

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

I. Carporate ID No.	2. Name of Corpo				· · · · · · · · · · · · · · · · · · ·
67784	Alliance Bro	kerage Group, Inc.			
3. Sireet Address Principal Bu	siness Office		City	State	Zip
15 Firethorn Lan	ie		CRANSTON	RI	02920
f. Business Phone No.		5. State of Incorpo		—·—-l	6. SIC Code
(401)942-1900		RHODE ISL	AND		5520
Brief Description of the Cha THE OPERATION AND	racter of Business Co. MANAGEMENT OF	ducted in Rhode Island	DOVED A DRAGOVOTA	· • · · · · · · · · · · · · · · · · · ·	
			RATTACHMENT) FILL INS		
resident Name		recim I v box Lo	Vice President Name	PACES BEFORE USING A	TTACHMENTS
Michael Saccoccio)		Deborah Saccoc	cio	
ireei Address	· · · · · · · · · · · · · · · · · · ·		* Street Address		
5 Firethorn Lane	e		. 15 Firethorn L	ane	
ity	State	Zip	City	State	Zip
Cranston	RI	02920	Cranston	RI	02920
cretary Name	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	• • • • • • • • • • • •	Treasurer Name	• • • • • • • • • • • • • • • • • • • •	
Deborah Saccoccio		Michael Saccoccio			
Street Address		* Street Address			
15 Firethorn Lane	Firethorn Lane		.15 Firethorn Lane		
<i>`ity</i>	State	Zip	*City	State	Zip
ranston	RI	02920	Cranston	D.T.	02020
). NAMES AND ADDRE	SSES OF THE DIR	ECTORS ("X" BOX F	ORATTACHMENT) FILL IN	SPACES BEFORE USING	ATTACHMENTS
Michael Saccoccio	>		Deborah Saccoc	cio	
reet Address			Street Address		
5 Firethorn Lane	!		15 Firethorn L	ane	
ity	State	Zip	·City	State	Zip
ranston	RI	02920	Cranston	RI	02920
irector Name	• • • • • • • • •		Director Name		102320
rcet Address			Street Address		
			•		
ity	State	Zip	.City	State	Zip
0. SHARES AUTHORIZ	ED ("X" BOX FOR.	ATTACHMENT)	U. SHARES ISSUED (*2	 X" BOX FOR ATTACHMEN	<u> </u>
UTHORIZED SHARES			ISSUED SHARES		
umber of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
2,000 NO PAR VALUE		500	Common	No Par Valu	
					NO Fat Valu
is range more to a					
us report must de signi	ea in ink by eithe	r the President, Vice	President, Secretary, Assi.	stant Secretary, Treasi	irer, Receiver or Trus

67784 DBC 05/10/05 09:53:41 AM
File Date 6-1-05
Check No. 1547
By OC
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 2004 Filing Period: January 1 - March 1 Filing Fee: \$50.00

