

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2006 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
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01132006 No Chg-P CR2E034 (11/05)

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
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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.

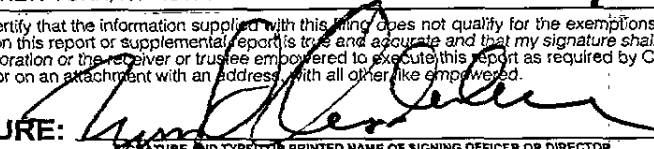
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling.)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	000000333341 02/01/06-80033-008 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COHEN, DANIEL ONE KENNEY DRIVE CRANSTON, RI 02920
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COHEN, DANIEL ONE KENNEY DRIVE CRANSTON, RI 02920
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BROWN, DOUGLAS ONE KENNEY DRIVE CRANSTON, RI 02920
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ORODENKER, NORMAN G 10 WEYBOSSETT ST 10TH FLOOR PROVIDENCE, RI 02903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHRETTTER, BERNARD 115 CONSTITUTION BLVD FRANKLIN, MA 02038
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PORETZKY, JOEL 405 LEXINGTON AVENUE 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 all other like empowered.

SIGNATURE: 	1/13/06	401-456-1200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Norman G. Orodenger, Secretary	Date	Daytime Phone #