



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 2009

**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.<br>136989   |             | 2. Name of Corporation<br>Candace C. Cone CPA, Ltd |   |                        |                           |
| 3. Street Address Principal Business Office<br>135 Main Street  |             |  | City<br>Wakefield   | State<br>RI            | Zip<br>02879              |
| 4. Business Phone No.<br>401-789-6699   |             | 5. State of Incorporation<br>Rhode Island          |   |                        |                           |
| 6. Brief Description of the Character of Business Conducted in Rhode Island<br>To provide accounting and tax preparation services to individuals and businesses |             |  |   |                        |                           |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                               |             |  |   |                        |                           |
| President Name<br>Candace C. Cone   |             |  | Vice President Name<br>Candace C. Cone                              |                        |                           |
| Street Address<br>51 Rose Hill Road   |             |  | Street Address<br>51 Rose Hill Road                                 |                        |                           |
| City<br>Saunderstown  | State<br>RI | Zip<br>02874                                       | City<br>Saunderstown  | State<br>RI            | Zip<br>02874              |
| Secretary Name<br>Candace C. Cone   |             |  | Treasurer Name<br>Candace C. Cone                                   |                        |                           |
| Street Address<br>51 Rose Hill Road   |             |  | Street Address<br>51 Rose Hill Road                                 |                        |                           |
| City<br>Saunderstown  | State<br>RI | Zip<br>02874                                       | City<br>Saunderstown  | State<br>RI            | Zip<br>02874              |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                              |             |  |   |                        |                           |
| Director Name<br>None   |             |  | Director Name<br>None   |                        |                           |
| Street Address  |             |  | Street Address  |                        |                           |
| City  | State       | Zip  | City  | State                  | Zip                       |
| Director Name<br>None   |             |  | Director Name<br>None   |                        |                           |
| Street Address  |             |  | Street Address  |                        |                           |
| City  | State       | Zip  | City  | State                  | Zip                       |
| 9. SHARES AUTHORIZED  |             |  | 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |                        |                           |
| This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.      |             |  | ISSUED SHARES — THIS SECTION MUST BE COMPLETED                      |                        |                           |
|   |             |  | Number of Shares<br>100   | Class/Series<br>Common | Par Value<br>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                       | 1-15-09    |
| Check No.                       | 2294       |
| By:                             | <i>mmc</i> |
| 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.

*Candace C. Cone*  
Signature  
Date 1/12/2009  
Candace C. Cone  
Print or Type Name  
President  
Title