(FORM MUST BE TYP	ED IN BLACK)				
67784	2. Name of Corp	oration			
3. Street Address Princip	Alliance on	okerage Group, Inc.			
875 OAKLAWN A	ou numess Office		City	State	Zip
4. Business Phone No.	1A EMOR		CRANSTON	RI	02920
4019469700		5. State of Incorpor			6. SIC Code
		RHODE ISLA	AND		5520
7. Brief Description of the THE OPERATION 1	he Character of Business Co AND MANAGEMENT OF	nducted in Rhode Island A REAL ESTATE BI	ROKERAGEAGENCY		13320
8. NAMES AND AD President Name	DRESSES OF THE OF	FICERS ("X" BOX FOI	RATTACHMENT) FILL IN	SPACES BEFORE USING	ATTACHMENTS
Michael Sacco	ccio		, rice i resident Name		
Sireei Address			. Deborah Sacco	ccio	
875 OAKLAWN AV	VENUE		Street Address		
City	State		. 875 OAKLAWN A	VENUE	
Cranston	RI	Zip	City	State	Zip
ecretary Name	• • • • • • • • • • • • • • • • • • • •	02920	Cranston	RI	02920
Deborah Saccoo	cio		Treasurer Name	• • • • • • • • • • • •	!
Sireei Address			Michael Saccoo	cio	
875 OAKLAWN AV	/FNT IF		Street Address		<u>.</u>
City			.875 OAKLAWN AV	ENUE	
Cranston	State	Zip	City	State	Zip
	RI	02920	Cranston	1	1 '
9. NAMILS AND ADE	PRESSES OF THE DIR	ECTORS ("X" BOX FO	DRATTACHMENT) FILL IN	SPACES BEFORE USING	ATTACHMENTS
Michael Saccoc	raio		1 - Freeton France		
ireel Address			Deborah Saccoc	cio	
875 OAKLAWN AVENUE		- Sirver Address	- Street Address		
			875 OAKLAWN AV	ENUE	
iny	State	Zip	·City	State	[2]
ranston	RI	02920	Cranston	RI	Zp
Director Name		• • • • • • • • • • • •	Director Name		02920
			•		
irees Address			·Street Address		
ity			•		
····y	State	Zip	.City	State	Zip
10.011.13110			•		
U. SHARES AUTHO	RIZED ("X" BOX FOR	ATTACHMENT) 🔲	· 11. SHARES ISSUED (**)	X" BOX FOR ATTACHMEN	· · ·
U HORIZED SHARES			ISSUED SHARES	DOX POR AL JACHMEN	<u> </u>
umber of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
.000 NO PAR VAL	116			Characteries	rar value
		·	500	Common	None
is report must be a	invalia : I !				
ns report must be s.	igned in ink by either	r the President, Vice	President, Secretary, Assi.	Stant Secretary Treas	ver Passinan an To-
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	The second secon	irer, Receiver or Trus
JB 61111 1301	JI HOODY IOYN BYD				
	()				
6 7					
0 /	, 0 4		Under penalty of per	jury, I declare and affirm t	hat I have examined
			this report, including	any accompanying sched	ules and statements
67784 DBC 01/07/			and that all statemen	ts contained herein are tru	c and correct.
ile Date 2 · X	23-04		i / .		
17		•	1/11/	1	2 /15/04
heck No. 13 "	76		Signature 64 Might	0	Pale
			4Michael Sac	coccio	
	ノ		Print or Type Name of	Officer	
)R SECRETABLOTOR	ATE USE OVER		President		
OR SECRETARY OF STA	ALE USE ONLY	'	Title of Officer		
		—	This of Officer	· 	Form 630 12



Edward S. Inman, III. Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401 222 3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003 Filing Period: January 1 - March 1 Filing Fee: \$50,00

