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

STOP
PLEASE READ INSTRUCTIONS

(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 | *City* | *State* | *Zip*

Summit East, Suite 330, 300 Centerville Rd. | Warwick | RI | 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 Paul A. Sallo

Street Address 60 Alhambra Road

City Warwick *State* RI *Zip* 02886

Vice President Name Tamara C. Sasso

Street Address 60 Alhambra Road

City Warwick *State* RI *Zip* 02886

Secretary Name Tamara A. Sasso

Street Address Same

City *State* *Zip*

Treasurer Name Paul A. Sasso

Street Address Same

City *State* *Zip*

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

Director Name Paul A. Sasso

Street Address Same

City *State* *Zip*

Director Name Tamara A. Sasso

Street Address Same

City *State* *Zip*

Director Name

Street Address

City *State* *Zip*

Director Name

Street Address

City *State* *Zip*

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

AUTHORIZED SHARES

Number of Shares	*Class/Series*	*Par Value*
200 NO PAR VALUE		

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

ISSUED SHARES

Number of Shares	*Class/Series*	*Par Value*
200	Common	No Par

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

[redacted]

* 51900 *

File Date: 4/10/2001

Check No.: 9438

By: [signature]

FOR SECRETARY OF STATE USE ONLY

[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.

[signature] 4-3-2001

Signature of Officer *Date*

Paul A. Sasso

Print or Type Name of Officer

President