

## Click here for instruction page

A. Ralph Mollis, Secretary of State

Corporations Division 148 W River Street

401.222,3040

Providence, RI 02904-2615

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. 7-1.2-150).

subject to a penalty fee of \$25.0	0.	oracion jaining or rejusing to file its an	iuai report within thirty (30) ai	ays after the time prescribed by la	w (R.I.G.L. 7-1.2-1301(cord)) is	
1 Corporate ID No. <b>83322</b>		2. Name of Corporation URSO & COMPANY, INC.				
3 Street Address Principal Business Office 75 GRANITE STREET			WESTERLY	State RI	<sup>Zip</sup> 02891	
4 Business Phone No. (401) 596-0366 5. State of Incorporation RHODE ISLAND						
ACCOUNTING & BUSI	ness consult	ng services				
7. NAMES AND ADDRES President Name DANIEL J. URSO	SSES OF THE OFF	ICERS: ("X" BOX FOR ATTA	CHMENT)   FILL IN : Vice President Name	SPACES BEFORE USING	ATTACHMENTS	
Street Address 75 GRANITE STREET			Street Address			
WESTERLY	State RI	<sup>Ζφ</sup> 02891	City	State	Zip	
Secretary Name DANIEL J. URSO		·	Treasurer Name			
Street Address 75 GRANITE STREET			Street Address			
WESTERLY	State RI	<sup>Zip</sup> <b>028</b> 91	City	State	$Z_{1p}$	
8. NAMES AND ADDRES Director Name DANIEL J. URSO	SSES OF THE DIRI	ECTORS: ("X" BOX FOR AT	TACHMENT) T FILL IN Director Name	N SPACES BEFORE USIN	G ATTACHMENTS	
Street Address 75 GRANITE STREE	Т		Street Address			
Gity WESTERLY	State RI	7ip 02891	Сиу	State	Zip	
Director Name		·	Director Name	•	ı	
Street Address	94.4.		Street Address	*****		
Сиу	State	Zip	City	State	Zip	
9. SHARES AUTHORIZE			10. SHARES ISSUED	("X" BOX FOR ATTACE	HMENI)	
	ammon	NO POU		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	
			1000	COMMON	NO PAR	
	·*·		n ed Mik			
This report must be executhis report must be execu	uted on behalf of the ted on behalf of th	he corporation by an authorize e corporation by the receiver	ed representative. If the coor trustee.	orporation is in the hands	s of a receiver or trustee,	

File Date	FILED	
Check No.	MAR 2 9 2011	
BY	3981	
FC	OR SECRETARY OF STATE USE O	NLY

Under penalty of perjury. I declare and affirm including any accompanying schedules and s	
contained berein are true and correct.	3/1/2011
Signature /	Date
DANIÉL J. URSO	
Print or The Name	
Title	Form 630 Rev. 08/08