(FORM MUST BE TYPED IN	BLACK)	g				
1. Corporate ID No.	2. Name of Corpor.					
67784	Alliance Brok	erage Group, Inc.				
3. Street Address Principal Bus	siness Office		Cîry ————	State	— ·— ·— ·—	
1255 OAKLAWN AVE	NUE		CRANSTON	RI	Zip	
4. Business Phone No.		5. State of Incorpor			02920	
4019469700		RHODE ISLA	ND		6 SIC Code 5520	
7 Brief Description of the Cha THE OPERATION AND	racter of Business Cond MANAGEMENT OF A	ucted in Rhode Island REAL ESTATE BE	OKERAGEAGENCY			
8. NAMES AND ADDRES	SSES OF THE OFFI	CERS ("X" BOX FOR	ATTACHMENT) FILL IN S	PACES REFORE USING	TTA CITATERA INCO	
President Name Michael Saccoccio		• • •	vice rresident Name		ITTACHMENTS	
Street Address)		. Deborah Saccoc	cio		
1255 Oaklawn Aven			Street Address			
City Carlawn Aven			. 1255 Oaklawn A	venue		
Cranston	State	Zip	City	State	Zıp	
Secretary Name	RI	02920	·Cranston	RI	02920	
Deborah Saccoccio			Treasurer Name	• • • • • • • • • • • •	• • • • • • • • • • • • •	
Street Address			Michael Saccoc	cio		
1255 Oaklawn Aver	110		Street Address			
City			.1255 Oaklawn A	venue		
Cranston	State RI	Zip	City	State	Zip	
l 		02920	. Cranston	RI		
Director Name	SES OF THE DIRE	CTORS ("X" BOX FO	PRATTACHMENT) FILL IN	SPACES BEFORE USING	ATTACHMENTS	
Michael Saccoccio			.Director Name		*	
Street Address		Deborah Saccoc				
1255 Oaklawn Avenue		Street Address				
City	State		1255 Oaklawn A	venue		
Cranston	RI	Zip	•City	State	Zip	
Director Name	. J	02920	Cranston	RI	02920	
- weeking training			* Director Name		· · · · · · · · · · · · · · · · · · ·	
Street Address			•			
			Street Address			
City	State	Zip	·City			
			•	State	Zip	
10. SHARES AUTHORIZI	ED ("X" BOX FOR A)	TACHMENT)	11 CM A DEC LOCK UP 440	<u> </u>		
AUTHORIZED SHARES	(11	inclination)	ISSUED SHARES	" BOX FOR ATTACHMEN	<u>'n_</u>	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value	
2 000 NO DAD VALUE				C143370E7163	rar value	
2,000 NO PAR VALUE			500	Common	No Par Value	
··· <u> · · · · · · · · · · · · · · · ·</u>						
			-			
This report must be s igne	d in ink by either	the President, Vice	President, Secretary, Assis	Stant Secretary Treas	trar Pagainar on Tours	
				Secretary, Treasu	irer, Receiver or Trustee	
	18851 18171 8181 1881					
	1888H [B]]]] B[B] [B]]					
* 6 7	7 8 4 *		Under penalty of per	jury, I declare and affirm t	hat I have examined	
		_	this report, including	any accompanying sched	ules and statements.	
67784 DBC1/9/032:40	:45 PM		and that all statemen	ts contained herein are tru	e and correct.	
File Date $-50 \cdot 0$	<u> </u>		1/1/2	1 -	1-1-2	
1106			Surfations of Children		21/63	
Check No.			Sugnature of Officer Z		ate	
(N)		1	Michael Sac	COCCIO		
$B_{\underline{Y}_{i}}$		1	Print or Type Name of	Officer		
FOR SECRETARY OF STATE	USE ONLY	1	President			
		J	Title of Officer		Form 630 12/01	

Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903 1335 401-222-3040

- (FORM MUST BE TYPED IN	BLACK)				MSI NEC.
F. Corporate ID No. 67784	2 Name of Corp Alliance	eration Brokerage Group, Inc.			
3. Street Address Principal Busi	ness Office	g wp mei	City	State	
1255 Oaklawn 4. Business Phone No.	Avenue	5 State of Incorporat	Cranston	RI	^{Ζιρ} 02920
(401) 946-97 7 Brief Description of the Chan	00 acter of Business Conducte	RHODE ISLA			6. SIC Code 5520
Operation an	d managemer	nt of a real e FICERS ("X" BOX FOR AT	state brokerage TACHMENT) FILLINSPACE Vice President Name	agency S BEFORE USING ATT	ACHMENTS
Michael Sacc			Deborah Sac	coccio	
1255 Oaklawn ^{Cdy}	Avenue State	L ip	1255 Oaklav	n Avenue	
Cranston Secretary Name	RI	02920	Cranston	RI	^{ziρ} 02920
Deborah Sacc	occio		Michael Sac	coccio	
1255 Oaklawn	Avenue State	Zip	1255 Oaklaw		
Cranston 9. NAMES AND ADDRI Director Name	RI ESSES OF THE DII	02920 RECTORS CX BOX FOR A	Cranston (TTACHMENT) HLLINSPAC	State RI ES BEFORE USING AT	Zip 02920 TACHMENTS
Michael Sacco	occio		Deborah Sacc	occio	
1255 Oaklawn	Avenue State	Zip	1255 Oaklawn	Avenue	710
Cranston Director Name	RI	02920	Cranston Director Name	RI	^{Zip} 02920
treet Address			Street Address		
ıty.	State	Zip	City	State	Zip
O. SHARES AUTHORIZ	ED ("X" BOX FOR AT	TACHMENT)	11. SHARES ISSUED ("X" BOX FOR ATTACHMEN	; T)

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

Par Value

ISSUED SHARES

Number of Shares

500



2-15-02

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all stylements contained herein are true and correct.

