



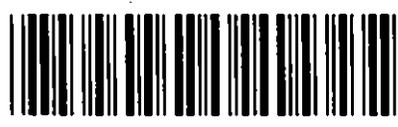
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 140261		2. Name of Corporation MGM REALTY CORPORATION			
3. Street Address Principal Business Office P.O. BOX 272			City LINCOLN	State RI	Zip 02865
4. Business Phone No.		5. State of Incorporation RHODE ISLAND			6. SIC Code 34
7. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN THE REAL ESTATE INVESTMENT AND DEVELOPMENT BUSINESS					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name FRANK MOREAU			Vice President Name DAVID P. GRAHAM		
Street Address P.O. BOX 272			Street Address P.O. BOX 272		
City LINCOLN	State RI	Zip 02865	City LINCOLN	State RI	Zip 02865
Secretary Name DAVID P. GRAHAM			Treasurer Name FRANK MOREAU		
Street Address P.O. BOX 272			Street Address P.O. BOX 272		
City LINCOLN	State RI	Zip 02865	City LINCOLN	State RI	Zip 02865
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		
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
4,000	COMM NO PAR VALUE		4,000	COMMON	NO PAR VALUE

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
05 MAR 11 AM 10:21

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



File Date 3/11/05
Check No. 11832 CS9919
By: lme
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] 1-28-05
Signature of Officer Date
FRANK MOREAU
Print or Type Name of Officer
President
Title of Officer