



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
401.222.3049

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. 000135553		2. Name of Corporation ESTATE LIQUIDATIONS SERVICES, LTD.			
3. Street Address Principal Business Office 75 ELLEN LANE			City CRANSTON	State RI	Zip 02921
4. Business Phone No. 401-		5. State of Incorporation RI			
6. Brief Description of the Character of Business Conducted in Rhode Island ESTATE SALES AND LIQUIDATIONS					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name NICHOLAS ROSSI, JR.			Vice President Name JEAN ANNA ROSSI		
Street Address 75 ELLEN LANE			Street Address 75 ELLEN LN		
City CRANSTON	State RI	Zip 02921	City CRANSTON	State RI	Zip 02921
Secretary Name DAVID M ROSSI			Treasurer Name MICHAEL M ROSSI		
Street Address 7 FIELD STONE CIRCLE			Street Address 93 ROSLYN AVE		
City NORTON	State MA	Zip 02566	City CRANSTON	State RI	Zip 02921
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name NICHOLAS M ROSSI JR			Director Name JEAN ROSSI		
Street Address 75 ELLEN LN			Street Address 75 ELLEN LN		
City CRANSTON	State RI	Zip 02921	City CRANSTON	State RI	Zip 02921
Director Name DAVID ROSSI			Director Name MICHAEL ROSSI		
Street Address 7 FIELD STONE CIRCLE			Street Address 93 ROSLYN AVE		
City NORTON	State MA	Zip 02566	City CRANSTON	State RI	Zip 02921
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES - THIS SECTION MUST BE COMPLETED		
Number of Shares 2000.	Class/Series	Par Value	Number of Shares 400	Class/Series COMMON	Par Value CNP

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.	SEP 24 2008
By	1004
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
NICHOLAS ROSSI, JR.
Print or Type Name
PRESIDENT
Title