



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. 76362		2. Name of Corporation M.L.F. CORPORATION	
3. Street Address Principal Business Office 733 Putnam Pike		City Greenville	State RI
		Zip 02828	
4. Business Phone No. (401) 934-3800		5. State of Incorporation RHODE ISLAND	
		6. SIC Code 5710	
7. Brief Description of the Character of Business Conducted in Rhode Island REAL ESTATE HOLDING AND INVESTMENT			
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS <input checked="" type="checkbox"/>			
President Name John W. Meehan		Vice President Name Mary Lou Ferri	
Street Address 35 St. James Lane		Street Address 35 St. James Lane	
City Glocester	State RI	City Glocester	State RI
Zip 02857		Zip 02857	
Secretary Name Mary Lou Ferri		Treasurer Name John W. Meehan	
Street Address 35 St. James Lane		Street Address 35 St. James Lane	
City Glocester	State RI	City Glocester	State RI
Zip 02857		Zip 02857	
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS <input checked="" type="checkbox"/>			
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		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	
600 COMM NO PAR VALUE		100	Common
			None

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



File Date **FILED**
MAR 21 2005 01457
Check No. _____
By: **CK**
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 **John W. Meehan** Date **03/11/05**
Print or Type Name of Officer
President
Title of Officer

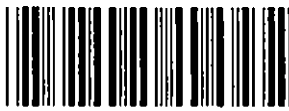


PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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

1. Corporate ID No 76362		2. Name of Corporation M.I.E. CORPORATION			
3. Street Address Principal Business Office 733 Putnam Pike			City Greenville	State RI	Zip 02828
4. Business Phone No. (401) 934-3800		5. State of Incorporation RHODE ISLAND		6. SIC Code 5710	
7. Brief Description of the Character of Business Conducted in Rhode Island REAL ESTATE HOLDING AND INVESTMENT					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Mary Lou Ferri			Vice President Name		
Street Address 35 St. James Lane			Street Address		
City Glocester	State RI	Zip 02857	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
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 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
600 COMM NO PAR VALUE			100	COMMON	NONE

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



* 7 6 3 6 2 *

File Date 3/23/04
Check No. 01444
By: LS
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.

Marylou Ferri 03/18/04
Signature of Officer Date
MARY LOU FERRI
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. **76362** 2. Name of Corporation **M.L.F. CORPORATION**
 3. Street Address Principal Business Office **35 ST. JAMES LANE** City **GLOCESTER** State **RI** Zip **02857**
 4. Business Phone No. **(401) 934-3800** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **5710**
 7. Brief Description of the Character of Business Conducted in Rhode Island
CONSTRUCTION OF SINGLE FAMILY HOMES

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

President Name MARY LOU FERRI	Vice President Name BRIAN A. MEEHAN
Street Address 35 ST. JAMES LANE	Street Address 50 SMITH AVENUE
City GLOCESTER State RI Zip 02857	City GREENVILLE State RI Zip 02828
Secretary Name	Treasurer Name
Street Address	Street Address
City State Zip	City State Zip

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

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

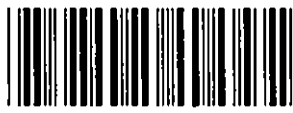
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

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

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

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

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



* 7 6 3 6 2 *

File Date: 3-18-03
 Check No.: 1384
 By: MLF

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.

Mary Lou Ferri 03/13/03
 Signature of Officer Date

MARY LOU FERRI
 Print or Type Name 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. **76362** 2. Name of Corporation **M.L.F. CORPORATION**
3. Street Address Principal Business Office **327 SAWMILL ROAD** City **SCITUATE** State **RI** Zip **02857**
4. Business Phone No. **(401) 934-3800** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **5710**

7. Brief Description of the Character of Business Conducted in Rhode Island
CONSTRUCTION OF SINGLE FAMILY HOMES

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

President Name			Vice President Name		
MARY LOU FERRI					
Street Address			Street Address		
327 SAWMILL ROAD					
City	State	Zip	City	State	Zip
SCITUATE	RI				
Secretary Name			Treasurer Name		
Street Address			Street Address		
City			City		
State			State		
Zip			Zip		

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

Director Name			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		

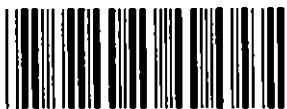
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

