

Matthew A. Brown, Secretary of State Corporations Division 148 W. River St. Providence, RI 02904-2615 401.222.3040

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR \_\_\_

2008

Filing Period: January 1 - March 1 • Filing Fee: \$50.00\*

\* 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. 63189	2. Name of Corporation FRANK S. MANSELLA, C.P.A., INC.				
3. Street Address Principal Business Office 64 Airport Road, Warwick, RI 02889			City	State	Zip
4. Business Phone No.       5. State of Inco.         (401) 737-7530       Rhode Is					
6. Brief Description of the Character Professional services — a: 7. NAMES AND ADDRESSES President Name Frank S. Mansella	ecounting and taxat	ion	(ACHMENT) THE IN SPACE Vice President Name Frank S. Mansella	S BEFORE USING A	TTACHMENTS
Street Address 653 Hart Lake Drive			Street Address 653 Hart Lake Drive		
City Winter Haven, FL 33884	State	Zip	Winter Haven, FL 33884	State	Zip
Secretary Name Petronila I. Mansella			Treusurer Name Petronila I. Mansella		
Street Address 653 Hart Lake Drive	110 - 1		Street Address 653 Hart Lake Drive		
Winter Haven, FL 33884	State	Zip	City Winter Haven, FL 33884	State	
8. NAMES AND ADDRESSES Director Name	OF THE DIRECTO	is: CX BOX FOR A	TTACHMENT) [ FILL IN SPA Director Name	GESTE FOR FUSION	FARWILMENTS
Street Address			Street Address		
City	State	Zip	City	State	249
Director Name			Director Name		J. J. A.
Street Address			Street Address		N ERI
City	State	Zip	City	State	2 <b>4</b> 2
9. SHARES AUTHORIZED (X BOX FOR ATTACHMENT)			TO, SHARES ISSUED ('X' BOX FOR ATTACHMENT)   SSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1000 Common		No Par Value	100	Common	No Par Value
This report must be executed this report must be executed.  File Date:  Creck wa.  Bo.	i on behalf of the corp	reporation by an author poration by the receiv FILEC FEB 1 2 2	008 Under penalty of perjury	y, I declare and affirm to aying schedules and state the and gorrect.	hat I have examined this repotements, and that all statements.
FOR SECRETARY OF S	ATE USE ONLY		Title		Form 630 Rev. 12/05