



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. 51900		2. Exact name of the Corporation ALL THE ANSWERS, INC			
3. Principal office address 60 ALHAMBRA ROAD, UNIT #4			City WARWICK	State RI	Zip 02886
4. Business Phone No. (401) 739-3420			5. State of Incorporation RHODE ISLAND		
6. Brief description of the character of business conducted in Rhode Island DIRECT MAIL ADVERTISING, MAIL AND SHIPPING SERVICES, ETC.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name PAUL A. SASSO			Vice-President Name TAMARA SASSO		
Street Address 60 ALHAMBRA ROAD, UNIT #4			Street Address 60 ALHAMBRA ROAD, UNIT #4		
City WARWICK	State RI	Zip 02886	City WARWICK	State RI	Zip 02886
Secretary Name TAMARA SASSO			Treasurer Name PAUL A. SASSO		
Street Address 60 ALHAMBRA ROAD, UNIT #4			Street Address 60 ALHAMBRA ROAD, UNIT #4		
City WARWICK	State RI	Zip 02886	City WARWICK	State RI	Zip 02886
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name PAUL A. SASSO			Director Name TAMARA SASSO		
Street Address 60 ALHAMBRA ROAD, UNIT #4			Street Address 60 ALHAMBRA ROAD, UNIT #4		
City WARWICK	State RI	Zip 02886	City WARWICK	State RI	Zip 02886
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 an194687

FILED
APR 08 2013

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.

Paul A. Sasso 4-4-13
Signature of Authorized Representative Date

PAUL A. SASSO, PRESIDENT

Print or Type Name of Authorized Representative