

**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$50.00

Corporations Division
148 W. River Street
Providence, Rhode Island 02904-2615
Telephone: (401) 222-3040

**Professional Corporation
Annual Report**

Filing Period: January 1 - March 1

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.

ANNUAL REPORT YEAR: 2009

1. Corporate ID No. 000012095

2. Name of Corporation MONTALBANO & MONTALBANO, LTD.

3. Street Address Principal Business Office:

No. and Street: 959 MINERAL SPRING AVENUE

City or Town: NORTH PROVIDENCE State: RI Zip: 02904 Country: USA

4. Business Phone No.

(401) 725-8900

5. State of Incorporation

State: RI

6. Brief Description of the Character of Business Conducted in Rhode Island

LEGAL SERVICES

FILED

JAN 29 2009

By *mmc*

*Ch # 1819
ID # 12095*

7. Names and Addresses of the Officers and Directors:

| Delete | Title | Individual Name First, Middle, Last, Suffix | Address Address, City or Town, State, Zip Code, Country |
|--------|-------|--|--|
| | | | |

| | | | |
|--------------------------|-----------|---------------------|---|
| <input type="checkbox"/> | PRESIDENT | JOSEPH A MONTALBANO | 959 MINERAL SPRING AVENUE NORTH PROVIDENCE, RI 02904 USA |
|--------------------------|-----------|---------------------|---|

Select From Below Title:

First Name: Middle Name: Last Name: Suffix:
 Address: City: State: Zip: Country:

8. Shares Authorized and Issued

| Class of Stock | Series of Stock | Par Value Per Share | Total Authorized Shares <i>Number of Shares</i> | Total Issued and Outstanding <i>Num of Shares</i> |
|----------------|-----------------|---------------------|--|--|
| STK | | \$0.00 | 1,000.00 | 300.00 |

9. 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.

Filer's Contact Information

(Enter a contact name, mailing address and email.)

Contact Name: Joseph A. Montalbano

Business Name:

No. and Street: 959 Mineral Spring Avenue - Same Address as -

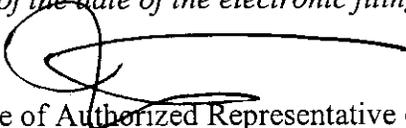
City or Town: North Providence State: RI Zip: 02904 Country: USA

Contact Phone: (401) 725-8900 ext:

Contact Email: joannesousa@verizon.net

Please provide an email address to receive an expedited response from the Corporations Division if the filing is rejected for any reason. If no email address is provided, correspondence from the Division will be sent by mail.

Signed this 6 Day of January, 2009 at 12:08:36 PM by the incorporator(s). This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.

By  Signature of Authorized Representative of the Corporation

President
Title

FILED

JAN 29 2009

By mmc
 CH # 1819
 ID # 12095