

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000017674

1. Entity Name
ROYAL MGP CORP.



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

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



01072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-3840325

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

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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 WEYBOSSETT ST 10TH FLOOR
CITY-ST-ZIP	PROVIDENCE, RI 02903
TITLE	D
NAME	SCHRETTTER, BERNARD
STREET ADDRESS	115 CONSTITUTION BLVD
CITY-ST-ZIP	FRANKLIN, MA 02038
TITLE	D
NAME	PORETZKY, JOEL
STREET ADDRESS	405 LEXINGTON AVENUE
CITY-ST-ZIP	NEW YORK, NY 10174

000000013519
01/26/04-80058-025 150.00

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

Date

Daytime Phone #

401-456-1333