



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. 137153		2. Name of Corporation The New Castle Realty Company			
3. Street Address Principal Business Office 30 OAK STREET			City WESTERLY	State RI	Zip 02891
4. Business Phone No. 401-596-2831		5. State of Incorporation RHODE ISLAND		6. SIC Code	
7. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN THE BUSINESS OF REAL ESTATE OWNERSHIP, MANAGEMENT AND SALES					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name WILLIAM A. LAMPE			Vice President Name A. MICHAEL SLOSBERG		
Street Address 11 WEST STREET			Street Address 3 ICE POND ROAD		
City ASHAWAY	State RI	Zip 02804	City WESTERLY	State RI	Zip 02891
Secretary Name JARED A. BEAULIEU			Treasurer Name A. MICHAEL SLOSBERG		
Street Address 197 QUAMBAUK COVE ROAD			Street Address WESTERLY 3 ICE POND ROAD		
City STONINGTON	State CT	Zip 06378	City WESTERLY	State RI	Zip 02891
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name A. MICHAEL SLOSBERG			Director Name NANCY KLOTZ		
Street Address 3 ICE POND ROAD			Street Address 10 NO BOTTOM RIDGE		
City WESTERLY	State RI	Zip 02891	City WESTERLY	State RI	Zip 02891
Director Name CAROL S. FINKLEMAN			Director Name		
Street Address 185 LORIMER AVENUE			Street Address		
City PROVIDENCE	State RI	Zip 02906	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
5,000 NO PAR VALUE			1502		0

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



FILED

File Date: APR 28 2005 10:00

Check No. _____

By: WAL

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.

William A. Lampe 2-24-05
Signature of Officer Date

WILLIAM A. LAMPE
Print or Type Name of Officer

PRESIDENT
Title of Officer

THE NEW CASTLE REALTY COMPANY
ID # 137153

VICE PRESIDENTS

CAROL S. FINKLEMAN
185 LORIMER AVENUE
PROVIDENCE, RT 02906

NANCY KLOTZ
10 NO BOTTOM RIDGE
WESTERLY, RI 02891