

FOR SECRETARY OF STATE USE ONLY

A. Ralph Mollis, Secretary of State Corporations Division 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 shim. (20) January 1.

subject to a penalty fee of \$25.00.	1501(e), each corpora	ation failing or refusing to file its ann	ual report within thirty (30) days	after the time prescribed by law	v (R.I.G.L. 7-1.2-1501(c&d)) is	
1. Corporate ID No.	2. Name of Corpo	ration				
117474	STATEW	IDE ESCROW SERVICE	S CORPORATION			
3. Street Address Principal Business (Office		City	State	Zip	
1258 Elmwood Avenue			Providence	RI	02907	
4. Business Phone No. 5. State of Incorporation						
(401) 785-1442 Rhode Islam			1			
6 Brief Description of the Character of To provide escrow commercial. 7. NAMES AND ADDRESSES						
John P. Tomasso			Vice President Name			
Street Address			Raymond J. Tomasso Street Address			
85 Stamford Ave.			•			
City	State	Zip	: 150 Lyndon Rd.			
Providence	RI	02907	:	State	Zip	
Secretary Name	1 <u>v.</u>	1 02907	Cranston Treasurer Name	R1	02905	
Raymond J. Tomasso	3		John P. Tomasso			
Street Address			Street Address			
150 Lyndon Rd.			•			
City State Zip			85 Stamford Ave.			
_		-	City	State	Zip	
Cranston 8. NAMES AND ADDRESSES	RI	02905	Providence	RI	02907	
8. NAMES AND ADDRESSES Director Name	OI THE DIREC	TORS: [A BOA FOR All	Director Name	SPACES BEFORE USING	ATTACHMENTS	
None			None			
Street Address			Street Address			
			oneo março			
City	State	Zip	City	State	Zip	
Director Name	J		<u>;</u>		.,	
			Director Name			
None Street Address			None			
OFFER TURE ESS			Street Address			
City	State	7.4.	1 000			
	Sinte	Zip	City	State	Zip	
9. SHARES AUTHORIZED			10. SHARES ISSUED (ISSUED SHARES — THIS SECT	 <i>"X" BOX FOR ATTACH</i> ION <u>MUST</u> BE COMPLETED	MENT)	
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.			Number of Shares	Class/Series	Par Value	
			100	Common	\$10.00	
			THE SECT			
This report must be executed	on behalf of the	e corporation by an authorize	d representative. If the cor	poration is in the hands	of a receiver or trustee.	
this report must be executed of	on behalf of the	corporation by the receiver	or trustee.		,	
			Under negalty of per	ium I declare and office at	nat I have examined this repor	
			including any accom	nanving schedules and stat	at I have examined this reportements, and that all statement	
			contained herein are	frue and correct.	ements, and mat an statement	
File Date	FD			_	21/22/22	
			Signature	medo	01102/09 Date	
Check No. FEB 1	7 2009	. 4. () 	/ <u>John P. Tom</u>	2550		
By:	LVI		Print or Type Name			

President

Title