Class/Series

Common

Michael Saccoccio

Print or Type Name of Officer

President

FOR SECRETARY OF STATE USE ONLY

AUTHORIZED SHARES

2,000 NO PAR VALUE

Number of Shares



ر چو دي.

Form 630 12:01

Par Value

No Par Value

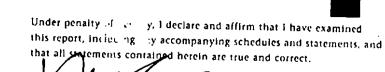
Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

City		State	Zip
10. SHARI		ED (*X* BOX FOR AT	TACHMENT
Number of Sho	res	Class/Series	Par
2,000	SHS NO PA	R VALUE	
This repor		ned in ink by cit. 7 7 8 4	her the F
File Date:	3-30	0-01	
	820		

FOR SECRETARY OF STATE USE ONLY

		• Filing Fee: \$50.00	0		PLEASE RIZ INSTRUCTIO
(FORM MUST BE TYPED IN 1. Corporate ID No.					
67784		_{oration} e Brokerage Grou	ip, Inc.		
3. Street Address Principal Bus			City	****	
1255 Oaklawn	Avenue		Cranston	State	Zip
4. Business Phone No.		5. State of Incorporati	ion .	RI	02920
(401) 946-97	700	RHODE ISL	AND		⁶ 3 526
7. Brief Description of the Chai	racter of Business Conducte	d in Rhode Island			
operation an	id managemen	t of a real e	state brokerage	agency	
President Name	KESSES OF THE OF	FICERS ("X" BOX FOR AT	FACHMENT) FILL IN SPACES Vice President Name	S BEFORE USING ATT	ACHMENTS
Michael Sac	coccio		Deborah Sacc	occio	
Street Address	_		Street Address	00010	
1255 Oaklaw			1255 Oaklawn	Avenue	
Cranston	State R I	^{Zip} 02920	City	State	Zip
Secretary Name			Cranston	RI	^{21p} 02920
Deborah Sacc	occio		Treasurer Name		
Street Address	00010		Michael Sacco	occio	
1255 Oaklawn	Avenue		Street Address		
City	State	ZIp	1255 Oaklawn		
Cranston	RI ·	02920	Cranston	State	Zip
9. NAMES AND ADDR	ESSES OF THE DIF		•	RI	02920
miletter teams			Director Name	ES BEFORE USING AT	TACHMENTS
Michael Sacce	occio		Deborah Sacco	occio	
			Street Address		
1255 Oaklawn			1255 Oaklawn	Avenue	
Cranston	State	Zip	: City	State	Zip
Director Name	RI	02920	Cranston	' RI	02920
			Director Name	• •	
Street Address			Street Address		
City					
City	State	Zip	City	State	Zip
10 SHADES AUTHORIS	Pitter dans				•
10. SHARES AUTHORIZ AUTHORIZED SHARES	ED ("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED (*	X" BOX FOR ATTACHMEN	(ידי
Number of Shares	Class/Series	•	ISSUED SHARES		
2,000 SHS NO P		Par Value	Number of Shares	Class/Series	Par Value
	AR VALUE		500	Common	No ParValue
		•			
his report must be sig	ned in ink by eith	ner the President Vice	President, Secretary, Assis		
! IB2!!			resident, secretary, Assis	itant Secretary, Treas	urer, Receiver or Truste



1/1/1		7.	78	2001	
Signature of Ollyce	9	0	ak -		

Michael Saccoccio Print or Type Name of Officer

President

Title of Officer

1. Corporate ID No.

4. Business Phone No.

67784

3. Street Address Principal Business Office

(401) 946-9700

76 Deerfield Road

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

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

State

State

Class/Series

Common

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

ŔΙ

Cranston

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000 Filing Period: January 1-March 1 • Filing Fee: \$50.00

5. State of Incorporation

RHODE ISLAND

Alliance Brokerage Group, Inc.

