



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 **66254** 2 Name of Corporation **JMC Realty Corporation**
3 Street Address Principal Business Office _____ City _____ State _____ Zip _____
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 _____

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

President Name _____ Street Address _____ City _____ State _____ Zip _____	Vice President Name _____ Street Address _____ City _____ State _____ Zip _____
Secretary Name _____ Street Address _____ City _____ State _____ Zip _____	Treasurer Name _____ Street Address _____ City _____ State _____ Zip _____

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

Director Name _____ 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 _____
4,000 SHS COMMON NO PAR

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

ISSUED SHARES
Number of Shares _____ Class/Series _____ Par Value _____

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



* 6 6 2 5 4 *

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 _____



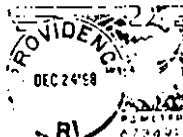
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RETURN SERVICE
REQUIRED

PRESIDENTS
FIRST CLASS



MARIA C. ALVES
677-679 CENTRAL AVENUE
PAWTUCKET, RI 02860