



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. 80265		2. Name of Corporation BARONE REALTY COMPANY, INC.			
3. Street Address Principal Business Office 107 NORTH WASHINGTON STREET			City NORTH ATTLEBORO	State MA	Zip 02760
4. Business Phone No. 508-699-2481		5. State of Incorporation MASSACHUSETTS			6. SIC Code 5538
7. Brief Description of the Character of Business Conducted in Rhode Island TO BUY, SELL, MORTGAGE, EXCHANGE, LEASE, LET, HOLD FOR INVESTMENT OR OTHERWISE USE & OPERATE REAL ESTATE OF ALL KINDS.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name JOHN W. BARONE MICHELLE A.			Vice President Name JOHN W. BARONE		
Street Address 7 LINDA ROAD			Street Address 7 LINDA ROAD		
City LINCOLN	State RI	Zip 02865	City LINCOLN	State RI	Zip 02865
Secretary Name JOHN W. BARONE			Treasurer Name JOHN W. BARONE		
Street Address 7 LINDA ROAD			Street Address 7 LINDA ROAD		
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 JOHN W. BARONE			Director Name		
Street Address 7 LINDA ROAD			Street Address		
City LINCOLN	State RI	Zip 02865	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
20,000 COMM NO PAR VALUE			1000	common	none

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



FILED

File Date: 2/22/2005
Check No.: UB-2011
By: UB

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.

John W. Barone 2/2/05
Signature of Officer Date

JOHN W. BARONE
Print or Type Name of Officer

PRESIDENT TREASURER
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 80265		2. Name of Corporation BARONE REALTY COMPANY, INC.			
3. Street Address Principal Business Office 107 NORTH WASHINGTON STREET			City NORTH ATTLEBORO	State MA	Zip 02760
4. Business Phone No. 508-699-2481		5. State of Incorporation MASSACHUSETTS			6. SIC Code 5538
7. Brief Description of the Character of Business Conducted in Rhode Island TO BUY, SELL, MORTGAGE, EXCHANGE, LEASE, LET, HOLD FOR INVESTMENT OR OTHERWISE USE & OPERATE REAL ESTATE OF ALL KINDS.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name MICHELLE BARONE			Vice President Name NONE		
Street Address 7 LINDA ROAD			Street Address		
City LINCOLN	State RI	Zip 02865	City	State	Zip
Secretary Name MICHELLE BARONE			Treasurer Name JOHN BARONE		
Street Address 7 LINDA ROAD			Street Address 7 LINDA ROAD		
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 NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name NONE			Director Name NONE		
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"/> ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
20,000 COMM NO PAR VALUE			1000	COMMON	NONE

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



* 8 0 2 6 5 *

File Date 2/19/04
Check No. 1860
By: VB
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.

Michelle Barone 2-9-04
Signature of Officer Date

MICHELLE BARONE
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. **80265** 2. Name of Corporation **BARONE REALTY COMPANY, INC.**
3. Street Address Principal Business Office
107 North Washington Street City **North Attleboro** State **MA** Zip **02760**
4. Business Phone No. **508-699-2481** 5. State of Incorporation **MASSACHUSETTS** 6. SIC Code **5538**
7. Brief Description of the Character of Business Conducted in Rhode Island
General real estate and any other lawful business

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

President Name Michelle Barone	Vice President Name NONE
Street Address 7 Linda Road	Street Address
City Lincoln State RI Zip 02865	City State Zip
Secretary Name Michelle Barone	Treasurer Name John Barone
Street Address 7 Linda Road	Street Address 7 Linda road
City Lincoln State RI Zip 02865	City Lincoln State RI Zip 02865

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
Director Name	Director Name
Street Address	Street Address
City	City

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

AUTHORIZED SHARES	Class/Series	Par Value
20,000 COMM NO PAR VALUE		

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

ISSUED SHARES	Class/Series	Par Value
1,000	Common	No Par

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



* 8 0 2 6 5 *

File Date: 2-11-03
Check No.: 1701
By: MP

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.

Michelle Barone 2/10/03
Signature of Officer Date

Michelle Barone
Print or Type Name of Officer

President
Title of Officer

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. **80265** 2. Name of Corporation **BARONE REALTY COMPANY, INC.**
3. Street Address Principal Business Office **107 North Washington Street** City **N. Attleboro** State **MA** Zip **02760**
4. Business Phone No. **(508) 699-2481** 5. State of Incorporation **MASSACHUSETTS** 6. SIC Code **5538**

7. Brief Description of the Character of Business Conducted in Rhode Island
general real estate and any other lawful business

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

President Name Michelle Barone Street Address 7 Linda Road City Lincoln State RI Zip 02865	Vice President Name Street Address City _____ State _____ Zip _____
Secretary Name Michelle Barone Street Address 7 Linda Road City Lincoln State RI Zip 02865	Treasurer Name John Barone Street Address 7 Linda Road City Lincoln State RI Zip 02865

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

Director Name Michelle Barone Street Address 7 Linda Road City Lincoln State RI Zip 02865	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	Class/Series	Par Value
20,000	COMM	NO PAR VALUE

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

ISSUED SHARES	Class/Series	Par Value
1000	common	no par

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



* 8 0 2 6 5 *

File Date: 2/14/02
Check No.: 1531
By: KB

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.