Operation and management of a real estate brokerage agency

Par Value

02920

6. SIC Code

5520

Zip

Par Value

No Par Value

(FORM MUST BE TYPED IN BLACK)

2. Name of Corporation

City	State	Zip
10. SHARES AUTH	ORIZED (*X* BOX FOR ATT.	ACHMENT)
Number of Shares	Class/Series	Par 1
2,000 SHS NO	PAR VALUE	
his report must b	e s igned in ink by eith	ner the P
	* 67784 *	;
	.3/9/00	

8. NAMES AND ADDRESSES OF President Name	THE OFFICERS	("X" BOX FOR ATTACHA		USING ATTACHMI	ENTS
Michael Saccoccio			Vice President Name Deborah Saccoccio		
Kt xDecarticald xBoad City State Cranston Secretary Name Deborah Saccoccio	RI	horn Lane 02920	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		Thorn Lane ^{Zip} 02920
Street Address XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	RI	02920	Michael Saccoccio Street Address **X****X****X***X*X*X*X*X*X*X*X*X*X*	RI	Thorn Lane z _{ip} 02920 MENTS
Michael Saccoccio			Deborah Saccoccio		
City Cranston State Director Name	_	Thorn Lane	TAX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	15 Fire RI	Thorn Lane
Street Addiess			Street Address		

T he President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

City

ISSUED SHARES

Number of Shares

500

* 6 7 7 8 4 * 3/9/00	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 terein are true and correct.
Check No.: 421.5	Ignature of Officer PDS 2/18/2000
Ву:	Michael Saccoccio Print or Type Name of Officer
FOR SECRETARY OF STATE USE ONLY	

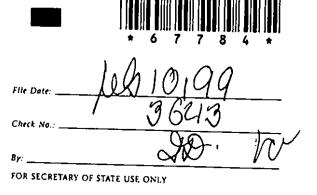


James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999 Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLAC	K)	•			INSTRUCTION
1. Corporate ID No. 67784	2. Name of Corpora	_{ilon} okerage Group, Ind	•		
1 3. Street Address Principal Business O	ffice	3 - a 	City		
76 Deerfield Road 4. Business Phone No.	I	5. State of Incorporation	Cranston	State R1	21p 02920
(401) 946-9700 7. Brief Description of the Character of	Business Conducted i	RHODE ISL	ÄND		6. SIC Code 5520
Operation and ma 8. NAMES AND ADDRESSE President Name	nagement o	f a real estate		S BEFORE USING ATTAC	HMENTS -
Michael Saccoccio			Vice President Name Deborah Sacc Street Address		
76 Deerfield Road	State	Zip	76 Deerfield I		·
Cranston Secretary Name	RI	02920	Cranston Treasurer Name	State RI	02920
Deborah Saccoccio)		Michael Sacco	ccio	·
76 Deerfield Road Chy	State	Zip	76 Deerfield F	-	
Cranston 9. NAMES AND ADDRESSES Director Name	RI S OF THE DIRE	02920	Cranston	State RI ES BEFORE USING ATTA	^{21p} 02920 CHMENTS
Michael Saccoccio			Director Name Deborah Sacco		
76 Deerfield Road	State	Zip	76 Deerfield R		•
Cranston Director Name	RI	02920	Cranston Director Name	State RI	21p 02920
Street Address			Street Address		-
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED (* AUTHORIZE) SHARES	X" BOX FOR ATTAC	HMENT)	11. SHARES ISSUED (* 'ISSUED SHARES	X° BOX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	,
2,000 SHS NO PAR VAI	LUE		·	O-231 O(1153	Par Value
			500	Common	No Par Value!
his report must be signed i	n ink by either	the President, Vice	– President, Secretary, Assis	stant Secretary, Treasure	er, Receiver or Trustee

J.



Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and thay all state nents contained herein are true and correct.

Michael Saccoccio

Print or Type Name of Officer President

Title of Officer

(FORM MUST BE TYPED IN BLACK)

