



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

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 137902		2. Name of Corporation Tofias PC			
3. Street Address Principal Business Office 350 MASSACHUSETTS AVENUE			City CAMBRIDGE	State MA	Zip 02139-
4. Business Phone No. 617-761-0600		5. State of Incorporation MASSACHUSETTS			6. SIC Code 7658
7. Brief Description of the Character of Business Conducted in Rhode Island ACCOUNTING					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Jay Webber			Vice President Name		
Street Address 350 Massachusetts Avenue			Street Address		
City Cambridge	State MA	Zip 02139	City	State	Zip
Secretary Name Peter Nesson			Treasurer Name Tracy Gallager		
Street Address 350 Massachusetts Avenue			Street Address 350 Massachusetts Avenue		
City Cambridge	State MA	Zip 02139	City Cambridge	State MA	Zip 02139
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name None			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
10. 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
25,000	COMM NO PAR VALUE	40,000	10,000	common	no par
			0	common	\$1.00
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



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*137902
FILED
APR 28 2008
By: 60330 Y 59863
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 of Officer: Tracy Gallager
Date: 5/27/08
Print or Type Name of Officer: Tracy Gallager
Title of Officer: Treasurer