


2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-3840323	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**

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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

☐ **\$5.00** May Be
Added to Fees

100000398338
02/01/06-80033-007 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COHEN, DANIEL 1 KENNEY DRIVE CRANSTON, RI 02920
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BROWN, DOUGLAS 1 KENNEY DR CRANSTON, RI 02920
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ORODENKER, NORMAN G 10 WEYBOSSET ST 10TH FL 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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 #