

MAR 2 2 2005

FOR SECRETARY OF STATE USE ONLY

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222 3040

	· · · · · · · · · · · · · · · · · · ·			
2. Name of Corpo				
	REALIT, INC.	Ď:		_
ss Office		•		Zip
-	Te State of Incommentary		K1	02828
	•			6. SIC Code
				5579
ECEIVE, LEAS	SE, OR OTHERWISE ACQU			
		Vice President Name		
	· - 		:a	-
		•		
Proces	· 		· 	
	'Zip	•	State	Zıp
K.1				02828
			•	
			.d 	
0	19,7 -			- .
	•	•	State	Zip
				02828
22 OF THE DIR	LCTORS ("X" BOX FOR AT")	TACHMENT) [] FILL IN SI Director Name	PACES BEFORE USING	ATTACHMENTS
		Dianne C. Fonsed	a	
	 · <u></u> -	Street Address		
		84 Austin Avenue	2	
State	'Zip	City	State	Zip
RI	02828	Greenville	RI	02828
	• • • • • • • • • • • • •	Director Name	· · · · · · · · · · · · · · · · · · ·	• •
		Sirtei Address	· - · ·	
State	Zıp	City	State	ZIp
) ("X" BOX FOR	ATTACHMENT)	•	BOX FOR ATTACHMEN	ָם ת
(Inss/Sortes	Par Value		Clare(Curina	Doe took
Cidabberles		† 	Class/Series	Par Value
		200 Shares + -	Common	No Par
				•
		1		
	ss Office ler of Business Con ECEIVE, LEAS PROPERTY. ES OF THE OF	State of Incorporation RHODE ISLAND SET OF THE OFFICERS ("X" BOX FOR ATTA State Zip RI 02828 State Zip RI 02828 State Zip RI 02828 State Zip RI 02828 State Zip State Zip RI 02828 State Zip State Zip O2828 State Zip O2828	State Office City GREENVILLE 5. State of Incorporation RHODE ISLAND 10	Sale Soft City Sale GREENVILLE RI S. State of Incorporation RHODE ISLAND

Antonio S. Fonseca Print or Type Name of Officer

President

Title of Officer

Form 630 12/01



Check No.

FOR SECRETARY OF STATE USE ONLY

STATE OF KHODE ISBAND AND EKOMINGBOET PARTATIONS

Office of the Secretary of State

Matthew A. Brown, Secretary of State

100 North Main Street Providence, RI 02903-1335

401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Filing Period: January 1 -	March 1 • Fit	NUAL REPORT	FOR THE YEAR	2004	
(FORM MUST BE TYPED OR PR	2. Name of Corporal	tion			
85285	FONSECA RI				
3. Street Address Principal Busines	N Alen	ue_	Greenville	State R. I.	2402428
4. Hustyess Phone No. (401) 723 -	5350	5 State of Incorporation RHODE ISLAND			6 SIC Code 5579
7. Bnof Description of the Characte TO PURCHASE, TAKE WITH REAL ORPERS 8. NAMES AND ADDRESSI	PECEIVE LEASE	in Rhode Island	OWNHOLD, IMPROVE, USE A	AND OTHERWISE DEAL	IN AND
Antonio S.	Fonseca		Vice President Name	Fonseco_	
Since Austin	Aveni	را	Sireer Address Austr	~ Avenue	
Greenville	Siaic RI	^{zip} 0 2828	"breenville	State T.	ZIP D HOST
Sircel Addiress ;	S Forse	0	Treusurer Name Danne	Fonseco	
87 Aust	in Aven	ue	Sy Austr	Avenue	ç
ore enville	State LI	ORS: ("X" BOX FOR ATI	Grenville	State T	TTACHMENTS
Director Name ANTONIC	S. FOR)secA	Director Name	c. Gove	seea
Street Address (5Am.	e AS AL	bove)	Street Address SAMS	AS Above)
City	State	Zip	Сиу	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED AUTHORIZED SHARES	O ("X" BOX FOR A	TTACHMENT)	11. SHARES ISSUED ("X" ISSUED SHARES	BOX FOR ATTACHME	(Τ'Ν
. Omber of Shares	Class/Series	Par Value	Number of Shares	Class Series	Par Value
200 NO PAR VALUE			- 200	Common	NO PAR
	<u></u>				
This report must be	e signed in ink by e	ither the President, Vice Pr		. I declare and affirm that I	have examined this repor
File Date	8 3 2 8 5 0 4		contained herein are true	<i>y</i> / ,	nts, and that all statement

