



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 2004

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 51900		2. Name of Corporation ALL THE ANSWERS, INC.		
3. Street Address Principal Business Office Summit East-Suite 330, 300 Centerville Road		City Warwick	State RI	Zip 02886
4. Business Phone No. 401-737-7200		5. State of Incorporation RHODE ISLAND		6. SIC Code 6882
Brief Description of the Character of Business Conducted in Rhode Island TO BUY AND SELL MAILING SERVICES, WORD PROCESSING SERVICES, TRANSCRIPTION SERVICES AND RESUME SERVICES				
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Paul A. Sasso		Vice President Name Tamara Sasso		
Street Address 50 Alhambra Road		Street Address 50 Alhambra Road		
City Warwick	State RI	Zip 02886	City Warwick	State RI
Secretary Name Paul A. Sasso		Treasurer Name Tamara Sasso		
Street Address same		Street Address same		
City	State	Zip	City	State
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name Paul A. Sasso		Director Name Tamara Sasso		
Street Address same		Street Address same		
City	State	Zip	City	State
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
AUTHORIZED SHARES				
Number of Shares	Class Series	Par Value	11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>	
200 NO PAR VALUE			ISSUED SHARES	
			Number of Shares	Class Series
			200	common
				Par Value
				No Par

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



* 5 1 9 0 0 *

File Date 2/16/04
Check No. 11566
DA
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.

Paul A. Sasso 2/16/04
Signature of Officer Date

Paul A. Sasso
Print or Type Name of Officer
President