



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. 143653		2. Name of Corporation MANSIONS & MANORS, INC.		
3. Street Address Principal Business Office 7 FERRY WHARF		City JAMESTOWN	State R.I.	Zip 02835
4. Business Phone No. 401-423-2717		5. State of Incorporation RHODE ISLAND		6. SIC Code 5520
7. Brief Description of the Character of Business Conducted in Rhode Island THE SALE, MANAGEMENT, DEVELOPMENT AND SUCH OTHER BUSINESS TRANSACTIONS RELATING TO REAL ESTATE				
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name GLORIA J. SCOTT-KURZ		Vice President Name		
Street Address 400 EAST SHORE ROAD		Street Address		
City JAMESTOWN	State RI	Zip 02835	City	State
Secretary Name		Treasurer Name GLORIA J. SCOTT-KURZ		
Street Address		Street Address 400 EAST SHORE ROAD		
City	State	Zip	City Jamestown	State RI
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name GLORIA J. SCOTT-KURZ		Director Name		
Street Address 400 EAST SHORE ROAD		Street Address		
City Jamestown	State RI	Zip 02835	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
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
10,000 NO PAR VALUE			1000	Common NPV

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



File Date 2.16.05
Check No. 1726
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 Gloria J. Scott-Kurz Date 1/16/05
GLORIA J. SCOTT-KURZ
Print or Type Name of Officer
PRESIDENT
Title of Officer