



Office of the Secretary of State
Matthew A. Brown, Secretary of State

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 66980		2. Name of Corporation M.J.S. REALTY LTD.			
3. Street Address Principal Business Office 58 IRVING AVE			City PROV.	State RI	Zip 02906
4. Business Phone No 401-743-0214		5. State of Incorporation RHODE ISLAND		6. SIC Code 5538	
7. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN THE BUSINESS OF REAL ESTATE					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name MONICA J. SCHABERG			Vice President Name FRANK J. Schaberg		
Street Address 58 IRVING AVE			Street Address 58 IRVING AVE		
City PROV.	State RI	Zip 02906	City PROV.	State RI	Zip 02906
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 Adrienne C Schaberg			Director Name MARLANNE J. Schaberg		
Street Address SAME			Street Address SAME		
City	State	Zip	City	State	Zip
Director Name Madeleine R Schaberg			Director Name		
Street Address SAME			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
8,000 COMM NO PAR VALUE			none		0

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



File Date **FILED**
Check No. **FEB 28 2005** 1990
By: **MS**
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.

Monica Schaberg 2/25/05
Signature of Officer Date
MONICA J. SCHABERG
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. 66980		2. Name of Corporation M.J.S. REALTY LTD.			
3. Street Address Principal Business Office 58 IRVING AVE			City PROVIDENCE	State RI	Zip 02906
4. Business Phone No. 401-274-8873		5. State of Incorporation RHODE ISLAND		6. SIC Code 5538	
7. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN THE BUSINESS OF REAL ESTATE					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name MONICA J. SCHABERG			Vice President Name FRANK J. SCHABERG		
Street Address 58 IRVING AVE			Street Address 58 IRVING AVE		
City PROVIDENCE	State RI	Zip 02906	City PROV.	State RI	Zip 02906
Secretary Name MADELEINE SCHABERG			Treasurer Name ADRIENNE SCHABERG		
Street Address 58 IRVING AVE			Street Address 58 IRVING AVE		
City PROV.	State RI	Zip 02906	City PROV.	State RI	Zip 02906
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name MARIANNE SCHABERG			Director Name		
Street Address 58 IRVING AVE			Street Address		
City PROV.	State RI	Zip 02906	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
8,000 COMM NO PAR VALUE			0 (zero)		

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



* 6 6 9 8 0 *

File Date 4/26/04
Check No. 1834
By: W.
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.

Monica Schaberg 2/28/04
Signature of Officer Date
MONICA J. SCHABERG
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. **66980** 2. Name of Corporation **M.J.S. REALTY LTD.**
3. Street Address Principal Business Office **58 IRVING AVE** City **PROVIDENCE** State **RI** Zip **02906**
4. Business Phone No. **(401) 274-8873** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **5538**

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

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

President Name MONICA J. Schaberg	Vice President Name FRANK J. SCITABERG JR
Street Address 58 IRVING AVE	Street Address SAME
City Providence State RI Zip 02906	City _____ State _____ Zip _____
Secretary Name Adrienne C. Schaberg	Treasurer Name MONICA Schaberg
Street Address SAME	Street Address SAME
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
8,000 COMM NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
NONE 7.000

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



* 6 6 9 8 0 *

File Date: **2/26/03**
Check No.: **1020**
By: **IP**

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 **Monica J. Schaberg** Date **1/21/03**
Print or Type Name of Officer **Monica J. Schaberg**
Title 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. **66980**
2. Name of Corporation **M.J.S. REALTY LTD.**
3. Street Address Principal Business Office
58 IRVING AVE
4. Business Phone No. **401 374 8573**
5. State of Incorporation
RHODE ISLAND
7. Brief Description of the Character of Business Conducted in Rhode Island
REAL ESTATE INVESTMENT

City **PROVIDENCE** State **RI** Zip **02906**
SIC Code **5538**

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

President Name **M. J. SCHABERG**
Street Address
City State Zip

Vice President Name **F. J. SCHABERG**
Street Address
City State Zip

Secretary Name **ADRIENNE SCHABERG**
Street Address
City State Zip

Treasurer Name **ADRIENNE SCHABERG**
Street Address
City State Zip

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

Director Name
Street Address
City State Zip
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	Number of Shares	Class/Series	Par Value
	8,000	COMM	NO PAR VALUE

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	8000		0

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



* 6 6 9 8 0 *

File Date: 1-9-02

Check No.: 1428

By: _____

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 F. J. Schaberg Date _____

Print or Type Name of Officer F. J. SCHABERG

Title of Officer VP



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. **66980** 2. Name of Corporation **M.J.S. REALTY LTD.**
3. Street Address Principal Business Office _____ City _____ State _____ Zip _____
4. Business Phone No. **M.J.S. REALTY LTD.
58 IRVING AVE.
PROVIDENCE, RI 02908** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **5538**
7. Brief Description of the Character of Business Conducted in Rhode Island _____

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

President Name MONICA J SCHABERB	Vice President Name FRANIZ J SCHABERB
Street Address _____	Street Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Secretary Name Adrienne SchaberB	Treasurer Name Madeleine SchaberB
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
8,000 SHS COMMON NO PAR

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

ISSUED SHARES
Number of Shares Class/Series 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: 1/25/01

Check No.: 1201

By: ccw

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.