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

1. Corporate ID No.	2. Name of Corporation	n			
67784 3. Street Address Principal Busines	s Office Alliance Broi	kerage Group, Inc.	City	_	
76 Deerfi			•	State	Zip
4. Business Phone No.	cia Moad	5. State of Incorporation	Cranston	RI	02920
946-9700			_		6. SIL Gode
7. Brief Description of the Characte					5520
Operation an	d managment	of a real est	ate brokerage	agency	
8. NAMES AND ADDRES	SSES OF THE OFFIC	ER\$ ("X" BOX FOR ATTAC	iment)	_	
Michael Sacc	occio		Vice President Name		
Street Address	00010			occio	
76 Deer	field Road	· ·	Street Address	464.11.5	
City	State	Zip	City	field Road	
Cranston	RI	02920	Cranston	State	Zip
Secretary Name		•	Treasurer Name	ŖI	02920
Deborah Sacco	occio		Michael Sacco	acio	
Street Address			Street Address	.010	
76 Deerfield	Road		76 Doomf		
City	State	Zip	City	ield Road	Zip
Cranston	RI	02920	Cranston	RI	·
9. NAMES AND ADDRES Director Name	SES OF THE DIREC	TORS ("X" BOX FOR ATTA	CHMENT)		02920
Michael Sacco			Director Name		
Street Address	00010	•	Deborah Sacco	occio	
76 Deerfield	Road		Street Address	•	
Clly	State	219	76 Deerfield		•
Cranston	RI	02920	City	State	Zip
Director Name	**	02920	Cranston _ Director Name	RI	- 02920
Street Address					
			Street Address		
City	State	Zip	City	State	71.
				314.1	Zip
10. SHARES AUTHORIZEI	D ("X" BOX FOR ATTACH	IMENT)	11. SHARES ISSUED (*)	K° BOX FOR ATTACHMENT	r)
AUTHORIZED SHARES			ESPUED SHARES	•	•
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
2,000 SHS NO PAR V	/ALUE		500	Common	No par value
					•

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

	* 6 7 7 8 4 *
File Date:	3/9/
Check No.:	3255
8y:	lub
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.

Type Nume of Officer



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. 67784

2. Name of Corporation

Alliance Brokerage Group, Inc.

3. Street Address Principal Business Office

Pawtucket

City

State

ZIp

9 Geneva Street

946-9700

5. State of Incorporation RHODE ISLAND RI

_{6. รเต ต}ูดู2860 5520

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

Operation and management of a real estate 8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) brokerage agency.

President Name

Street Address

9

Vice President Name

Michael Saccoccio Street Address

9 Geneva Street

Deborah Saccoccio

Geneva Street

State

Pawtucket

State

ZIp RΙ 02860

Zio

Zip

9 Geneva Street

Deborah Saccoccio

ZIp

Zip

Secretary Name

Pawtucket Treasurer Name

RI 02860

City

Michael Saccoccio

Street Address

9 Geneva Street City

PAwtucket

RI

. 02860

02860..

Pawtucket RI 02860 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)

RΙ

Director Name

Michael Saccoccio Street Address

9 Geneva Street

City

Pawtucket

Director Name

Street Address

State

State

210

02860

Street Address 9 Geneva Street

Pawtucket

7.10

RI

Deborah Saccoccio

Street Address

Director Name

City

City

State

Zip

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

AUTHORIZED SHARES Number of Shares

Class/Series

Par Value

ISSUED SHARES

Number of Shares

Class/Series

Par Value

2,000 SHS NO PAR VALUE

500

Common

No par value

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



Check No.:

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 statement's contained herein are true and correct.

MICHARD Print or Type Name of Officer

Title of Office

Signature of



PROFIT CORPORATION **ANNUAL REPORT**

1996

PLEASE TYPE OR PRINT IN BLACK INK.



