Street Address 785 CHARLES ST.
City PROVIDENCE State R.I. Zip 02904	City PROVIDENCE State R.I. Zip 02904

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

Director Name NONE.	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip
Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	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
1,000 SHS COMM NO PAR VAL			100		NONE.

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



* 8 4 7 4 8 *

File Date: **3.4.97**
Check No.: **1063**
By: **IUP**
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 **DAVIDE C. BROCCOLI** Date **2.28.97**
Print or Type Name of Officer **PRESIDENT**
Title of Officer

PROFIT CORPORATION ANNUAL REPORT

1996



State of Rhode Island and Providence Plantations
James R. Langevin, Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335 • (401) 277-3040

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

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO 84748		2. NAME OF CORPORATION PARK AVENUE REALTY, INC.	
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 1362 PARK AVENUE		CITY CRANSTON	STATE R.I.
		ZIP CODE 02920	
4. BUSINESS PHONE NO. 401-464-5678		5. STATE OF INCORPORATION RHODE ISLAND	
		6. SIC CODE 5538	
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND REALTY CO.			
8. NAMES AND ADDRESSES OF THE OFFICERS			
PRESIDENT NAME DAVIDE C. BROCCOLI		VICE PRESIDENT NAME DAVIDE C. BROCCOLI	
STREET ADDRESS 785 CHARLES ST.		STREET ADDRESS 785 CHARLES ST.	
CITY PROV.	STATE R.I.	CITY PROV.	STATE R.I.
ZIP CODE 02904		ZIP CODE 02904	
SECRETARY NAME DAVIDE C. BROCCOLI		TREASURER NAME DAVIDE C. BROCCOLI	
STREET ADDRESS 785 CHARLES ST.		STREET ADDRESS 785 CHARLES ST.	
CITY PROV.	STATE R.I.	CITY PROV.	STATE R.I.
ZIP CODE 02904		ZIP CODE 02904	
9. NAMES AND ADDRESSES OF THE DIRECTORS			
DIRECTOR NAME NONE		DIRECTOR NAME	
STREET ADDRESS		STREET ADDRESS	
CITY	STATE	CITY	STATE
ZIP CODE		ZIP CODE	
DIRECTOR NAME		DIRECTOR NAME	
STREET ADDRESS		STREET ADDRESS	
CITY	STATE	CITY	STATE
ZIP CODE		ZIP CODE	
10. SHARES AUTHORIZED AND ISSUED			
AUTHORIZED SHARES			ISSUED SHARES
NUMBER OF SHARES	CLASS / SERIES	NUMBER OF SHARES	CLASS / SERIES
1,000 SHS COMM NO PAR VAL		100	NONE.

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:

2/27/96

Check No:

29

By:

CP

For Secretary of State Use Only

Signature of Officer

DAVIDE C. BROCCOLI Pres.

Print or Type Name of Officer

PRESIDENT

Title of Officer

2-23-96

Date