



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. 120198		2. Name of Corporation TROY REALTY, INC.			
3. Street Address Principal Business Office 2648 WEST SHAW ROAD			City WARWICK	State RI	Zip 02886
4. Business Phone No. 401-737-9777		5. State of Incorporation RHODE ISLAND			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island RENTAL 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 Thomas T. Zarogian			Vice President Name THOMAS T. ZAROGIAN		
Street Address 110 ADRIAN ST			Street Address 110 ADRIAN STREET		
City WARWICK	State RI	Zip 02886	City WARWICK	State RI	Zip 02886
Secretary Name THOMAS T. ZAROGIAN			Treasurer Name THOMAS T. ZAROGIAN		
Street Address 110 ADRIAN STREET			Street Address 110 ADRIAN STREET		
City WARWICK	State RI	Zip 02886	City WARWICK	State RI	Zip 02886
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name THOMAS T. ZAROGIAN			Director Name		
Street Address 110 ADRIAN STREET			Street Address		
City WARWICK	State RI	Zip 02886	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		100	COMMON	NO PAR

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



File Date: 1-31-05
Check No.: 1081
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] 1/1/05
Signature of Officer Date
Thomas T. Zarogian
Print or Type Name of Officer
President
Title of Officer



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

100 North Main St
Providence, RI 02903-401.222.

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 120198		2. Name of Corporation TROY REALTY, INC.			
3. Street Address Principal Business Office 2648 WEST SHORE ROAD		City WARWICK	State RI	Zip 02886	
4. Business Phone No. 401-737-9773		5. State of Incorporation RHODE ISLAND			6. SIC Code 5513
7. Brief Description of the Character of Business Conducted in Rhode Island RENTAL 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 THOMAS T. ZAROCIAN			Vice President Name THOMAS T. ZAROCIAN		
Street Address 110 ADRIAN ST			Street Address 2648 WEST SHORE ROAD		
City WARWICK	State RI	Zip 02886	City WARWICK	State RI	Zip 02886
Secretary Name THOMAS T. ZAROCIAN			Treasurer Name THOMAS T. ZAROCIAN		
Street Address 2648 WEST SHORE ROAD			Street Address 2648 WEST SHORE ROAD		
City WARWICK	State RI	Zip 02886	City WARWICK	State RI	Zip 02886
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name THOMAS T. ZAROCIAN			Director Name		
Street Address 2648 WEST SHORE ROAD			Street Address		
City WARWICK	State RI	Zip 02886	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	Class/Series	Par Value	ISSUED SHARES		
100	NO PAR VALUE		Number of Shares	Class/Series	Par Value
			100		
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					

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



* 1 2 0 1 9 8 *

File Date _____
Check No. FEB 02 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] 12/26/03
Signature of Officer Date
President Thomas T. Zarocian
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. 120198 2. Name of Corporation TROY REALTY, INC.

3. Street Address Principal Business Office 2648 WEST SHORE ROAD City WARWICK State RI Zip 02885

4. Business Phone No. 401-797-9779 5. State of Incorporation RHODE ISLAND 6. SIC Code

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) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name <u>THOMAS T. ZANUCCIAN</u>	Vice President Name <u>THOMAS T. ZANUCCIAN</u>
Street Address <u>110 ADRIAN STREET</u>	Street Address <u>110 ADRIAN STREET</u>
City <u>WARWICK</u> State <u>RI</u> Zip <u>02886</u>	City <u>WARWICK</u> State <u>RI</u> Zip <u>02886</u>
Secretary Name <u>THOMAS T. ZANUCCIAN</u>	Treasurer Name <u>THOMAS T. ZANUCCIAN</u>
Street Address <u>110 ADRIAN STREET</u>	Street Address <u>110 ADRIAN STREET</u>
City <u>WARWICK</u> State <u>RI</u> Zip <u>02886</u>	City <u>WARWICK</u> State <u>RI</u> Zip <u>02886</u>

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

Director Name <u>THOMAS T. ZANUCCIAN</u>	Director Name
Street Address <u>110 ADRIAN STREET</u>	Street Address
City <u>WARWICK</u> State <u>RI</u> Zip <u>02886</u>	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
	<u>100</u>	<u>NO PAR VALUE</u>	

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	<u>100</u>	<u>COMMON</u>	<u>NO PAR</u>

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



* 1 2 0 1 9 8 *

File Date: 1-31-03

Check No.: 1030

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] 1/14/03

Signature of Officer

THOMAS T. ZANUCCIAN

Print or Type Name of Officer

Pres.

Title of Officer



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. 120198 2. Name of Corporation TROY REALTY, INC.
3. Street Address Principal Business Office 2648 WEST SIDE ROAD City WARWICK State RI Zip 02886
4. Business Phone No. 401-737-9777 5. State of Incorporation RHODE ISLAND 6. SIC Code _____
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) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name <u>THOMAS T. ZAROGGIAN</u> Street Address <u>110 ADRIAN ST.</u> City <u>WARWICK</u> State <u>RI</u> Zip <u>02886</u>	Vice President Name <u>THOMAS T. ZAROGGIAN</u> Street Address <u>110 ADRIAN ST.</u> City <u>WARWICK</u> State <u>RI</u> Zip <u>02886</u>
Secretary Name <u>THOMAS T. ZAROGGIAN</u> Street Address <u>110 ADRIAN ST.</u> City <u>WARWICK</u> State <u>RI</u> Zip <u>02886</u>	Treasurer Name <u>THOMAS T. ZAROGGIAN</u> Street Address <u>110 ADRIAN ST.</u> City <u>WARWICK</u> State <u>RI</u> Zip <u>02886</u>

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

Director Name <u>THOMAS T. ZAROGGIAN</u> Street Address <u>110 ADRIAN ST.</u> City <u>WARWICK</u> State <u>RI</u> Zip <u>02886</u>	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
<u>100 NO PAR VALUE</u>		

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

ISSUED SHARES	Class/Series	Par Value
<u>100</u>	<u>NO PAR</u>	

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



* 1 2 0 1 9 8 *

File Date: 1-22-02
Check No.: 1007
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] 1-16-02
Signature of Officer Date

Print or Type Name of Officer
THOMAS T. ZAROGGIAN
Title of Officer PRES.