



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 2005

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 92782		2. Name of Corporation PEZCO, INC.															
3. Street Address Principal Business Office 28 Mason Street		City North Kingston		State RI	Zip 02852												
4. Business Phone No. 401-295-2660		5. State of Incorporation RHODE ISLAND			6. SIC Code 5520												
7. Brief Description of the Character of Business Conducted in Rhode Island THE OWNING AND MANAGING REAL ESTATE.																	
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS																	
President Name John A. Pezza			Vice President Name same														
Street Address 28 Mason Street			Street Address														
City North Kingston	State RI	Zip 02852	City	State	Zip												
Secretary Name same			Treasurer Name same														
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 John A. Pezza			Director Name														
Street Address 28 Mason Street			Street Address														
City North Kingston	State RI	Zip 02852	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"/> ISSUED SHARES											
Number of Shares			Class/Series			Par Value			Number of Shares			Class/Series			Par Value		
100 NO PAR VALUE									none								

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



FILED

FEB 17 2005

By M. A. Brown

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 A. Pezza

Date

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 OR PRINTED IN BLACK)

1. Corporate ID No. 92782		2. Name of Corporation PEZCO, INC.			
3. Street Address Principal Business Office 28 Mason Street		City North Kingstown		State RI	Zip 02852
4. Business Phone No. 401-295-2660		5. State of Incorporation Rhode Island			6. SIC Code 5520
7. Brief Description of the Character of Business Conducted in Rhode Island real estate					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name John A. Pezza			Vice President Name same		
Street Address 28 Mason Street			Street Address		
City North Kingstown	State RI	Zip 02852	City	State	Zip
Secretary Name same			Treasurer Name same		
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 John A. Pezza			Director Name		
Street Address 28 Mason Street			Street Address		
City North Kingstown	State RI	Zip 02852	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
100	no par value		none		

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.

Signature of Officer

Date

JOHN A. PEZZA
Print or Type Name of Officer

President

Title of Officer

FILED

JUL 08 2004

By: [Signature]

FOR SECRETARY OF STATE USE ONLY



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 2000

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 92782		2. Name of Corporation PEZCO, INC.			
3. Street Address Principal Business Office 28 Mason Street			City North Kingstown	State RI	Zip 02852
4. Business Phone No. 401-295-2660		5. State of Incorporation Rhode Island			6. SIC Code 5520
7. Brief Description of the Character of Business Conducted in Rhode Island real estate.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name John A. Pezza			Vice President Name same		
Street Address 28 Mason Street			Street Address		
City North Kingstown	State RI	Zip 02852	City	State	Zip
Secretary Name same			Treasurer Name same		
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 John A. Pezza			Director Name		
Street Address 28 Mason Street			Street Address		
City North Kingstown	State RI	Zip 02852	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					
Number of Shares 100		Class/Series no par value		Par Value	
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES					
Number of Shares none		Class/Series		Par Value	

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

FILED

JUL 08 2004

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

Date

JOHN A. PEZZA

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
401-222-3040

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. 92782		2. Name of Corporation PEZCO, INC.	
3. Street Address Principal Business Office 28 Mason Street		City North Kingstown	State RI
4. Business Phone No.		Zip 02852	6. SIC Code 5520
5. State of Incorporation RHODE ISLAND			
7. Brief Description of the Character of Business Conducted in Rhode Island owning and managing real estate			
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) • FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name John A. Pezza		Vice President Name same	
Street Address 28 Mason Street		Street Address	
City North Kingstown	State RI	City	State
Zip 02852		Zip	
Secretary Name same		Treasurer Name same	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) • FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name John A. Pezza		Director Name	
Street Address 28 Mason Street		Street Address	
City North Kingstown	State RI	City	State
Zip 02852		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) AUTHORIZED SHARES		11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) ISSUED SHARES	
Number of Shares 100 SHS NO PAR VALUE	Class/Series	Number of Shares none	Class/Series
Par Value		Par Value	

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



* 9 2 7 8 2 *

File Date: Mar 3, 99
Check No.: 12187
By: JD

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: [Signature] Date: 2/24/99
Print or Type Name of Officer: **JOHN A. PEZZA**
Title of Officer: **PRESIDENT**



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 FOR THE YEAR 1998
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No

2. Name of Corporation

92782

PEZCO, INC.

3. Street Address Principal Business Office

City

State

Zip

28 Mason Street

North Kingstown

RI

02852

4. Business Phone No.

5. State of Incorporation

6. SIC Code

5520

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

real estate

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

President Name

Vice President Name

Margaux Pezza

same

Street Address

Street Address

28 Mason Street

City

State

Zip

City

State

Zip

North Kingstown, RI

02852

Secretary Name

Treasurer Name

same

same

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

Margaux Pezza

Street Address

Street Address

28 Mason Street

City

State

Zip

City

State

Zip

North Kingston RI

02852

Director Name

Director Name

Street Address

Street Address

City

State

Zip

City

State

Zip

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

AUTHORIZED SHARES

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

Number of Shares

Class/Series

Par Value

100 SHS NO PAR VALUE

none

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

File Date: 5/8/98

Check No.: 263816

By: KPD

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.

Margaux J Pezza 4-8-98
Signature of Officer Date

MARGAUX PEZZA

Print or Type Name of Officer

President

Title of Officer

RECEIVED
CORPORATIONS DIVISION
MAY 9 2 21 PM '98



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. **92782** 2. Name of Corporation **PEZCO, INC.**

3. Street Address Principal Business Office

City

State

Zip

28 Mason Street

North Kingstown

RI

02852

4. Business Phone No.

5. State of Incorporation

RHODE ISLAND

6. SIC Code

5520

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

real-estate

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

President Name

Vice President Name

Margaux Pezza

same

Street Address

Street Address

28 Mason Street

City **No. Kingstown** State **RI** Zip **02852**

City State

Secretary Name

Treasurer Name

same

same

Street Address

Street Address

City State Zip

City State

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SECRETARY OF STATE
MAY 8 2 21 PM '98

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

Director Name

Director Name

Margaux Pezza

Street Address

Street Address

28 Mason Street

City **No. Kingstown** State **RI** Zip **02852**

City State Zip

Director Name

Director Name

Street Address

Street Address

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

100 SHS NO PAR VALUE

none

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



* 9 2 7 8 2 *

File Date: **5/8/98**

Check No.: **203016**

By: **VP**

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.

Margaux L. Pezza **4-8-98**
Signature of Officer Date

MARGAUX PEZZA

Print or Type Name of Officer

President

Title of Officer