


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 06, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000017670 1. Entity Name WELLINGTON MGP CORP.	
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Principal Place of Business %NORMAN G. ORDENKER 10 WEYBOSSET ST, 10TH FLOOR PROVIDENCE, RI 02903-2818	Mailing Address %NORMAN G. ORDENKER 10 WEYBOSSET ST, 10TH FLOOR PROVIDENCE, RI 02903-2818
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07052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-3840196	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent AXELROD, ALAN D 2500 FIRST UNION FINANCIAL CENTER MIAMI, FL 33131	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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07/06/05-80005-017 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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. Ordenker, Secretary

7/5/05

Date

401-456-1200

Daytime Phone #