


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 24, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P95000017684</b>	
1. Entity Name PGA MGP CORP.	

Principal Place of Business C/O NORMAN G. OTODENKER TILLINGHAST 10 WEYBOSSET ST., 10TH FLOOR PROVIDENCE, RI 02903	Mailing Address C/O NORMAN G. OTODENKER TILLINGHAST 10 WEYBOSSET ST., 10TH FLOOR PROVIDENCE, RI 02903
--	--

**DO NOT WRITE IN THIS SPACE**



01132006 No Chg-P CR2E034 (11/05)

4. FEI Number 13-3840327	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fees 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
---	--	------------

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	1100000399934 02/01/06-80033-005 150.00
---	---	--	--

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 ODENKER, NORMAN G 10 WEYBOSSET 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 PORETSKY, JOEL 405 LEXINGTON AVENUE NEW YORK, NY 10174

**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 of 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.

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