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

RPURATE ID RD.	2. HAKE OF CORPORATION		* ** ***			
67784	Allian	ca Prokomana a	-			
RÉET ADORESS PRINCIPAL BUSINESS OFFI	Œ	ce Brokerage Gr	Toup, Inc.			
9 Geneva Street	•	.•	(STATE	ZIP CODE	
ÍNESS PHOÑE NO.	· 		Pawtucket	RI	02860	
		. 5. STATE OF INCORPORATION			6.SIC COOE	
46-9700		RHODE IS	LAND	LAND		
F DESCRIPTION OF THE CHARACTER OF BU					5520	
Operation and n	nanagement of	f a real estate	brokerage agenc	Y		
• • • • • •	CT0 0000		ESSES OF THE (=	<u></u>	
ENT NAME			VICE PRESIDENT NAME		• •	
lichael Saccoccio			Deborah Sacc	occio		
			STREET ADDRESS	occio		
Geneva Street	STATE		<u>9 Geneva Stre</u>	eet		
Pawtuckat	i	∑D- C00€	ary	STATE	ZIP C00€	
Pawtucket	IRI	02860	Pawtucket	RI	02860	
eborah Saccocci	0		TREASURER NAME			
ADDRESS	<u> </u>		Michael Saccoccio			
9 Geneva Street			<u> </u>			
	STATE	ZIP C006	9 Geneva Street			
awtucket	RI	02860	Paurtualiat	STATE	200 CODE	
		ES AND ADDRE	Pawtucket Esses of the o	LIRECTORS RI	02860	
A MANA RO			OURECTOR NAME		· 	
ichael Saccoccio			Deborah Sacco	occio		
	·		STREET ADDRESS			
Geneva Street	STATE	}	9 Geneva Stre	et		
wtucket	ļ	}	dry	STATE	ZDP C010E	
RHAVE	RI	02860	Pawtucket	RI	02860	
			M SOUTH BOOKE			
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	10. SH	ARES AUTHORI	ZED AND ISSUE	0	The second secon	
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				_ <u>i</u> _	<u></u> .	

File Date: 3/42/96
Check No: 2499

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.

MICHARL

Print or Type Name of Officer

Title of Officer

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:			Annual Report for	the vege	1995	
Name of Corporation:	Alliance Bro	okerage	Group, Inc.	the year.		
For foreign entity address	inder the laws of the State of: R and telephone number of principal of	.l	Business Entity	is (check one):		
N/A	and telephone number of principal of	office:	[x] Business	Corporation (See R	IGL Chapter 7-	1.1)
	-		[] Profession	nal Service Corpora	tion (See RIGL	. Chapter 7-5.1)
Phone: ()			Brief statement operatio	of the character of n and manage	business condu	cted in Rhode Island:
Address and telephone of the	he principal office of business entity	in Rhode	estate b	rokerage ag	encv	
Island (Provide street addre	ss - Not P.O. Box):			<i>5</i> 9	,	
Cranston, RI						
					· · · · ·	
Phone: (401) 946.	9700			•		
	TUE	NAMESO	E THE OPELORYS	<u></u>	• •	·
PRSSIDENT	inr	STRE	F THE OFFICERS A	RE:		
Michael Saccocci	io					ZIP CODI
VICE PRESIDENT		STRE	awn Avenue	<u>Cranstor</u>		02920
Deborah Saccoce	•				_	ZIP CODE
		STRE	awn Avenue	Cranstor CITY/STAT	n, RI E	02920 ZIP CODE
Deborah Saccoci	cio	547 Oakla	wn Avenue	Cranstor	n. RI	_ 02920
		STREE	ET ADDRESS	CITY/STAT	E	ZIP CODE
Michael Saccocci		547 <u>Oakla</u>	wn Avenue	Cranstor	ı. RI	02920
NAME	THE	NAMES OF	THE DIRECTORS A	RE:		
Michael Saccocci				CITY/STATI	E	ZIP CODE
Michael Saccocci	<u> </u>	547 <u>Uak</u> la STREE	Avenue ET ADDRESS	Cransto	n, RI	02920
Deborah Saccoco	cio a			_		ZI? CODE
NAME		STREE	awn Avenue	<u>Cransto</u>		02920
				VIII VAINI	•	XIS CODE
NUMBER OF SHARES AUT	HORIZED (Rider may be attached)		NUMBER OF SHAR	ES ISSUED AND OU	JTSTANDING (!	Rider may be attached)
Number of Shares	Class / Series		Number of Shares	Class /		<u> </u>
2000	common/no par val	ue	500	comm	on/no par	r value
				A		
Date	, 19 95	Ву:_	MICHAN			
_		PRINT	OR TYPE NAME OF OFFICER SIGNI	SAZCOC		
Form 31 1/95	-				ν	_
	DESIGNATED REG	ISTERED A	AGENT FOR SERVIC	E OF PPOCES		
PLEASE NOTE: If the regis	stered office and/or registered agei	it indicated be	low is incorrect. Form 0 a	ouer by Glass	J	
	·		The is incorrect, Folill A II	iusi de Hica.		

