



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State
 Matthew A. Brown, Secretary of State

Corporations Division
 100 North Main Street
 Providence, RI 02903-1335
 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

Corporate ID No. 138373		2. Name of Corporation CARRARA DAYIAN P.C.			
Street Address Principal Business Office 55 Cedar Street, Suite 102			City Providence	State RI	Zip 02903-0000
Business Phone No.		5. State of Incorporation RI			6. SIC Code 7617

Brief Description of the Character of Business Conducted in Rhode Island
 professional services as attorneys and counselors at law

NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Daryl E. Dayian, Esq.			Vice President Name Gregory A. Carrara, Esq.		
Street Address 90 Brookside Drive			Street Address 20 Fireside Drive		
City East Greenwich	State RI	Zip 02818-	City Barrington	State RI	Zip 02806-
Secretary Name Gregory A. Carrara, Esq.			Treasurer Name Daryl E. Dayian, Esq.		
Street Address 20 Fireside Drive			Street Address 90 Brookside Drive		
City Barrington	State RI	Zip 02806-	City East Greenwich	State RI	Zip 02818-

NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

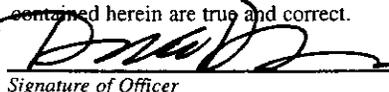
Director Name Daryl E. Dayian, Esq.			Director Name Gregory A. Carrara, Esq.		
Street Address 90 Brookside Drive			Street Address 20 Fireside Drive		
City East Greenwich	State RI	Zip 02818-	City Barrington	State RI	Zip 02806-
Director Name none			Director Name none		
Street Address none			Street Address none		
City none	State none	Zip none	City none	State none	Zip none

10. SHARES AUTHORIZED: ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED: ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600	Common	No Par	100	Common	No Par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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.


 Signature of Officer
 1/03/05
 Date
 Daryl E. Dayian, Esq.
 Print or Type Name of Officer
 President
 Title of Officer

File Date: 1/30/05
 Check No.: 1301
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