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
401-277-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998

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 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)*

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 C. 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)*

Director Name Paul A. Sasso
Street Address same as above
City *State* *Zip*

Director Name Tamara C. 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: 4/16/98

Check No.: 7356

By: [illegible]

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 4-14-98
Signature of Officer *Date*

Paul A. Sasso
Print or Type Name of Officer

President
Title of Office