



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **59275** 2. Name of Corporation **Van Liew Securities Inc.**

3. Street Address Principal Business Office

City

State

Zip

4. Business Phone No. **One Regency Plaza**

5. State of Incorporation
DELAWARE

Providence

RI

02903

6. SIC Code
6064

(401) 272-2510

7. Brief Description of the Character of Business Conducted in Rhode Island

Investment Broker-Dealer

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

President Name

Joseph J. Healy

Street Address

One Regency Plaza

City State Zip
Providence Rhode Island 02903

Secretary Name

Edmund C. Bennett

Street Address

50 South Main Street

City State Zip
Providence Rhode Island 02903

Vice President Name

Kevin M. Oates

Street Address

One Regency Plaza

City State Zip
Providence Rhode Island 02903

Treasurer Name

Alfred B. Van Liew

Street Address

One Regency Plaza

City State Zip
Providence Rhode Island 02903

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

Director Name

Alfred B. Van Liew

Street Address

One Regency Plaza

City State Zip
Providence Rhode Island 02903

Director Name

Edmund C. Bennett

Street Address

50 South Main Street

City State Zip
Providence Rhode Island 02903

Director Name

Kevin M. Oates

Street Address

One Regency Plaza

City State Zip
Providence Rhode Island 02903

Director Name

Street Address

City State Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares Class/Series Par Value

1000 @ NO PAR VALUE

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares Class/Series Par Value

1000.00 Common None

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



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FILED

File Date: **AUG 15 2001**

Check No.: **By SC 86**

By: **CK # 5896**

FOR SECRETARY OF STATE USE ONLY

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

Date

Edmund C. Bennett, Secretary

Print or Type Name of Officer

Title of Officer