Michelle Barone 2-13-02
Signature of Officer Date

Michelle Barone
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. **80265** 2. Name of Corporation **BARONE REALTY COMPANY, INC.**
3. Street Address Principal Business Office **107 North Washington Street** City **N. Attleboro** State **MA** Zip **02760**
4. Business Phone No. **(508) 699-2481** 5. State of Incorporation **MASSACHUSETTS** 6. Mailing Address **5558**

7. Brief Description of the Character of Business Conducted in Rhode Island
general real estate and any other lawful purpose

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

President Name Michelle Barone	Vice President Name
Street Address 7 Linda Rd.	Street Address
City State Zip Lincoln RI 02865	City State Zip
Secretary Name Michelle Barone	Treasurer Name JOHN W. Barone
Street Address 7 Linda Rd.	Street Address
City State Zip Lincoln RI 02865	City State Zip Lincoln RI 02865

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

Director Name Michelle Barone	Director Name
Street Address 7 Linda Rd.	Street Address
City State Zip Lincoln RI 02865	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
20,000	Common	No Par

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

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
1000	Common	No Par

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



* 8 0 2 6 5 *

File Date: 2/21

Check No.: 1361

By: Jc

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.

John W. Barone 2-2-01
Signature of Officer Date

JOHN W. BARONE
Print or Type Name of Officer

TREASURER
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. **80265** 2. Name of Corporation **BARONE REALTY COMPANY, INC.**
3. Street Address Principal Business Office **107 North Washington St.** City **N. Attleboro** State **MA** Zip **02760**
4. Business Phone No. **(508) 699-2481** 5. State of Incorporation **MASSACHUSETTS** 6. SIC Code **5538**

7. Brief Description of the Character of Business Conducted in Rhode Island
General real estate and any other lawful business

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

President Name			Vice President Name		
Michelle Barone			None		
Street Address			Street Address		
7 Linda Rd.					
City	State	Zip	City	State	Zip
Lincoln	RI	02865			
Secretary Name			Treasurer Name		
Michelle Barone			John Barone		
Street Address			Street Address		
7 Linda Rd.			7 Linda Rd.		
City	State	Zip	City	State	Zip
Lincoln	RI	02865	Lincoln	RI	02865

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

Director Name			Director Name		
Michelle Barone					
Street Address			Street Address		
7 Linda Rd.					
City	State	Zip	City	State	Zip
Lincoln	RI	02865			
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
20,000	Common	No Par

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

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
1000	Common	No Par

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



* 8 0 2 6 5 *

File Date: 2-8-00
Check No.: 1156
By: AMF

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.

Michelle Barone 1/24/01
Signature of Officer Date

Michelle Barone
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. 80265		2. Name of Corporation BARONE REALTY COMPANY, INC.			
3. Street Address Principal Business Office 107 North Washington Street			City N. Attleboro	State MA	Zip 02760
4. Business Phone No. (508) 699-2481		5. State of Incorporation MASSACHUSETTS			6. SIC Code 5538
7. Brief Description of the Character of Business Conducted in Rhode Island general real estate and any other lawful business					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Michelle Barone			Vice President Name None		
Street Address 7 Linda Rd.			Street Address		
City Lincoln	State RI	Zip 02865	City	State	Zip
Secretary Name Michelle Barone			Treasurer Name John Barone		
Street Address 7 Linda Rd.			Street Address 7 Linda Rd.		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Michelle Barone			Director Name		
Street Address 7 Linda Rd.			Street Address		
City Lincoln	State RI	Zip 02865	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	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
20,000	Common	No Par	1000	Common	No Par

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



File Date: Feb 11, 99

Check No.: 978

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: Michelle Barone Date: 2/3/99

Print or Type Name of Officer: Michelle Barone

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. **80265** 2. Name of Corporation **BARONE REALTY COMPANY, INC.**
3. Street Address Principal Business Office **107 North Washington Street** City **N. Attleboro** State **MA** Zip **02760**
4. Business Phone No. **(508) 699-2481** 5. State of Incorporation **MASSACHUSETTS** 6. SIC Code **5538**

7. Brief Description of the Character of Business Conducted in Rhode Island
general real estate and any other lawful business

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

President Name			Vice President Name		
Michelle Barone			None		
Street Address			Street Address		
7 Linda Rd.					
City	State	Zip	City	State	Zip
Lincoln	RI	02865			
Secretary Name			Treasurer Name		
Michelle Barone			John W. Barone		
Street Address			Street Address		
7 Linda Rd.			7 Linda Rd.		
City	State	Zip	City	State	Zip
Lincoln	RI	02865	Lincoln	RI	02865

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

Director Name			Director Name		
Michelle Barone					
Street Address			Street Address		
7 Linda Rd.					
City	State	Zip	City	State	Zip
Lincoln	RI	02865			
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
20,000	Common	No Par

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

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
1000	Common	No Par

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



* 8 0 2 6 5 *

File Date: 2.5.98
Check No.: 775
By: WP

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.

