



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 95355		2. Name of Corporation Costanzo Holding Group, Inc.			
3. Street Address Principal Business Office 2024 SMITH STREET			City NORTH PROVIDENCE	State RI	Zip 02911
4. Business Phone No. 4012321331		5. State of Incorporation RHODE ISLAND			6. SIC Code 5553
7. Brief Description of the Character of Business Conducted in Rhode Island TO HOLD TITLE AND OWNERSHIP IN REAL ESTATE.					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILE IN SPACES BEFORE USING ATTACHMENTS					
President Name Anthony Costanzo, III			Vice President Name Anthony Costanzo, III		
Street Address 2024 Smith Street			Street Address 2024 Smith Street		
City N. Providence	State RI	Zip 02911	City N. Providence	State RI	Zip 02911
Secretary Name Anthony Costanzo, III			Treasurer Name Anthony Costanzo, III		
Street Address 2024 Smith Street			Street Address 2024 Smith Street		
City N. Providence	State RI	Zip 02911	City N. Providence	State RI	Zip 02911
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILE IN SPACES BEFORE USING ATTACHMENTS					
Director Name Anthony Costanzo, III			Director Name		
Street Address 2024 Smith Street			Street Address		
City N. Providence	State RI	Zip 02911	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"/>					
AUTHORIZED SHARES			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
500 COMM NO PAR VALUE			500	COMMON	NO PAR

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



9 5 3 5 5

95355 DBC 02/03/05 06:16:46 PM

File Date **FILED**

Check No. APR 11 2005 3086

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] 3/1/05
Signature of Officer Date
Anthony Costanzo, III
Print or Type Name of Officer
PRESIDENT
Title of Officer



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 IN BLACK)

1. Corporate ID No. 95355		2. Name of Corporation Costanzo Holding Group, Inc.			
3. Street Address Principal Business Office 2024 SMITH STREET			City NORTH PROVIDENCE	State RI	Zip 02911
4. Business Phone No. 4012321331		5. State of Incorporation RHODE ISLAND			6. SIC Code 5553
7. Brief Description of the Character of Business Conducted in Rhode Island TO HOLD TITLE AND OWNERSHIP IN REAL ESTATE.					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Anthony Costanzo, III			Vice President Name Anthony Costanzo, III		
Street Address 2024 Smith Street			Street Address 2024 Smith Street		
City N. Providence	State RI	Zip 02911	City N. Providence	State RI	Zip 02911
Secretary Name Anthony Costanzo, III			Treasurer Name Anthony Costanzo, III		
Street Address 2024 Smith Street			Street Address 2024 Smith Street		
City N. Providence	State RI	Zip 02911	City N. Providence	State RI	Zip 02911
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Anthony Costanzo, III			Director Name		
Street Address 2024 Smith Street			Street Address		
City N. Providence	State RI	Zip 02911	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
500	COMM	NO PAR VALUE	500	COMMON	NO PAR

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



9 5 3 5 5

*95355 DBC 01/10/04 11:23:41 AM
 File Date 3/17/04
 Check No. 22517
 By: SC
 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.

Anthony Costanzo, III 3/9/04
 Signature of Officer Date
Anthony Costanzo, III
 Print or Type Name of Officer
President
 Title of Officer



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. **95355** 2. Name of Corporation **Costanzo Holding Group, Inc.**

3. Street Address Principal Business Office **2024 Smith Street** City **N. Providence** State **RI** Zip **02911**

4. Business Phone No. _____ 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **5553**

7. Brief Description of the Character of Business Conducted in Rhode Island
Hold Title and ownership in real estate

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

President Name Anthony Costanzo, III Street Address 2024 Smith St. City N. Providence State RI Zip 02911	Vice President Name Anthony Costanzo, III Street Address 2024 Smith St, City N. Providence State RI Zip 02911
Secretary Name Anthony Costanzo, III Street Address 2024 Smith Street City N. Providence State RI Zip 02911	Treasurer Name Anthony Costanzo, III Street Address 2024 Smith Street City N. Providence State RI Zip 02911

