



**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 2013**

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>51900</b>		2. Exact name of the Corporation <b>ALL THE ANSWERS, INC</b>			
3. Principal office address <b>60 ALHAMBRA ROAD, UNIT #4</b>		City <b>WARWICK</b>	State <b>RI</b>	Zip <b>02886</b>	
4. Business Phone No. <b>(401) 739-3420</b>		5. State of Incorporation <b>RHODE ISLAND</b>			
6. Brief description of the character of business conducted in Rhode Island <b>DIRECT MAIL ADVERTISING, MAIL AND SHIPPING SERVICES, ETC.</b>					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <b>PAUL A. SASSO</b>			Vice-President Name <b>TAMARA SASSO</b>		
Street Address <b>60 ALHAMBRA ROAD, UNIT #4</b>			Street Address <b>60 ALHAMBRA ROAD, UNIT #4</b>		
City <b>WARWICK</b>	State <b>RI</b>	Zip <b>02886</b>	City <b>WARWICK</b>	State <b>RI</b>	Zip <b>02886</b>
Secretary Name <b>TAMARA SASSO</b>			Treasurer Name <b>PAUL A. SASSO</b>		
Street Address <b>60 ALHAMBRA ROAD, UNIT #4</b>			Street Address <b>60 ALHAMBRA ROAD, UNIT #4</b>		
City <b>WARWICK</b>	State <b>RI</b>	Zip <b>02886</b>	City <b>WARWICK</b>	State <b>RI</b>	Zip <b>02886</b>
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name <b>PAUL A. SASSO</b>			Director Name <b>TAMARA SASSO</b>		
Street Address <b>60 ALHAMBRA ROAD, UNIT #4</b>			Street Address <b>60 ALHAMBRA ROAD, UNIT #4</b>		
City <b>WARWICK</b>	State <b>RI</b>	Zip <b>02886</b>	City <b>WARWICK</b>	State <b>RI</b>	Zip <b>02886</b>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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
			100	COMMON	NO PAR

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.

File Date \_\_\_\_\_

Check No \_\_\_\_\_

By: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

Form No. 630  
Revised: 01/2012

BY

FILED

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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 of Authorized Representative

Date

**PAUL A. SASSO, PRESIDENT**

Print or Type Name of Authorized Representative