



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

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **1999**

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

The 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

7. Brief Description of the Character of Business Conducted in Rhode Island to engage in the business of buying and selling mailing services; word processing services, transcription services, resume services and all other lawful purposes for which a corporation may be formed under RI Gen Laws (1956 as amended, Title 7, Ch. 1.1).

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

President Name

Paul A. Sasso

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 as above

City

State

Zip

Treasurer Name

Paul A. Sasso

Street Address

same as above

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 as above

City

State

Zip

Director Name

Tamara A. Sasso

Street Address

same as above

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 SHS NO PAR VAL

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



* 5 1 9 0 0 *

File Date: **4/14/99**

Check No.: **7949**

By: **91859**

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 **4-13-99**
Signature of Officer Date

Paul A. Sasso

Print or Type Name of Officer

President