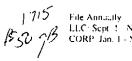
MAL A. SALVADORE, ESQ. 400 RESERVOIR AVENUE, SUITE 3G PROVIDENCE RI 00000 FILED

FEB 8 1995

By 10 2082

Filing hee \$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 Plantation Street



Providence, Rhode Island 02903-1335 401-277-3040

Corporate ID:0057764	Annual Report for the year: 1994
Name of Business Entity:	Alliance Brokerage Group, Inc.
Business entity organized under the laws of the State of .	Business Entity is (check one) [Xi Business Corporation (See RIGL Chapter 7-1.1)
Federal Taxpayer Identification Number For foreign entity, address and telephone number of principal office:	Professional Service Corputation (See RIGL Chapter 7-5.1) Limited Liability Company (See RIGL 7-16)
<u>N/A</u>	Name, title and mailing address of contact person to whom communications may be directed
	Mal A. Salvadore 400 Reservoir Avenue, Suite 3G
Phone :	Providence, Rhode Island 02907
Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):	Brief statement of the character of business conducted in Rhode Island.
9 Geneva Street	operation and management of a real
Pawtucket, RI 02860	estate_brokerage_agency
<u> </u>	Date of Organization
Pione (401)946-9700	Date of Qualification to do business in Rhode Island of foreign entity; N/A
THE NAMES	S OF THE OFFICERS ARE:
Michael Saccoccio 9 Geneva	a Street Pawtucket, RI 02860
Deborah Saccoccio 9 Geneva	
Deborah Saccoccio 9 Geneva	a Street Pawtucket, RI 02860
Michael Saccoccio 9 Geneva	
SAME 5	CREET ADDRESS CITYOTATE ZIF CODE
Michael Saccoccio 9 Geneva	a Street Pawtucket, RI 02860
Deborah Saccoccio 9 Geneva	**************************************
	
NUMBER OF SHARES AUTHORIZED (If Applicable)	NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)
NUMBER 2000	NUMBER 500
CLASS Common	CLASS Common
SERIES	PAR VALUE OR SY MAY 0.3 1994
PAR VALUE OR WITHOUT PAR No Par Value	PAR VALUE OR WITHOUT PAR No Par Value
Date 4\Zb	By
	MICHMEL SACCOCCO
ī	TTUE OF OFFICER STONING
For 3' 1'94 DECIMAL CITED DECIMALIST OF F	BECIDENT ACENT FOR CERUMOP OF BROOMS
TESTGOVER TO RECEISTERED OR B	RESIDENT AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE. If the Corporation has changed its registered office anc/or registered or resident agent, Form 9 or Form 1.LC 3 must be filed

State of Rhode Island and Providence Plantations Corporations division 1000 North Main Street PROVIDENCE, RHODE ISLAND 02903

Corporate ID 008			r the year 1999	
FIRST: The name of the corporation is		Alliance Brokerage Group, Inc.		
SECOND: It is incorp	orated under the laws of	Rhode Island		
THIRD: Character of	business, briefly stated, is	operation and managem	ent of a real estate	
brokerage agency				
FOURTH: If foreign c	orporation, address of its pr	rincipal office		
Fifth: Business addr	ess in Rhode Island 400	Reservoir Avenue, Su	ite 3G, Providence, RI 0290	
SIXTH: Names and ac	ddresses of its directors and		(Attach rider if necessary)	
Michael Saccoccio	Director	9 Geneva Street, Pa	awtucket, RI 02860	
Deborah Saccoccio	Director		11	
•••••••••••••••••••••••••••••••••••••••	Director			
Michael Saccoccio	President	11	11	
Deborah Saccoccio	Vice Preside	nt		
Deborah Saccoccio	Secretary	u	n .	
Michael Saccoccio	Treasurer	11	n	
SEVENTH: Number of	Shares authorized:		Par Value	
No. of Shares	Class	Series	Or statement that shares are without par value	
2000	common	GIAQ.	No Par Value	
Eіднтн: Number of S	hares issued:	MAR 1 5 1973	Par Value	
No. of Shares	Class	Series	or statement that shares are without par value	
500	common		No Par Value	
Dated Z 15	1993 B	Alliance Brokerage	Group, Inc.	
(Report must be sign		ile President		