John W. Barone 1-28-98
Signature of Officer Date
JOHN W. BARONE
Print or Type Name of Officer
TREASURER
Title of Officer



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. **80265** 2. Name of Corporation **BARONE REALTY COMPANY, INC.**
3. Street Address Principal Business Office **107 North Washington Street** City **No. Attleboro** State **MA** Zip **02760**
4. Business Phone No. **(508) 699-2481** 5. State of Incorporation **MASSACHUSETTS** 6. SIC Code **5538**

7. Brief Description of the Character of Business Conducted in Rhode Island
general real estate & any other lawful purpose

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

President Name			Vice President Name		
Michelle Barone			None		
Street Address			Street Address		
7 Linda Road					
City	State	Zip	City	State	Zip
Lincoln	RI	02865			
Secretary Name			Treasurer Name		
Michelle Barone			John W. Barone		
Street Address			Street Address		
7 Linda Road			7 Linda Road		
City	State	Zip	City	State	Zip
Lincoln	RI	02865	Lincoln	RI	02865

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

Director Name			Director Name		
Michelle Barone					
Street Address			Street Address		
7 Linda Road					
City	State	Zip	City	State	Zip
Lincoln	RI	02865			
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

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

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
20,000	Common	No Par	1000	Common	No Par

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



File Date: 2-18-97
Check No.: 651
By: WJP / JEC

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.
Michelle Barone 1-17-97
Signature of Officer Date

Michelle Barone
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 80265		2. NAME OF CORPORATION BARONE REALTY COMPANY, INC.			
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 107 North Washington Street		CITY No. Attleboro	STATE MA	ZIP CODE 02760	
4. BUSINESS PHONE NO (508) 699-2481		5. STATE OF INCORPORATION RHODE ISLAND		6. SIC CODE 5538	
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND general real estate and any other lawful business					
8. NAMES AND ADDRESSES OF THE OFFICERS					
PRESIDENT NAME Michelle Barone			VICE PRESIDENT NAME None		
STREET ADDRESS 7 Linda Road			STREET ADDRESS		
CITY Lincoln	STATE RI	ZIP CODE 02865	CITY	STATE	ZIP CODE
SECRETARY NAME Michelle Barone			TREASURER NAME John W. Barone		
STREET ADDRESS 7 Linda Road			STREET ADDRESS 7 Linda Road		
CITY Lincoln	STATE RI	ZIP CODE 02865	CITY Lincoln	STATE RI	ZIP CODE 02865
9. NAMES AND ADDRESSES OF THE DIRECTORS					
DIRECTOR NAME Michelle Barone			DIRECTOR NAME		
STREET ADDRESS 7 Linda Road			STREET ADDRESS		
CITY Lincoln	STATE RI	ZIP CODE 02865	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
20,000	Common	No Par	1000	Common	No Par

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.

File Date: 2/21/96
Check No: 546
By: CP

John W Barone
Signature of Officer
JOHN W. BARONE
Print or Type Name of Officer
TREASURER 2/19/96
Title of Officer Date

For Secretary of State Use Only

DETACH BOTTOM BEFORE RETURNING

FORM 31 1285

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

Corporate ID: 0080265 Annual Report for the year: 1995

Name of Corporation: BARONE REALTY COMPANY, INC.

Business entity organized under the laws of the State of: MASSACHUSETTS
 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)

107 NORTH WASHINGTON STREET
NORTH ATTLEBORO, MA 02760
 Phone: (508) 699-4881

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):
N/A

Phone: ()

Brief statement of the character of business conducted in Rhode Island:
REAL ESTATE RENTALS AND OPERATIONS

THE NAMES OF THE OFFICERS ARE:

OFFICER	STREET ADDRESS	CITY/STATE	ZIP CODE
PRESIDENT <u>MICHELLE A. BARONE</u>	<u>7 LINDA STREET</u>	<u>LINCOLN, RI</u>	<u>02865</u>
VICE PRESIDENT			
SECRETARY <u>MICHELLE A. BARONE</u>	<u>7 LINDA STREET</u>	<u>LINCOLN, RI</u>	<u>02865</u>
TREASURER <u>JOHN W. BARONE</u>	<u>7 LINDA STREET</u>	<u>LINCOLN, RI</u>	<u>02865</u>

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>MICHELLE BARONE</u>	<u>7 LINDA STREET</u>	<u>LINCOLN, RI</u>	<u>02865</u>

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
<u>20,000</u>	<u>COMMON, NO PAR</u>	<u>1000</u>	<u>COMMON, NO PAR</u>

Date FEBRUARY 24, 19 95

By: John W. Barone
JOHN W. BARONE

PRINT OR TYPE NAME OF OFFICER SIGNING: TREASURER
 TITLE OF OFFICER SIGNING

Form 31 1/95

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.

FRANK A. LOMBARDI
 1000 SMITH STREET
 PROVIDENCE RI 02908

FILED

MAR 02 1995

By cc # 437