



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Corporations Division
148 W. River St.
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2007

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

| | | | | |
|--|--------------------|---|---|---------------------|
| 1. Corporate ID No. 7996 | | 2. Name of Corporation R. F. MARTINELLI & CO., INC. | | |
| 3. Street Address Principal Business Office 77 Morgan Street | | City CRANSTON | State RI | Zip 02920 |
| 4. Business Phone No. 401-943-9770 | | 5. State of Incorporation RHODE ISLAND | | |
| 6. Brief Description of the Character of Business Conducted in Rhode Island AUTO DAMAGE APPRAISAL | | | | |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | |
| President Name Ronald F. Martinelli | | Vice President Name Ronald F. Martinelli | | |
| Street Address 77 Morgan Street | | Street Address SAME | | |
| City CRANSTON | State RI | Zip 02920 | City | State |
| Secretary Name Joyce M. Martinelli | | Treasurer Name Ronald F. Martinelli | | |
| Street Address 77 Morgan Street | | Street Address SAME | | |
| City CRANSTON | State RI | Zip 02920 | City | State |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | |
| Director Name | | Director Name | | |
| Street Address | | Street Address | | |
| City | State | Zip | City | State |
| Director Name | | Director Name | | |
| Street Address | | Street Address | | |
| City | State | Zip | City | State |
| 9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | |
| AUTHORIZED SHARES | | | 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | |
| ISSUED SHARES — THIS SECTION MUST BE COMPLETED | | | | |
| Number of Shares | Class/Series | Par Value | Number of Shares | Class/Series |
| 1,000 NO PAR VALUE | | | 4,000 | COMMON |
| | | | | NONE |

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.



FILED

7996

File Date **AUG 21 2007**
Check # **By 2538**
By: *[Signature]*
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

[Signature] **8-15-07**
Signature Date
Ronald F. Martinelli
Print or Type Name
President
Title