Form 630 Rev. 12/03

Print or Type Name of Officer

Title of Officer

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

STOP PLLASE READ INSTRUCTIONS

(FORM MUST BE TYPED OR PRI	VTED IN BLACK)				
1 Corporate ID No.	2. Name of Corporatio	n			
85285	FONSECA RE	ALTY, INC.			
3 Street Address Principal Busine			Greenville	State	Zip
84 Austin A	venue		Greenville	RI	02828
4. Business Phone No.	·	5 State of Incorporation			6 SIC Code
401/949-5		RHODE ISLAND			5579
7. Brief Description of the Charac		ument of prop	antia		
•	•	•			
8. NAMES AND ADDRE	SSES OF THE OFFIC	EKS ("X" BOX FOR ATTACH	MENT) FILL IN SPACES BE Vice President Name	EFORE USING ATTACHM	IENIS
Antonio S.	Fonseca		Dianne C.	Fonseca	
84 Austin	Avenue		84 Austin A	venue	
Greenville	State RT	02828	Greenville	State RI	02828
Secretary Name			Treasurer Name		
Antonio S.	fonseca		Dianne C.	Fonseca	
Street Address 84 Austin			Street Address 84 Austin	Avenue	
Greenville	State	02828	Greenville	State RI	^{zip} 02828
9. NAMES AND ADDRE	SSES OF THE DIREC	CTORS ("X" BOX FOR ATTA	CHMENT) FILL IN SPACES	BEFORE USING ATTACH	IMENTS
Pirector Name Antonio	S. Fonseca		Director Name Diane	C. Fonseca as above	
Clearly Address			Street Address		
Same as	above		Dame	as above	
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZ AUTHORIZED SHARES	ED ("X" BOX FOR ATTAC	HMENT)	11. SHARES ISSUED ("X"	BOX FOR ATTACHMENT)	
Number of Shures	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
200 NO PAR VALUE			200	Common	no par

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

Title of Officer

	* 8 5 2 8 5 *	
File Date:	4.23-03	
Check No :	15315	
Ву:	- Oc	
FOR SECRETAR	Y OF STATE USE ONLY	

E 18318) 18181 BIII 8 11886 IGIAL AIR IBAL

onder penalty of perjury, I declare and affirm that I have	re examined
this report, including any accompanying schedules and	statements, and
that all atatements contained herein are true and correct	t.
	_
martino Lancer 3-1-0	23
Signature of Officer Date	
Antonio S. Fonseca	
Print or Type Name of Officer	
Ines.	

Form 630 12/02

March 17, 2003 RE: Annual Report-Fonseca Realty William J. Lynch McIntyre, Tate, Lynch, & Holt Suite 400 321 South Main Street Providence, RI 02903 Dear Bill, Please find enclosed the completed Annual Report for the year 2003. Our check number 15315 for \$50.00 has been mailed directly to the Secretary of State, Corporations Division to cover the annual filing fee. Please confirm receipt of this mailing. Sincerely, Antou Tourca Fonseca Realty Antonio S Fonseca Enclosures (1) I.C cc: File



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

2002 PROFIT CORPORATION ANNUAL REPORT FOR THE VEAR

Filing Period: Janua	ry 1-March 1 •	Filing Fee: \$50.00	TOKI FOR THE	IEAR	PULYSE READ INSTRUCTIONS
(FORM MUST BE TYPED IN E	BLACK)				
1. Corporate ID No.	2. Name of Corpor	ation	•		\ <u></u> /
85285	FONSECA	REALTY, INC.			
3 Street Address Principal Busin 84 Austin A			Greenville	State R I	2ip 02828
4. Business Phone No 949 - 5526		5 State of Incorporation RHODE ISLAN			6 SIC Gode 5579
7. Brief Description of the Chara	cter of Business Conducted	or Rhode Island To nur	chase, take, rec	eive lesso	or otherwise
acquire, own	, noid, imp	rove, use and	Otherwise deal i CHMENT) FILLIN SPACES B	n and with r EFORE USING ATTAC	eal or personal
Antonio S. F	onseca		Dianne C. Fo	nseca	nterest therein
84 Austin Av	enue State	Zip	_{Cdy} Same	State	Zıp
Greenville Secretary Name	RI	02828	Treusuter Name		
Antonio S. Fo	onseca		Dianne C. Fo	nseca	
same as abov	C State	Zip	same as abov	e State	Zip
9. NAMES AND ADDRI	ESSES OF THE DIR	ECTORS ("X" BOX FOR AT	TACHMENT) FILL IN SPACES Director Name	BEFORE USING ATTA	CHMENTS
Antonio S. Fo Street Address Same as above			Dianne C. Fo Street Address Same as abov		
Oity	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
lity	State	Zip	City	State	Zip
10. SHARES AUTHORIZ	ED ("X" BOX FOR AT	FACHMENT)	11. SHARES ISSUED (CX	* BOX FOR ATTACHMENT	J
Number of Shares	Class/Series	Par Value	Number of Shares	Glass/Series	Par Value
200 NO PAR VALUE			200	common	no par

