



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: January 1 - March 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 - FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 000135553		2. Exact name of the Corporation ESTATE LIQUIDATION SERVICES, LTD.			
3. Principal office address 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, AUCTIONS AND RESALE					
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
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
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
			400	COMMON	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.



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.

Nicholas Rossi
 Signature of Authorized Representative Date **6/26/12**

NICHOLAS ROSSI, PRESIDENT
 Print or Type Name of Authorized Representative

FILED

JUN 18 2012

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