

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

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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 thirm (30) three clients in the content of the

subject to a penalty fee of \$25.0  1. Corporate ID No.		rporation failing or refusing to file its a	nnual report within thirty (30)	days after the time prescribed by	law (R.I.G.L, 7-1.2-1501(c&d))	
51900	ALL THE	2. Name of Corporation ALL THE ANSWERS, INC.				
3. Street Address Principal Business Office 60 Alhambra Road, Unit 4			Сіцу Warwick	State RI	Zip 02886	
(401) 739-3420 Rhode Island		5. State of Incorporation Rhode Island			02000	
6. Brief Description of the Cha. TO BUY AND SELL M.	AILING SERVICE	ES, WORD PROCESSING, T	RANSCRIPTION SERV	ICES AND RESUME SE	RVICES	
7. NAMES AND ADDRE President Name	SSES OF THE OF	FICERS: ("X" BOX FOR ATT	ACHMENT) [ FILL IN	SPACES BEFORE USING	ATTACHMENTS	
Paul A. Sasso			Vice President Name Tamara Sasso			
Street Address 60 Alhambra Road, Unit 4			Street Address 60 Alhambra Road, Unit 4			
<sup>City</sup> <b>Warwick</b>	State RI	<sup>Zip</sup> 02886	City Warwick	State Ri	<sup>Zip</sup> 02886	
Secretary Name Tamara Sasso			Treasurer Name Paul A. Sasso			
Street Address Same			Street Address Same			
СИ	State	Zip	City	State	Zip	
3. NAMES AND ADDRES	SSES OF THE DIR	RECTORS: ("X" BOX FOR AT	: TACHMENT) ∏ FILL I	N SPACES BEFORE USIN	G ATTECHMENTS	
Paul A. Sasso			Director Name			
Street Address			Tamara Sasso Street Address 2			
same <sub>Oth</sub>	Programme and the second secon		same		o all	
	State	Zip	City	State	299	
Director Name			Director Name		ST ZH	
treet Address			Street Address			
Thy	State	Zip	City	State	Zip	
. SHARES AUTHORIZEI	) I	l	10. SHARES ISSUED	("X" BOX FOR ATTACE	 HMENT) □	
Pre		<u> </u>	ISSUED SHARES — THIS SE	CTION MUST BE COMPLETED		
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	
			200	COMMON	NO PAR	
his report must be execu	ited on behalf of t	he corporation by an authorize	d representative. If the c	orporation is in the hands	of a receiver or trustee	
ns report must be execut	ed on behalf of th	e corporation by the receiver	or trustee.		or a receiver of trustee,	
			Underperhalty of n	erjury, I declare and affirm the	ant I have a version data	
FILED			meruding/any acco	impanying schedules and star	tements, and that all stateme	
			contained herein a	re true and correct.		
FEB 2 6 2009			Signature	Cashe g	26 07	
3y			Paul A. Sasso			
			Print or Type Name			
FOR SECRETARY OF	STATE USE ONLY		President			

Title