

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

DOCUMENT # P95000017677

1. Entity Name  
REGENCY 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



07052005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
13-3840323

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  
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 PD  
NAME COHEN, DANIEL  
STREET ADDRESS 1 KENNEY DRIVE  
CITY-ST-ZIP CRANSTON, RI 02920

TITLE T  
NAME BROWN, DOUGLAS  
STREET ADDRESS 1 KENNEY DR  
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 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000371005  
07/06/05-80005-016 150.00

**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)(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:

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

7/5/05  
Date

401-456-1200  
Daytime Phone #