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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.	2. Name of Corporation			
000092825	Thornton, Thomsen, Cavaliere & Arsenault, Inc.			
3. Street Address Principal Business Office		City	State	Zip
43 Broad Street		Westerly	RI	02891
4. Business Phone No.	5. State of Incorporation			
(401) 596-4953	Rhode Island			

6. Brief Description of the Character of Business Conducted in Rhode Island
To engage in the practice of law

7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name	Street Address	City	State	Zip
Matthew H. Thomsen	42 Rock Ridge Road	Westerly	RI	02891

Vice President Name	Street Address	City	State	Zip
Pasquale A. Cavaliere	33 Fenner Lane	Stonington	CT	06378

Secretary Name	Street Address	City	State	Zip
Robert J. Arsenault	12 PARK Avenue	Westerly	RI	02891

Treasurer Name	Street Address	City	State	Zip

8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name	Street Address	City	State	Zip
Robert J. Arsenault	12 Park Avenue	Westerly	RI	02891

Director Name	Street Address	City	State	Zip
Pasquale A. Cavaliere	33 Fenner Lane	Stonington	CT	06378

Director Name	Street Address	City	State	Zip
Matthew H. Thomsen	42 Rock Ridge Road	Westerly	RI	02891

Director Name	Street Address	City	State	Zip

9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐

AUTHORIZED SHARES		
Number of Shares	*Class/Series*	*Par Value*
200	No Par Value	

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	*Class/Series*	*Par Value*
THIS SECTION MUST BE COMPLETED		

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.

[redacted] [redacted]

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.

R J Arsenault 2/29/08
Signature *Date*

Robert J. Arsenault
Print or Type Name

Secretary
Title

[redacted]

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