



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 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. 10359		2. Name of Corporation A MICALLEF & CO., INC			
3. Street Address Principal Business Office PLAINFIELD PIKE			City NORTH KINGSTOWN	State RI	Zip 02857
4. Business Phone No. 401-647-7448		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island INVESTMENT ADVISORS AND SERVICE					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name ARTHUR C MICALLEF			Vice President Name GREGORY E MICALLEF		
Street Address 2338 CRANSTON ST			Street Address 30 POTOWOMUT ROAD		
City CRANSTON	State RI	Zip 02920	City NORTH KINGSTOWN	State RI	Zip 02852
Secretary Name ROSALIE MICALLEF			Treasurer Name ARTHUR C MICALLEF		
Street Address 2338 CRANSTON ST			Street Address 2338 CRANSTON ST		
City CRANSTON	State RI	Zip 02920	City CRANSTON	State RI	Zip 02920
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name ARTHUR C MICALLEF			Director Name ROSALIE MICALLEF		
Street Address 2338 CRANSTON ST			Street Address 2338 CRANSTON ST		
City CRANSTON	State RI	Zip 02920	City CRANSTON	State RI	Zip 02920
Director Name GREGORY E MICALLEF			Director Name NONE		
Street Address 30 POTOWOMUT ROAD			Street Address		
City NORTH KINGSTOWN	State RI	Zip 02852	City	State	Zip
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 500	Class/Series COMMON	Par Value NO PAR VALUE	Number of Shares 100	Class/Series COMMON	Par Value NO 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.

File Date **FILED**
Check No. **FEB 29 2008**
By: **42326**
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 Arthur C. Micallef Date 2/26/08
ARTHURS C MICALLEF
Print or Type Name
PRESIDENT
Title