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

Director Name Anthony Costanzo, III Street Address 2024 Smith St. City N. Providence State RI Zip 02911	Director Name Anthony Costanzo, III Street Address 2024 Smith St, City N. Providence State RI Zip 02911
Director Name _____ Street Address _____ City _____ State _____ Zip _____	Director Name _____ Street Address _____ City _____ State _____ Zip _____

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

AUTHORIZED SHARES	Class/Series	Par Value
500 COMM NO PAR VALUE		

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

ISSUED SHARES	Class/Series	Par Value
-0-		

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



* 9 5 3 5 5 *

File Date: 2/20/03
Check No.: 23631
By: AC

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: Anthony Costanzo III Date: 2/6/03
Print or Type Name of Officer: Anthony Costanzo III
Title of Officer: President



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. **95355** 2. Name of Corporation **Costanzo Holding Group, Inc.**

3. Street Address Principal Business Office **2024 Smith Street** City **N. Providence** State **RI** Zip **02911**
4. Business Phone No. _____ 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **5553**

7. Brief Description of the Character of Business Conducted in Rhode Island
Hold Title and ownership in real estate

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

President Name Anthony Costanzo, III Street Address 2024 Smith Street City N. Providence State RI Zip 02911	Vice President Name Anthony Costanzo, III Street Address 2024 Smith Street City N. Providence State RI Zip 02911
Secretary Name Anthony Costanzo, III Street Address 2024 Smith Street City N. Providence State RI Zip 02911	Treasurer Name Anthony Costanzo, III Street Address 2024 Smith Street City N. Providence State RI Zip 02911

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

Director Name Anthony Costanzo, III Street Address 2024 Smith Street City N. Providence State RI Zip 02911	Director Name _____ Street Address _____ City _____ State _____ Zip _____
Director Name _____ Street Address _____ City _____ State _____ Zip _____	Director Name _____ Street Address _____ City _____ State _____ Zip _____

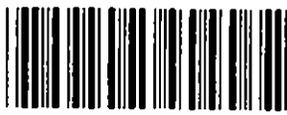
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
500 COMM NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
-0-

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



* 9 5 3 5 5 *

3.11.02

File Date: _____

20317

Check No.: _____

By: _____

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.

Anthony Costanzo 2/12/02
Signature of Officer Date

Anthony Costanzo
Print or Type Name of Officer

President
Title of Officer



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. 95355 2. Name of Corporation Costanzo Holding Group, Inc.
3. Street Address Principal Business Office City State Zip
2024 Smith Street N. Providence RI 02911
4. Business Phone No. RHODE ISLAND 6. 5553

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

Hold title and ownership in real estate

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

President Name <u>Anthony Costanzo, III</u> Street Address <u>2024 Smith Street</u> City State Zip <u>N. Providence RI 02911</u>	Vice President Name <u>Anthony Costanzo, III</u> Street Address <u>2024 Smith Street</u> City State Zip <u>N. Providence RI 02911</u>
Secretary Name <u>Anthony Costanzo, III</u> Street Address <u>2024 Smith Street</u> City State Zip <u>N. Providence RI 02911</u>	Treasurer Name <u>Anthony Costanzo, III</u> Street Address <u>2024 Smith Street</u> City State Zip <u>N. Providence RI 02911</u>

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

Director Name <u>Anthony Costanzo, III</u> Street Address <u>2024 Smith Street</u> City State Zip <u>N. Providence RI 02911</u>	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
500 COMM NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value

-0-

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



* 9 5 3 5 5 *

File Date: 2/22
Check No: 10771
By: [Signature]

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: [Signature] Date: 2/14/01
Print or Type Name of Officer: ANTHONY COSTANZO
Title of Officer: PRESIDENT



