

A. Rulph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011 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&dj) is subject to a penalty fee of \$25.00.

I. Corporate ID No. 315197	Caliri, N	2. Name of Corporation Caliri, Mancini & Barbieri PC				
3. Street Address Principal Business Office 1 Worthington Road		City Cranston	State RI	02920		
4. Business Phone No. 5. State of Incorporation (401)268-3926 Rhode Island						
To provide profess		ucted in Rhode Island Id financial services. ICERS: ("X" BOX FOR ATTA	CHMENT)	L IN SPACES BEFORE U	USING ATTACHMENTS	
Street Address 1 Worthington Road			Street Address 1 Worthington Road			
City Cranston	State RI	^{Zip} 02920	City Cranston	State RI	Zip 02920	
Secretary Name Nancy L. Mancini			Treasurer Name Nancy L. Mancini			
Street Address 1 Worthington Ro	ad		Street Address 1 Worthington	Road		
City Cranston	State RI	^{Zip} 02920	City Cranston	State RI	Zip 02920	
8. NAMES AND ADDI	RESSES OF THE DIRI	ECTORS: ("X" BOX FOR AT	TACHMENT) D F.	ILL IN SPACES BEFORI	E USING ATTACHMENTS	
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Director Name			Director Name		~	
Street Address			Street Address			
City	State	Zip	City	State	X 2 <i>ip</i> 0 ≥ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
9. SHARES AUTHOR	IZED: ("X" BOX FOR	ATTACHMENT)	1	UED: ("X" BOX FOR AT SECTION MUST BE COMPLETED	The same of the sa	
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 200 shares comm	Class Series	Par Value Co	
			200 01141100 0011111		<u> </u>	
Γhis report must be exhis report must be exhibited.	ecuted on behalf of the	JAN 31 2011	er or trustee. Under penalty of pincluding any according	erjury, I declare and affirm (hands of a receiver or truste that I have examined this report latements, and that all statemen	
File Date		136/168	Signodure Signodure	L. Mancin	(//3///1 Date	
Check No.			Nancy L. Ma			
Ву:			President			
FOR SECRETA	RY OF STATE USE ONLY		Title			