J SchaberB 1/28/01
Signature of Officer Date

Print or Type Name 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. **93339** 2. Name of Corporation **M.K.S. REALTY, INC.**

3. Street Address Principal Business Office **37 Atwells Avenue** City **Johnston** State **RI** Zip **02919**
4. Business Phone No. **(401) 231-0249** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **5538**

7. Brief Description of the Character of Business Conducted in Rhode Island
Buying, selling, and building any and all types of real estate.

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

President Name Michael Cambio Street Address 37 Atwells Avenue City Johnston State RI Zip 02919	Vice President Name Kenneth Cambio Street Address 37 Atwells Avenue City Johnston State RI Zip 02919
--	---

Secretary Name Steven Cambio Street Address 37 Atwells Avenue City Johnston State RI Zip 02919	Treasurer Name Kenneth Cambio Street Address 37 Atwells Avenue City Johnston State RI Zip 02919
---	--

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

Director Name Michael Cambio Street Address 37 Atwells Avenue City Johnston State RI Zip 02919	Director Name Kenneth Cambio Street Address 37 Atwells Avenue City Johnston State RI Zip 02919
Director Name Steven Cambio Street Address 37 Atwells Avenue City _____ State _____ Zip _____	Director Name _____ Street Address _____ City _____ State _____ Zip _____

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

AUTHORIZED SHARES	Class/Series	Par Value
1,000	NO	PAR VALUE

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

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

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



* 9 3 3 3 9 *

File Date: 3/20/00

Check No.: 44254

By: [Signature]

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] Date 1/10/00

Signature of Officer: Michael Cambio
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. **66980** 2. Name of Corporation **M.J.S. REALTY LTD.**
3. Street Address Principal Business Office **M.J.S. REALTY LTD.
58 IRVING AVE.
PROVIDENCE, RI 02906** State _____ Zip _____
4. Business Phone No. **401-2748873** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **5538**

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

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

President Name MONICA J. SCHABERL Street Address M.J.S. REALTY LTD. 58 IRVING AVE. PROVIDENCE, RI 02906 City _____ State _____ Zip _____	Vice President Name FRANK J SCHABERL Street Address M.J.S. REALTY LTD. 58 IRVING AVE. PROVIDENCE, RI 02906 City _____ State _____ Zip _____
--	---

Secretary Name ADRIENNE SCHABERL Street Address M.J.S. REALTY LTD. 58 IRVING AVE. PROVIDENCE, RI 02906 City _____ State _____ Zip _____	Treasurer Name MADELEINE SCHABERL Street Address M.J.S. REALTY LTD. 58 IRVING AVE. PROVIDENCE, RI 02906 City _____ State _____ Zip _____
---	--

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

Director Name _____ Street Address _____ City _____ State _____ Zip _____	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
8,000 SHS COMMON NO PAR		

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

ISSUED SHARES	Class/Series	Par Value
8000		0

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



File Date: 1-12-99
Check No.: 929
By: AME *[Signature]*

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] 1/10
Signature of Officer _____ Date _____
F. J. SCHABERL JR
Print or Type Name of Officer _____
V.P.
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 **66980** 2. Name of Corporation **M.J.S. REALTY LTD.**
3. Street Address Principal Business Office _____ City _____ State _____ Zip _____
4. Business Phone No. _____ 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **5538**
M.J.S. REALTY LTD.
58 IRVING AVE.
PROVIDENCE, RI 02906

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

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

President Name <i>MONICA J. SCHABERG</i>	Vice President Name <i>FRANK J. SCHABERG</i>
Street Address M.J.S. REALTY LTD. 58 IRVING AVE. PROVIDENCE, RI 02906	Street Address M.J.S. REALTY LTD. 58 IRVING AVE. PROVIDENCE, RI 02906
City _____ Zip _____	City _____ Zip _____
Secretary Name <i>ADRIENNE SCHABERG</i>	Treasurer Name <i>MARLENE SCHABERG</i>
Street Address M.J.S. REALTY LTD. 58 IRVING AVE. PROVIDENCE, RI 02906	Street Address M.J.S. REALTY LTD. 58 IRVING AVE. PROVIDENCE, RI 02906
City _____ Zip _____	City _____ Zip _____

