



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

Edward S. Inman, III, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 2002  
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED 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 **Rhode Island** Zip **02886**  
4. Business Phone No. **(401)737-7200** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **6882**  
7. Brief Description of the Character of Business Conducted in Rhode Island

To buy and sell services, word processing services, transcription services and resume service.

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

President Name <b>Paul A. Sasso</b> Street Address <b>60 Alhambra Road</b> City <b>Warwick</b> State <b>RI</b> Zip <b>02886</b>	Vice President Name <b>Tamara C. Sasso</b> Street Address <b>60 Alhambra Road</b> City <b>Warwick,</b> State <b>RI</b> Zip <b>02886</b>
Secretary Name <b>Tamara C. Sasso</b> Street Address <b>Same</b> City <b>Same</b> State <b>RI</b> Zip <b>02886</b>	Treasurer Name <b>Paul A. Sasso</b> Street Address <b>Same</b> City <b>Same</b> State <b>RI</b> Zip <b>02886</b>

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

Director Name <b>Paul A. Sasso</b> Street Address <b>Same</b> City <b>Same</b> State <b>RI</b> Zip <b>02886</b>	Director Name <b>Tamara C. Sasso</b> Street Address <b>Same</b> City <b>Same</b> State <b>RI</b> Zip <b>02886</b>
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**10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)**

AUTHORIZED SHARES	Class/Series	Par Value
<b>200 NO PAR VALUE</b>		

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

ISSUED SHARES	Class/Series	Par Value
<b>200</b>	<b>Common</b>	<b>No Par</b>

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: 4/4/2002

Check No.: 10182

By: [Signature]

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] 4-2-2002  
Signature of Officer Date

**Paul A. Sasso**  
Print or Type Name of Officer

**President**