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 2005

Filing Period: January 1 - March 1 ● Filing Fee: $50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.	*2. Name of Corporation*			
111200	FORD & MESSERE, INC.			
3. Street Address Principal Business Office		*City*	*State*	*Zip*
3457 POST ROAD		WARWICK	R.I.	02886
4. Business Phone No.	*5. State of Incorporation*			*6. SIC Code*
738-3318	RHODE ISLAND			7658

7. Brief Description of the Character of Business Conducted in Rhode Island
TO OPERATE A PUBLIC ACCOUNTING FIRM

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

President Name			*Vice President Name*		
MICHAEL J. FORD			JAMES W. MESSERE		
Street Address			*Street Address*		
200 CENTERVIEW ROAD			30 QUEEN STREET		
City	*State*	*Zip*	*City*	*State*	*Zip*
PORTSMOUTH	R.I.	02871	EAST GREENWICH	R.I.	02818
Secretary Name			*Treasurer Name*		
Street Address			*Street Address*		
City	*State*	*Zip*	*City*	*State*	*Zip*

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

Director Name			*Director Name*		
JAMES W. MESSERE					
Street Address			*Street Address*		
30 QUEEN STREET					
City	*State*	*Zip*	*City*	*State*	*Zip*
EAST GREENWICH	R.I.	02818			
Director Name			*Director Name*		
Street Address			*Street Address*		
City	*State*	*Zip*	*City*	*State*	*Zip*

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

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	*Class/Series*	*Par Value*	*Number of Shares*	*Class/Series*	*Par Value*
1000 NO PAR VALUE			100	COMMON	NO PAR

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

[redacted] 1 1 1 2 0 0

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.

File Date 1/5/05
Check No. 2687
By: VJ.
FOR SECRETARY OF STATE USE ONLY

[redacted] 1/4/05
Signature of Officer *Date*
JAMES W. MESSERE
Print or Type Name of Officer
[redacted] VICE PRESIDENT
Title of Officer

Form 630 12-01