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

Director Name <i>all of above</i>	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
8,000 SHS	COMMON	NO PAR

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
<i>None</i>		

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



* 6 6 9 8 0 *

File Date: *1.20.98*
Check No. *773*
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] 1/17
Signature of Officer _____ Date _____
M.J.S. REALTY LTD.
58 IRVING AVE.
PROVIDENCE, RI 02906
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. **66980** 2. Name of Corporation **M.J.S. REALTY LTD.**
3. Street Address Principal Business Office **58 IRVING AVE** City **Providence** State **RI** Zip **02901**
4. Business Phone No. **401 274 8873** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **5538**
7. Brief Description of the Character of Business Conducted in Rhode Island **Real Estate Investment - RENTAL PROPERTY**

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

President Name MONICA J SCHABERB	Vice President Name FRANK J SCHABERB
Street Address 58 IRVING AVE	Street Address SAME
City Providence State RI Zip 02901	City SAME State RI Zip 02901
Secretary Name ADRIENNE C SCHABERB	Treasurer Name Madeleine R Schaberb
Street Address SAME	Street Address SAME
City SAME State RI Zip 02901	City SAME State RI Zip 02901

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

Director Name NONE	Director Name NONE
Street Address NONE	Street Address NONE
City NONE State RI Zip 02901	City NONE State RI Zip 02901
Director Name	Director Name
Street Address	Street Address
City	City

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
8,000 SHS COMMON NO PAR			NONE		

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



File Date: **2-3-97**
Check No.: **SG8**
By: **WP / DEC**

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.

J Schaberb 1/10
Signature of Officer Date
FRANK J SCHABERB JR
Print or Type Name of Officer
VP
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: 66980
2 NAME OF CORPORATION: M.J.S. REALTY LTD.
3 STREET ADDRESS PRINCIPAL BUSINESS OFFICE: 58 IRVING AVE, CITY: PROV, STATE: RI, ZIP CODE: 02916
4 BUSINESS PHONE NO.: 274 8873
5 STATE OF INCORPORATION: RHODE ISLAND
6 SIC CODE: 5538

7 BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND: FAMILY REAL ESTATE INVESTMENT

8. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME: MONICA J SCHABERG, STREET ADDRESS: 58 IRVING, CITY: PROV, STATE: RI, ZIP CODE: [blank]
VICE PRESIDENT NAME: FRANK J SCHABERG, STREET ADDRESS: F.J. SCHABERG JR. M.D., 58 IRVING AVE, PROVIDENCE, RI 02906, CITY: [blank], STATE: [blank], ZIP CODE: [blank]
SECRETARY NAME: F.J. SCHABERG, STREET ADDRESS: SAME, CITY: [blank], STATE: [blank], ZIP CODE: [blank]
TREASURER NAME: ADRIENNE SCHABERG, STREET ADDRESS: SAME, CITY: [blank], STATE: [blank], ZIP CODE: [blank]

9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME: SAME, STREET ADDRESS: SAME, CITY: [blank], STATE: [blank], ZIP CODE: [blank]
DIRECTOR NAME: AG, STREET ADDRESS: ABOVE, CITY: [blank], STATE: [blank], ZIP CODE: [blank]

10. SHARES AUTHORIZED AND ISSUED

AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
8,000 SHS	COMMON NO PAR		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.

File Date: 3/26/96
Check No: 530

Signature of Officer: *[Signature]*
F.J. SCHABERG JR. M.D.
58 IRVING AVE
PROVIDENCE, RI 02906

For Secretary of State Use Only

Title of Officer: VP
Date: [blank]

State of Rhode Island and Providence Plantations
 Office of The Secretary of State
 100 North Main Street
 Providence, Rhode Island 02903-1335
 401-277-3040



ANNUAL REPORT

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: 0065980

Annual Report for the year: 1995

Name of Corporation: M.J.S. REALTY LTD.

Business entity organized under the laws of the State of: RI

Business Entity is (check one):

Business Corporation (See RIGL Chapter 7-1.1)

Professional Service Corporation (See RIGL Chapter 7-5.1)

For foreign entity, address and telephone number of principal office:

Brief statement of the character of business conducted in Rhode Island:

Real Estate Investment

Phone: ()

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

58 IRVING AVE
 PROVIDENCE RI 02901
 Phone: 401 274 8873

NO CHANGES

THE NAMES OF THE OFFICERS ARE:

OFFICER	STREET ADDRESS	CITY/STATE	ZIP CODE
PRESIDENT MUNICA SCHABERG	58 IRVING AVE	PROV RI	02901
VICE-PRESIDENT FRANK SCHABERG	"	"	"
SECRETARY CLORIENNE SCHABERG	"	"	"
TREASURER FRANK SCHABERG	"	"	"

