



**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. <b>000135553</b>		2. Exact name of the Corporation <b>ESTATE LIQUIDATION SERVICES, LTD.</b>			
3. Principal office address <b>75 ELLEN LANE</b>		City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02921</b>	
4. Business Phone No. <b>401-</b>		5. State of Incorporation <b>RI</b>			
6. Brief description of the character of business conducted in Rhode Island <b>ESTATE SALES, LIQUIDATIONS, AUCTIONS AND RESALE</b>					
President Name <b>NICHOLAS ROSSI, JR</b>			Vice-President Name <b>JEAN ANN ROSSI</b>		
Street Address <b>75 ELLEN LANE</b>			Street Address <b>75 ELLEN LANE</b>		
City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02921</b>	City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02921</b>
Secretary Name <b>DAVID M ROSSI</b>			Treasurer Name <b>MICHAEL M ROSSI</b>		
Street Address <b>7 FIELD STONE CIRCLE</b>			Street Address <b>93 ROSLYN AVENUE</b>		
City <b>NORTON</b>	State <b>MA</b>	Zip <b>02566</b>	City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02921</b>
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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