



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 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&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 000135553		2. Name of Corporation ESTATE LIQUIDATION SERVICES, LTD			
3. Street Address Principal Business Office 75 ELLEN LANE			City CRANSTON	State RI	Zip 02921
4. Business Phone No. 401		5. State of Incorporation RI			
6. Brief Description of the Character of Business Conducted in Rhode Island ESTATE SALES LIQUIDATIONS AND AUCTIONS					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENT'S					
President Name NICHOLAS ROSSI, JR.			Vice President Name JEAN ANN ROSSI		
Street Address 75 ELLEN LANE			Street Address 75 ELLEN LANE		
City CRANSTON	State RI	Zip 02921	City CRANSTON	State RI	Zip 02921
Secretary Name DAVID M ROSSI			Treasurer Name MICHAEL M ROSSI		
Street Address 7 FIELD STONE CIRCLE			Street Address 93 ROSLYN AVENUE		
City NORTON	State MA	Zip 02566	City CRANSTON	State RI	Zip 02921
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
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.			ISSUED SHARES -- THIS SECTION MUST BE COMPLETED		
			Number of Shares 400	Class/Series COMMON	Par Value CNP

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.

FILED

File Date	FEB 23 2011
Check No.	By <u>MNC</u>
By:	1274
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 Nicholas Rossi Date 2/23/11
NICHOLAS ROSSI

Print or Type Name
PRESIDENT

Title