



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
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* 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. <u>75065</u>		2. Name of Corporation <u>Thomas J. Farrell Associates, LTD.</u>			
3. Street Address Principal Business Office <u>190 Rivendell Dr.</u>			City <u>Saunderstown</u>	State <u>R.I.</u>	Zip <u>02874</u>
4. Business Phone No. <u>995-5767</u>		5. State of Incorporation <u>R.I.</u>			
6. Brief Description of the Character of Business Conducted in Rhode Island <u>Importing Agents, Business Consulting</u>					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <u>Thomas J. Farrell Sr.</u>			Vice President Name <u>Eileen M. Farrell</u>		
Street Address <u>190 Rivendell Dr.</u>			Street Address <u>190 Rivendell Dr.</u>		
City <u>Saunderstown</u>	State <u>R.I.</u>	Zip <u>02874</u>	City <u>Saunderstown</u>	State <u>R.I.</u>	Zip <u>02874</u>
Secretary Name <u>Eileen M. Farrell</u>			Treasurer Name <u>Thomas J. Farrell Jr.</u>		
Street Address <u>190 Rivendell Dr.</u>			Street Address <u>16 Rose Hill Rd.</u>		
City <u>Saunderstown</u>	State <u>R.I.</u>	Zip <u>02874</u>	City <u>Saunderstown</u>	State <u>R.I.</u>	Zip <u>02874</u>
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	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES					
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<u>1000</u>	<u>Jointly</u>	<u>0.01 PV</u>	<u>100</u>	<u>Jointly</u>	<u>0.01</u>
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	Par Value

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	
File Date	<u>FEB 25 2008</u>
Check No.	<u>3510</u>
By:	<u>3510</u>
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.

Eileen M. Farrell FEB 6 / 08
Signature Date
Eileen M. Farrell
Print or Type Name
V. P.
Title