


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000054991

1. Entity Name
SAVANNAH MGP CORP.



Principal Place of Business
C/O NORMAN G ORODENKER
10 WEYBOSSET ST. -10TH FLR
PROVIDENCE, RI 02903-2818

Mailing Address
C/O NORMAN G ORODENKER
10 WEYBOSSET ST. -10TH FLR
PROVIDENCE, RI 02903-2818



01132006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-4009154 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

AXELROD, ALAN D
2500 FIRST UNION FINANCIAL CENTER
MIAMI, FL 33131-2336

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00


9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

UG30000399344
 02/01/06-80033-009 150.00

10. OFFICERS AND DIRECTORS	
TITLE	D
NAME	COHEN, DANIEL
STREET ADDRESS	ONE KENNEY DR
CITY-ST-ZIP	CRANSTON, RI 02920
TITLE	P
NAME	COHEN, DANIEL
STREET ADDRESS	ONE KENNEY DR
CITY-ST-ZIP	CRANSTON, RI 02920
TITLE	T
NAME	BROWN, DOUGLAS
STREET ADDRESS	ONE KENNEY DR
CITY-ST-ZIP	CRANSTON, RI 02920
TITLE	S
NAME	ORODENKER, NORMAN G
STREET ADDRESS	10 WEYBOSSET ST -10TH FLR
CITY-ST-ZIP	PROVIDENCE, RI 02903
TITLE	D
NAME	SCHRETTER, BERNHARD
STREET ADDRESS	115 CONSTITUTION BLVD
CITY-ST-ZIP	FRANKLIN, MA 02038
TITLE	D
NAME	PORETSKY, JOEL
STREET ADDRESS	405 LEXINGTON AVE
CITY-ST-ZIP	NEW YORK, NY 10174

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with or without other like empowered.

SIGNATURE:  DATE: **1/13/06** DAYTIME PHONE #: **401-456-1200**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Norman G. Orodenger, Secretary