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

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

ISSUED SHARES	Class/Series	Par Value
100	COMMON	NONE

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



* 7 6 3 6 2 *

File Date: 2-22-02

Check No.: 1327

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 Mary Lou Ferri Date 02/15/02

MARY LOU FERRI
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. **76362** 2. Name of Corporation **M.L.F. CORPORATION**

3. Street Address Principal Business Office **327 Sawmill Road** City **Scituate** State **RI** Zip **02857**

4. Business Phone No. **(401) 938-3800** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **5710**

7. Brief Description of the Character of Business Conducted in Rhode Island
Construction of single family homes

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

President Name Mary Lou Ferri	Vice President Name
Street Address 327 Sawmill Road	Street Address
City Scituate State RI Zip 02857	City State Zip

Secretary Name	Treasurer Name
Street Address	Street Address
City State Zip	City State Zip

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

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

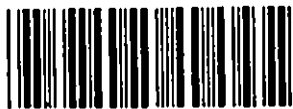
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

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

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

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
100	Common	No

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



* 7 6 3 6 2 *

File Date: 1/12

Check No.: 1274

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.

Mary Lou Ferri 01/04/01
Signature of Officer Date

Mary Lou Ferri
Print or Type Name of Officer

President
Title of Officer

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. **76362** 2. Name of Corporation **M.L.F. CORPORATION**

3. Street Address Principal Business Office **566 Putnam Pike** City **Greenville** State **RI** Zip **02828**
4. Business Phone No. **(401) 949-3399** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **5710**

7. Brief Description of the Character of Business Conducted in Rhode Island
Construction of single family homes

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

President Name Mary Lou Ferri	Vice President Name
Street Address 566 Putnam Pike	Street Address
City State Zip Greenville RI 02828	City State Zip
Secretary Name	Treasurer Name
Street Address	Street Address
City State Zip	City State Zip

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

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)

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

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

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
100	Common	No

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



File Date: PAID 1/14/2000
Check No.: 14114
By: SECRETARY OF STATE
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.

Mary Lou Ferri 1/13/00
Signature of Officer Date
Mary Lou Ferri
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. 76362		2. Name of Corporation M.L.F. CORPORATION			
3. Street Address Principal Business Office 566 Putnam Pike			City Greenville	State R.I.	Zip 02828
4. Business Phone No. (401) 949-3399		5. State of Incorporation RHODE ISLAND			6. SIC Code 5710
7. Brief Description of the Character of Business Conducted in Rhode Island Construction of single family homes					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Mary Lou Ferri			Vice President Name		
Street Address 566 Putnam Pike			Street Address		
City Greenville	State R.I.	Zip 02828	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
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 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
600 SHS COMM NO PAR VALUE			100	Common	No

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



File Date: 02-08-99
 Check No.: 0168
 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.

X Mary Lou Ferri 02/04/99
 Signature of Officer Date
Mary Lou Ferri, President
 Print or Type Name of Officer
 Title of Officer



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. **76362** 2. Name of Corporation **M.L.F. CORPORATION**

3. Street Address Principal Business Office **566 ~~W. Main Street~~ Purnam Ave** City **GREENVILLE** State **R.I.** Zip **02828**

4. Business Phone No. **401-949-3399** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **5710**

7. Brief Description of the Character of Business Conducted in Rhode Island
REAL ESTATE PURCHASE & SALES

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

President Name MARY LOU FERRI	Vice President Name
Street Address 327 SAWMILL RD.	Street Address
City N. SCITUATE State R.I. Zip 02857	City State Zip
Secretary Name	Treasurer Name
Street Address	Street Address
City State Zip	City State Zip

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

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)	11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)
AUTHORIZED SHARES	ISSUED SHARES
Number of Shares	Number of Shares
Class/Series	Class/Series
Par Value	Par Value
600 SHS COMM NO PAR VALUE	100 Common No

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



File Date: **1.16.98**
Check No.: **1120**
By: **ICP**

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.