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



FOR SECRETARY OF STATE USE ONLY

Antonio S. Fonseca

President

President

Title of Officer

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

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

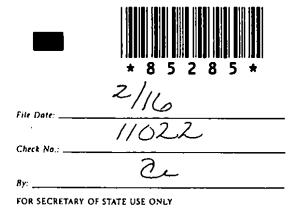
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

STOP

Filling	rerioa:	january i	- march I	•	riling ree:	\$30.00	

FORM MUST BE TYPED IN BL	.ACK)				
l. Corporate ID No. ₁ 85285	2. Name of Corpora FONSECA I	ilon REALTY, INC.			
. Street Address Principal Busines	• • • • • • • • • • • • • • • • • • • •		City	State	Zip
84 Austin A	venue		Greenville	RI	02828
1. Business Phane No. 949 – 5526		5. State of Incorporation RHODE ISLA			6. SIC Code 5579
Brief Description of the Charact acquire, own,	ter of Rusiness Conducted the hold, impr	n Rhode Island To pur ove, use and	chase, take, recotherwise deal	ceive, lease in and with r	or otherwise eal or personal
B. NAMES AND ADDRE President Name Antonio S. Fo	SSES OF THE OFFI		CHMENT) FILL IN SPACES	<mark>before using attac</mark> operty or any	
neer Address 84 Austin Ave	nue		Street Address 84 Austin A	Avenue	
Greenville	State R I	02828	Greenville	State R I	02828
ecretary Name			Treasurer Name		
Anontio S. For	nseca		Dianne C. 1	Fonseca	
Same as above	State	Zip	Same as abo	OV e	Zip
O. NAMES AND ADDRE	SSES OF THE DIRI	ECTORS ("X" BOX FOR A	TACHMENT) FILL IN SPACE Director Name	ES BEFORE USING ATTA	ACHMENTS
Antonio S. For	nseca		Antonio S. Street Address	Fonseca	
same as above	State	Zip	same as abo	ove	Zip
Director Name			Director Name		
treet Address			Street Address		
City	State	Zip	City	State	Żip
IO. SHARES AUTHORIZ	ED (*X* BOX FOR ATT	ACHMENT)	11. SHARES ISSUED (* ISSUED SHARES	"X" BOX FOR ATTACHMENT	7
lumber of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
200 SHS NO PAR	VALUE		200	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.

Antonio S. Fonseca

President

Title of Officer

Signature of Officer

.

