

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

**DOCUMENT # P95000017657**

1. Entity Name  
**CORAL MGP CORP.**



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

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



01132006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**13-3840198**

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 CEENTER  
MIAMI, FL 33131**

**DO NOT WRITE  
IN THIS SPACE**

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**

**000000334932  
02/01/06-80033-004 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	COHEN, DANIEL
STREET ADDRESS	ONE KENNEY DRIVE
CITY-ST-ZIP	CRANSTON, RI 02920
TITLE	P
NAME	COHEN, DANIEL
STREET ADDRESS	ONE KENNEY DRIVE
CITY-ST-ZIP	CRANSTON, RI 02920
TITLE	T
NAME	BROWN, DOUGLAS
STREET ADDRESS	ONE KENNEY DRIVE
CITY-ST-ZIP	CRANSTON, RI 02920
TITLE	S
NAME	ORODENKER, NORMAN G
STREET ADDRESS	10 WEYBOSSET ST., 10TH FL
CITY-ST-ZIP	PROVIDENCE, RI 02903
TITLE	D
NAME	SCHRETTTER, 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

**DO NOT WRITE  
IN THIS SPACE**

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 all other like empowered.

**SIGNATURE:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Norman G. Orodenger, Secretary**

**1/13/06**

**401-456-1200**

Date Daytime Phone #