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. **95355** 2. Name of Corporation **Costanzo Holding Group, Inc.**
3. Street Address Principal Business Office **2024 Smith Street** City **N. Providence** State **RI** Zip **02911**
4. Business Phone No. _____ 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **5553**

7. Brief Description of the Character of Business Conducted in Rhode Island
Hold title and ownership in real estate

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

President Name Anthony Costanzo, III Street Address 2024 Smith Street City N. Providence State RI Zip 02911 Secretary Name Anthony Costanzo, III Street Address 2024 Smith Street City N. Providence State RI Zip 02911	Vice President Name Anthony Costanzo, III Street Address 2024 Smith Street City N. Providence State RI Zip 02911 Treasurer Name Anthony Costanzo, III Street Address 2024 Smith Street City N. Providence State RI Zip 02911
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9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name Anthony Costanzo Street Address 2024 Smith Street City N. Providence State RI Zip 02911	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
500 COMM NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
-0-

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



* 9 5 3 5 5 *

File Date: 3/2/00
Check No.: 13760
By: [Signature]

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] 1/30/00
Signature of Officer Date
Anthony Costanzo, III
Print or Type Name of Officer
President
Title of Officer

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. 95355		2. Name of Corporation Costanzo Holding Group, Inc.		
3. Street Address Principal Business Office 2024 Smith Street		City N. Providence	State RI	Zip 02911
4. Business Phone No.		5. State of Incorporation RHODE ISLAND		6. SIC Code 5553
7. Brief Description of the Character of Business Conducted in Rhode Island Hold title and ownership in real estate				
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Anthony Costanzo		Vice President Name Anthony Costanzo		
Street Address 2024 Smith Street		Street Address 2024 Smith Street		
City N. Providence	State RI	Zip 02911	City N. Providence	State RI
Secretary Name Anthony Costanzo		Treasurer Name Anthony Costanzo		
Street Address 2024 Smith St.		Street Address 2024 Smith St.		
City N. Providence	State RI	Zip 02911	City N. Providence	State RI
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name Anthony Costanzo		Director Name		
Street Address 2024 Smith Street		Street Address		
City N. Providence	State RI	Zip 02911	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
500 COMM NO PAR VALUE			-0-	

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



File Date: **FILED**
Check No.: **FEB 24 1999**
By: **CL 10580**
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: **Anthony Costanzo** Date: **2/11/99**
Print or Type Name of Officer: **ANTHONY COSTANZO III**
Title of Officer: **President**

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. 95355		2. Name of Corporation Costanzo Holding Group, Inc.	
3. Street Address Principal Business Office 2024 Smith Street		City N. Providence	State RI
4. Business Phone No. 232-1331		5. State of Incorporation RHODE ISLAND	
7. Brief Description of the Character of Business Conducted in Rhode Island hold title and ownership in real estate		Zip 02911	6. SIC Code 5553

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)	
President Name Anthony Costanzo	Vice President Name Anthony Costanzo
Street Address 2024 Smith Street	Street Address 2024 Smith Street
City N. Providence	City N. Providence
State RI	State RI
Zip 02911	Zip 02911
Secretary Name Anthony Costanzo	Treasurer Name Anthony Costanzo
Street Address 2024 Smith St.	Street Address 2024 Smith St.
City Providence	City Providence
State RI	State RI
Zip 02911	Zip 02911

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)	
Director Name Anthony Costanzo	Director Name
Street Address 2024 Smith Street	Street Address
City N. Providence	City
State RI	State
Zip 02911	Zip
Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)		11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>	
AUTHORIZED SHARES		ISSUED SHARES	
Number of Shares	Class/Series	Number of Shares	Class/Series
500 COMM NO PAR VALUE		-0-	
Par Value		Par Value	

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



File Date: 3/16
Check No.: 7453
By: KU

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: Anthony Costanzo III Date: 3/10/98
Print or Type Name of Officer: ANTHONY COSTANZO III
Title of Officer: President