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 2000

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

(FORM MUST BE TYPED IN BLA	C
----------------------------	---

1. Corporate ID No.

2. Name of Corporation

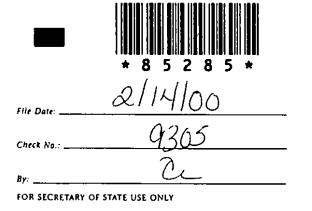
85285

FONSECA REALTY, INC

33233	. OHOLON K	ENEITY THUS			
3. Street Address Principal Business	Office		City	State	Zip
84 Austin Avent	ıe		Greenville	RI	02828
4. Business Phone No. 949-5526		S. State of Incorporation RHODE ISLAND			6. SIC Code 5579
7. Brief Description of the Character acquire, own, I	of Business Conducted	in Rhode island To purch ove, use and ot	ase, take, rece herwise deal in	eive, lease on and with rea	r otherwise
8. NAMES AND ADDRESS President Name	SES OF THE OFF	ICERS ("X" BOX FOR ATTACH	MENT) FILL IN SPACES B	EFORE USING ATTACH	
Antonio S. Fons	seca		Dianne C. For	iseca	·
84 Austin Avenu Greenville	1e State R I	^{z_{1p}} 02828	84 Austin Ave	State	Zip
Secretary Name		02020	Greenville	RI	02828
Antonio S. Fons	3050		Treasurer Name		
Street Address	seca		Dianne C. For	iseca	
same as above	State	Zip	same as above	State	Zip
9. NAMES AND ADDRESS Director Name	SES OF THE DIR	ECTORS (*X* BOX FOR ATTAC	CHMENT) FILL IN SPACES Director Name	BEFORE USING ATTAC	CHMENTS
Antonio S. Fons	seca		Dianne C. For	iseca	
same as above	· State	Zip	same as above	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZEI AUTHORIZEI SHARES	O (*X* BOX FOR ATT	ACHMENT)	11. SHARES ISSUED (*)	(* BOX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
200 SHS NO PAR VA	LUE		200	Common	No Dan

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

200



Under penalty of perjury, I declare and affirm that I have examined this report; including any accompanying schedules and statements, and that all statements confained herein are true and correct. West Signature of Officer

Common

Antonio S. Fonseca

Print or Type Name of Officer

President

Title of Officer



No Par



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

STOP PI WERE D INSTRUCTIONS

FORM MUST BE TYPED IN BLA	CK)				
1. Corporate ID No. 85285	2. Name of Corpora FONSECA	REALTY, INC.			
3. Street Address Principal Business	Office		City	State	Zip
84 Austin Ave	enue		Greenville	e RI	02828
. Business Phone No.		S. State of Incorporation			6. SIC Code
949-5526		RHODE ISLA			5579
Brief Description of the Character	of Business Conducted	in Rhode Island To pu	rchase, take, r	eceive, lease	or otherwise
acquire, own, NAMES AND ADDRESS tresident Name	SES OF THE OFF	prove, use an ICERS (*X* BOX FOR ATT	d otherwise dea. ACHMENT) FILLIN SPACE	S BEFORE USING ATTAC	HMENTS
	onseca		Dianne C. Street Address	perty or any i Fonseca	nterest ther
84 Austin Ave	enue		84 Austin	Avenue	
City	State	Zip	City	State	Zip .
Greenville ecretary Name	RI	02828	Greenville Treasurer Name	eRI	02828
Antonio S. Fo	nseca		Dianne C. Street Address	Fonseca -	
	<u>.</u> .		52ma 20 21	hove	
same as above	:		· same as al	0016	
Sity	State	Zip ECTORS (*X* BOX FOR A	City	State	Zip
NAMES AND ADDRESS Director Name Antonio S. Fo	State	•	City TTACHMENT) FILL IN SPACE Director Name Dianne C.	State CES BEFORE USING ATTA	1
NAMES AND ADDRESS Circetor Name Antonio S. Former	State SES OF THE DIR	•	Clty TTACHMENT) FILL IN SPACE Director Name Dianne C. Street Address	State CES BEFORE USING ATTA Fonseca	1
. NAMES AND ADDRESS frector Name Antonio S. Foreet Address same as above	State SES OF THE DIR	•	City TTACHMENT) FILL IN SPACE Director Name Dianne C.	State CES BEFORE USING ATTA Fonseca	1
NAMES AND ADDRESS director Name Antonio S. Forest Address same as above	State SES OF THE DIR DIRECT	ECTORS (*x* box for a	Cliv TTACHMENT) FILL IN SPACE Director Name Dianne C. Street Address same as all	State CES BEFORE USING ATTA Fonseca Dove	CHMENTS
NAMES AND ADDRESS Street Name Antonio S. Fo treet Address Same as above try	State SES OF THE DIR DIRECT	ECTORS (*x* box for a	City TTACHMENT) FILL IN SPACE Director Name Dianne C. Street Address Same as all City	State CES BEFORE USING ATTA Fonseca Dove	CHMENTS
Ity NAMES AND ADDRESS Itector Name Antonio S. Foresteet Address Same as above the state of t	State SES OF THE DIR DIRECT	ECTORS (*x* box for a	City TTACHMENT) FILL IN SPACE Director Name Dianne C. Street Address Same as all City Director Name	State CES BEFORE USING ATTA Fonseca Dove	CHMENTS
ity NAMES AND ADDRESS itector Name Antonio S. Foureet Address Same as above ity Itector Name treet Address ity NAMES AUTHORIZEI	State SES OF THE DIR ONSECA State	ECTORS (*X* BOX FOR A	City TTACHMENT) FILL IN SPACE Director Name Dianne C. Street Address Same as all City Director Name Street Address City	State CES BEFORE USING ATTA Fonseca Dove ' State	Zip
Ity NAMES AND ADDRESS Itector Name Antonio S. For itect Address Same as above of the control	State SES OF THE DIR ONSECA State	ECTORS (*X* BOX FOR A	Clty Director Name Dianne C. Street Address Same as all City Director Name Street Address City 11. SHARES ISSUED	State CES BEFORE USING ATTA Fonseca Dove 'State 'State	Zip
ity NAMES AND ADDRESS Processor Name Antonio S. Foureet Address Same as above thy Processor Name Treet Address	State SES OF THE DIR ONSECA State State Class/Series	Zip Zip Zip	City Director Name Dianne C. Street Address Same as all City Director Name Street Address City 11. SHARES ISSUED ISSUED SHARES	State CES BEFORE USING ATTA Fonseca Oove 'State 'State (*X**BOX FOR ATTACHMENT	ZIP ZIP
O. NAMES AND ADDRESS Director Name Antonio S. Four street Address Same as above of the street Address Director Name Address Director Name	State SES OF THE DIR ONSECA State State Class/Series	Zip Zip Zip	Director Name Director Name Director Name Street Address Same as all City Director Name Street Address City 11. SHARES ISSUED ISSUED SHARES Number of Shares	State CES BEFORE USING ATTA FOR SECA DOVE 'State 'State (*X**BOX FOR ATTACHMENT Class/Series	Zip Zip Par Value

