



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>89969                                                                                                                 |              | 2. Name of Corporation<br>RJF TAX CONSULTANTS, LTD. |                                                 |              |              |
| 3. Street Address Principal Business Office<br>1189 SMITHFIELD AVE                                                                           |              | City<br>LINCOLN                                     |                                                 | State<br>RI  | Zip<br>02865 |
| 4. Business Phone No.<br>401-728-3930                                                                                                        |              | 5. State of Incorporation<br>RHODE ISLAND           |                                                 |              |              |
| 6. Brief Description of the Character of Business Conducted in Rhode Island<br>PREPARATION OF TAX RETURNS                                    |              |                                                     |                                                 |              |              |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS            |              |                                                     |                                                 |              |              |
| President Name<br>JOAN E FERRARA                                                                                                             |              |                                                     | Vice President Name<br>NONE                     |              |              |
| Street Address<br>110 MEADOWBROOK RD                                                                                                         |              |                                                     | Street Address                                  |              |              |
| City<br>E. GREENWICH                                                                                                                         | State<br>RI  | Zip<br>02819                                        | City                                            | State        | Zip          |
| Secretary Name<br>NONE                                                                                                                       |              |                                                     | Treasurer Name<br>NONE                          |              |              |
| Street Address                                                                                                                               |              |                                                     | Street Address                                  |              |              |
| City                                                                                                                                         | State        | Zip                                                 | City                                            | State        | Zip          |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS           |              |                                                     |                                                 |              |              |
| Director Name<br>JOAN E FERRARA                                                                                                              |              |                                                     | Director Name<br>NONE                           |              |              |
| Street Address<br>110 MEADOWBROOK RD                                                                                                         |              |                                                     | Street Address                                  |              |              |
| City<br>E. GREENWICH                                                                                                                         | State<br>RI  | Zip<br>02819                                        | City                                            | State        | Zip          |
| Director Name<br>NONE                                                                                                                        |              |                                                     | Director Name<br>NONE                           |              |              |
| Street Address                                                                                                                               |              |                                                     | Street Address                                  |              |              |
| City                                                                                                                                         | State        | Zip                                                 | City                                            | State        | Zip          |
| 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                                                                                                                             | Class/Series | Par Value                                           | Number of Shares                                | Class/Series | Par Value    |
| 1000                                                                                                                                         | Common       | NO PAR                                              | 600                                             | Common       | N.P.V.       |
|                                                                                                                                              |              |                                                     | 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.

|                                 |         |
|---------------------------------|---------|
| File Date                       | 1-21-09 |
| Check No.                       | 2629    |
| By:                             | MNC     |
| 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: JOAN E FERRARA Date: 1/17/09  
Print or Type Name: JOAN E. FERRARA  
Title: PRESIDENT