Mary Lou Ferreri 1.9.98
Signature of Officer Date
MARY LOU FERRI
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 1997

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 76362		2. Name of Corporation M.L.F. CORPORATION			
3. Street Address Principal Business Office 566 Putnam Pike			City Greenville	State R.I.	Zip 02828
4. Business Phone No. (401) 949-3399		5. State of Incorporation RHODE ISLAND			6. SIC Code 6710
7. Brief Description of the Character of Business Conducted in Rhode Island Construction of single family homes					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
President Name Mary Lou Ferri			Vice President Name		
Street Address 566 Putnam Pike			Street Address		
City Greenville	State R.I.	Zip 02828	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>					
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 AND 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
600 SHS COMM NO PAR VALUE			100	Common	No

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



File Date: **3-21-97**

Check No.: **10625**

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.

Mary Lou Ferri 2/11/97
Signature of Officer Date
Mary Lou Ferri, President
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. 76362		2. NAME OF CORPORATION M.L.F. CORPORATION			
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 566 Putnam Pike			CITY Greenville	STATE RI	ZIP CODE 02828
4. BUSINESS PHONE NO. (401) 949-3710		5. STATE OF INCORPORATION RHODE ISLAND			6. SIC CODE 5710
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND Real Estate Holding and Investment					
8. NAMES AND ADDRESSES OF THE OFFICERS					
PRESIDENT NAME Mary Lou Ferri			VICE PRESIDENT NAME Mary Lou Ferri		
STREET ADDRESS 566 Putnam Pike			STREET ADDRESS 566 Putnam Pike		
CITY Greenville	STATE RI	ZIP CODE 02828	CITY Greenville	STATE RI	ZIP CODE 02828
SECRETARY NAME Mary Lou Ferri			TREASURER NAME Mary Lou Ferri		
STREET ADDRESS Same as Above			STREET ADDRESS Same as Above		
CITY Same As Above	STATE	ZIP CODE	CITY Same as Above	STATE	ZIP CODE
9. NAMES AND ADDRESSES OF THE DIRECTORS					
DIRECTOR NAME Mary Lou Ferri			DIRECTOR NAME		
STREET ADDRESS 566 Putnam Pike			STREET ADDRESS		
CITY Greenville,	STATE RI	ZIP CODE 02828	CITY	STATE	ZIP CODE
DIRECTOR NAME			DIRECTOR NAME		
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
10. SHARES AUTHORIZED AND ISSUED					
AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
600 SHS COMM NO PAR VALUE			100	Common	

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.

Mary Lou Ferri
Signature of Officer

Mary Lou Ferri
Print or Type Name of Officer

President
Title of Officer

2/2/96
Date

File Date: 2/14/96

Check No: 01011

By: *cc [Signature]*

For Secretary of State Use Only

DETACH BOTTOM BEFORE RETURNING



Ch# 6514 100 -

ANNUAL REPORT

76362 mnc
 76363

Please Type or Print
 File Annually - Jan. 1 - March 1
 Filing Fee \$50.00

Make Checks Payable to: Secretary of State

ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.

Corporate ID: 0076362 Annual Report for the year: 1995

Name of Corporation: M.L.F. CORPORATION

Business entity organized under the laws of the State of RI
 For foreign entity, address and telephone number of principal office:

Business Entity is (check one):
 Business Corporation (See RIGL Chapter 7-1.1)
 Professional Service Corporation (See RIGL Chapter 7-5.1)

Phone: ()
 Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):
566 Putnam Pike
Greenville, RI 02828
 Phone: (401) 949-3710

Brief statement of the character of business conducted in Rhode Island:
Real Estate Holding and Investment

THE NAMES OF THE OFFICERS ARE:

OFFICER	STREET ADDRESS	CITY/STATE	ZIP CODE
PRESIDENT Mary Lou Ferri	566 Putnam Pike	Greenville, RI	02828
VICE PRESIDENT Mary Lou Ferri	Same as Above		
SECRETARY Mary Lou Ferri	Same as Above		
TREASURER Mary Lou Ferri	Same as Above		

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
Mary Lou Ferri	566 Putnam Pike	Greenville, RI	02828

NUMBER OF SHARES AUTHORIZED (Rider may be attached)		NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)	
Number of Shares	Class / Series	Number of Shares	Class / Series
600	Common	100	Common

Date January 22, 19 95
 By: Mary Lou Ferri
 PRINT OR TYPE NAME OF OFFICER SIGNING
 TITLE OF OFFICER SIGNING President

DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

MARY LOU FERRI
 566 PUTNAM PIKE
 GREENVILLE RI 02828

JAN 30 1995
 SECY OF STATE