•		
File Date:	Fob 2,99	
Check No.:	7934	/
By:	ID.	70~
	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.

Date

Signature of Officer

Antonio S. Fonseca

Print or Type Name of Officer President

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

(FORM MUST BE TYPED IN BLACK)

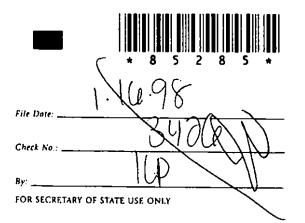
I.	Corporate	
	-	85285

2. Name of Corporation

85285	FONSECA	ŘĚALTY, INC.					
3. Street Address Principal Rusiness Office			City	State	Zip		
84 Austin Avenue			Greenville	RI	02828		
4. Business Phone No. 949-5526 S. State of Incorporation RHODE ISLA					6. SIC Code 5579		
7. Brief Description of the Characte acquire, own,	er of Business Conducted hold, imp	in Rhode Island To pur rove, use and	rchase, take, rec l otherwise deal i	eive, lease n and with	e or otherwise real or personal		
8. NAMES AND ADDRES	SSES OF THE OFF	ICERS ("X" BOX FOR AT	FACHMENT) property o	r any inter	est therein.		
Antonio S. Fo	nseca		Dianne C. Fonseca				
84 Austin Ave	nue State	Zip	84 Austin Av	enué State	Zip		
Greenville Secretary Name	RI	02828	Greenville Treasurer Name	RI	02828		
Antonio S. Fonseca Street Address			Dianne C. Fonseca				
same as above			same as abov	e			
Clty	State	Zip	City	State	ZIp		
9. NAMES AND ADDRES	SSES OF THE DIR	ECTORS (*x* BOX FOR)	ATTACHMENT) Director Name				
Antonio S. Fo	nseca		Dianne C. For	nseca			
same as above			same as above				
City	State	Zip	City	State	Zip		
Director Name			Director Name		•		
Street Address			Street Address				
City	State	Zip	City	State	Zip		
10. SHARES AUTHORIZE	ED (*X* BOX FOR ATT	ACHMENT)	11. SHARES ISSUED (*X	BOX FOR ATTACHME	NT)		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value		

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

200



200 SHS NO PAR VALUE

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.

Common

No Par

Antonio S. Fonseca
Print or Type Name of Officer

President Title 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

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

2. Name of Corporation

85285

FONSECA REALTY, INC.

3. Street Address Principal Business Office

84 Austin Avenue

4. Business Phone No. 5. State of Incorporation

949-5526

RHODE ISLAND

Greenville

State

RI.

