



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 02903-1333
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.

10323

2. Name of Corporation

1704 Associates, Inc.

3. Street Address Principal Business Office

1704 Broad Street

City

Cranston

State

RI

Zip

02905

4. Business Phone No.

(401) 781-8280

5. State of Incorporation

RHODE ISLAND

6. SIC Code

5538

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

Real estate holding

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

President Name

William A. Artesani III

Vice President Name

Michael C. Artesani

Street Address

67 Kimberly Lane

Street Address

535 Wayland Avenue

City

Cranston

State

RI

Zip

02921

City

Providence

State

RI

Zip

02906

Secretary Name

Michael C. Artesani

Treasurer Name

Michael C. Artesani

Street Address

535 Wayland Avenue

Street Address

535 Wayland Avenue

City

Providence

State

RI

Zip

02906

City

Providence

State

RI

Zip

02906

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

Director Name

Michael C. Artesani

Director Name

None

Street Address

535 Wayland Avenue

Street Address

City

Providence

State

RI

Zip

02906

City

State

Zip

Director Name

William A. Artesani III

Director Name

None

Street Address

67 Kimberly Lane

Street Address

City

Cranston

State

RI

Zip

02921

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

600 NO PAR

Class/Series

Par Value

ISSUED SHARES

Number of Shares

Class/Series

Par Value

100

Common

No Par

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



* 1 0 3 2 3 *

File Date.

2-25-97

Check No.:

3489

By:

100

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.

Michael C. Artesani

Signature of Officer

2/14/97

Date

Michael C. Artesani

Print or Type Name of Officer

Vice President

Title of Officer