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
AS ABOVE			

NUMBER OF SHARES AUTHORIZED (Rider may be attached)

8000 Class / Series Common
 NO PAR
 NO CHANGE

NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)

8000 Common
 NO CHANGE NO PAR VALUE

Date 2/24 19 95

By: [Signature]

PRINT OR TYPE NAME OF OFFICER SIGNING
 TITLE OF OFFICER SIGNING

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 SCHABERG
 58 IRVING AVENUE
 PROVIDENCE RI 02906

PAID
 JUN 27 1995
 TP 318
 SECRETARY OF STATE

Filing Fee \$50.00
Payable to
Secretary of State

PLEASE TYPE or PRINT

State of Rhode Island and Providence Plantations
Office of The Secretary of State
100 North Main Street
Providence, Rhode Island 02903-1335
401-277-3040

File Annually
LLC Sept 1 - Nov 1
CORP Jan 1 - March 1

7/12/92 #233
#50.00

Corporate ID: 0066980 Annual Report for the year: 1994

Name of Business Entity: M. J. S. REALTY LTD.

Business entity organized under the laws of the State of RI Business Entity (check one)

Federal Taxpayer Identification Number [REDACTED] Business Corporation (See RIGL Chapter 7-11)

For foreign entity, address and telephone number of principal office Professional Service Corporation (See RIGL Chapter 7-51)

Name, title and mailing address of contact person to whom communications may be directed Limited Liability Company (See RIGL 7-16)

F. J. Schaberg

58 IRVING AVE

PROV. RI 02906

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

58 IRVING AVE

PROV RI 02906

Phone: 401 274 8873

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

Date of Organization: 7/11/92 (VP)

Date of Qualification to do business in Rhode Island (if foreign entity):

THE NAMES OF THE OFFICERS ARE:

CHIEF EXECUTIVE OFFICER / PRESIDENT: MONICA J. Schaberg 58 IRVING AVE PROV 02906

CHIEF OPERATING OFFICER / VICE PRESIDENT: FRANK J. Schaberg SAME

CUSTODIAN OF RECORDS / SECRETARY: Adrienne Schaberg 4

CHIEF FINANCIAL OFFICER OR TREASURER: 4

THE NAMES OF THE DIRECTORS ARE:

NAME: [REDACTED] STREET ADDRESS: [REDACTED] CITY/STATE: [REDACTED] ZIP CODE: [REDACTED]

NAME: [REDACTED] STREET ADDRESS: [REDACTED] CITY/STATE: [REDACTED] ZIP CODE: [REDACTED]

NAME: [REDACTED] STREET ADDRESS: [REDACTED] CITY/STATE: [REDACTED] ZIP CODE: [REDACTED]

NUMBER OF SHARES AUTHORIZED (if Applicable) NUMBER OF SHARES ISSUED AND OUTSTANDING (if Applicable)

NUMBER: 8000 NUMBER: ~~706~~ 8000 (885)

CLASS: CLASS

SERIES: SERIES

PAR VALUE OR WITHOUT PAR: 0 PAR VALUE OR WITHOUT PAR: (circled)

Date: 2/25 1994 By: F.J. Schaberg (VP)

PRINT OR TYPE NAME OF OFFICER SIGNING

TITLE OF OFFICER SIGNING

Form 31 154

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form LLC 3 must be filed.

FRANK SCHABERG
58 IRVING AVENUE
PROVIDENCE RI 02906

FILED

MAY 24 1994

By: [Signature]

Filing Fee \$50.00

105 9B

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0066980 Annual Report for the year 1993

FIRST: The name of the corporation is M. J. S. REALTY LTD.

SECOND: It is incorporated under the laws of RI

THIRD: Character of business, briefly stated, is INVESTMENT PROPERTY

FOURTH: If foreign corporation, address of its principal office.....

FIFTH: Business address in Rhode Island 58 IRVING AVE
PROVIDENCE RI 02906

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
.....	Director
.....	Director
.....	Director
<u>MONICA J SCHABERL</u>	President	<u>58 IRVING AVE PROVD</u>
<u>FRANK J SCHABERL</u>	Vice President	<u>"</u>
<u>ADRIENNE C. SCHABERL</u>	Secretary	<u>"</u>
.....	Treasurer

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>100</u>	<u>A</u>	<u>PAID</u>	<u>0</u>
<u>JAN 27 1993</u>			

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>100</u>	<u>A</u>	<u>SECY OF STATE</u>	<u>0</u>

Dated 1/26 19 93

MJS Realty
(Name of Corporation)
By JJ Schaberl
Title VP

(Report must be signed by an officer)