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)

1. Corporate ID No.	2. Name of Corporation			
118553	Maryann Patalano, PC			
3. Street Address Principal Business Office		City	State	Zip
1830 Mineral Spring Avenue		N. Providence	RI	02904
4. Business Phone No.	5. State of Incorporation			6. SIC Code
401-353-0600	RHODE ISLAND			7617

7. Brief Description of the Character of Business Conducted in Rhode Island
OWNING, OPERATING AND MAINTAINING AN ESTABLISHMENT IN WHICH THE PRACTICE OF LAW AND RELATED LEGAL SERVICES SHALL BE CARRIED ON

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

President Name	Vice President Name
Maryann Patalano	Maryann Patalano
Street Address: 1830 Mineral Spr. Ave	Street Address: Same
City: N. Prov. / State: RI / Zip: 02904	City / State / Zip
Secretary Name	**Treasurer Name**
Maryann Patalano	Maryann Patalano
Street Address: Same	Street Address: Same
City / State / Zip	City / State / Zip

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

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

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*
300 COMM NO PAR VALUE			none		

This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

[redacted] [redacted]

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.

Maryann Patalano
Signature of Officer *Date*

Maryann Patalano
Print or Type Name of Officer

President
Title of Officer

[redacted]

File Date 1/7/05
Check No. 6369
By: VS

FOR SECRETARY OF STATE USE ONLY

Form 630 Rev. 12/03