02828 6. SIC Code

5579

7. Bilef Description of the Churacter of Business Conducted in Rhode Island To purchase, take, receive, lease or otherwise acquire, own hold, improve, use and otherwise deal in and with real or personal property or any interest therein
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT)

President Name

Antonio S. Fonseca

Antonio S. Fonseca

Street Address

84 Austin Avenue

84 Austin Avenue

CHY Greenville

RI

02828

Vice President Name

Dianne C. Fonseca

Street Address

84 Austin Avenue

Greenville

RI

02828

Treasurer Name

Dianne C. Fonseca

84 Austin Avenue

^{City} Greenville

RI

02828

Greenville

RT

02828

Zip

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

Director Name

Secretary Name

Antonio S. Fonseca

Street Address

84 Austin Avenue

Greenville

Director Name

RI

02828

Zip

Director Name

Dianne C. Fonseca

Street Address

84 Austin Avenue

Greenville

RI

State

02828

Director Name Street Address

Street Address

State

Zio

City

State

Zip

ZID

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

AUTHORIZED SHARES Number of Shares

Class/Series

Par Value

ESSUEJ) SHARES Number of Shares

Class/Series

Par Value

200 SHS NO PAR VALUE

200

Common

No Par

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



FOR SECRETARY OF STATE USE ONLY



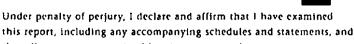
that all statements contained herein are true and correct.

Antonio S. Fonseca

President

Title of Officer

Print or Type Name 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

CORPORATE ID HO.	2. NAME OF CORPORATIO		PRINT IN BLACK INK.				
85285	FONS	ECA REALTY, INC.					
STREET ADDRESS PRINCIPAL BUSINESS	OFFICE.		αίν	STATE	ZiP 000€		
84 Austin Aver	nue		Greenville	RI	02828		
BUSINESS PHONE NO 5 STATE OF INCORPORATION 949-5526 RHODE I			CLEND	· 	6 SIC CODE		
949-3320 Brief description of the Character	DE RUSUMESS CONJOUNTED BY BRICH	<u> </u>			5579		
		to purchase	e,take,receive,leas eal or personal pro	e or otherwise perty or <i>a</i> ny i	acquire,own,hol nterest therein.		
	- 		RESSES OF THE OF				
ESIDENT NAME	• •		VICE PRESIDENT HAVE	·			
Antonio S. For			Diame C. Fonse				
84 Austin Aver	. 		84 Austin Avenu	e			
Greenville	STATE	20° 000° 02828	Greenville	STATE	21° CODE 02828		
CRETARY NAME			TREASURER NAME				
REFT ADDRESS							
nce i Autoress			STREET ADDRESS				
	STATE	ZIP COO€	air	STATE	74° CODE		
ECTOR NAME	9. N	AMES AND ADDI	DIRECTOR HAVE	RECTORS	<u> </u>		
ntonio_SFonse	eca		Dianne C. Fons	eca			
MEET ADDRESS 84 Austin Avenue			Dianne_CFonseca STREET ADDRESS 84 Austin Avenue				
Ý	STATE	ZIP CODE	ary	STATE	ZIP C000E		
reenville,	RI	02828	Greenville	RI	02828		
RECTOR MAINE			ORECTOR NAME				
REET ADORESS		· · · · · · · · · · · · · · · · · · ·	STREET ADORESS				
	CIATE		{				
Y	STATE	<i>tt</i> ₽ COO £	ατγ	STATE	ZIP C0'0€		
The second of th	10.	SHARES AUTHOR	IZED AND ISSUED	The second secon	valuus uus uus m i		
	AUTHORIZED SHARES	·	j	ISSUED SHARES	. ~		
MUMBER OF SHARES	CLASS / SERIES	PAR VALUE	MUMBER OF SHARES	CLASS / SERES	PAR VALUE		
200 SHS NO	PAR VALUE		none		1		
·				· 			
			· .		•		
	T	his report must be SI	GNED IN INK by either th				
Pre	esident, Vice Presi	ident, Secretary, Assis	stant Secretary, Treasurer,	ie , Receiver or Truste	e		
		•	•		affirm that I have examine		
			report, including	any accompanying sch phained herein are true	edules and statements, an		
				amounts determine due	BING CONTROL.		
	1/2		1//X	1 111/2			
File Date: 5	/31/96 3276	·	Signature of Office	I Souce			

By:

For Secretary of State Use Only

Print or Type Name of Officer

President