**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 2001

Filing Period: January 1–March 1 • Filing Fee: $50.00

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1/1200

2. Name of Corporation
FORD & MESSERE INC

3. Street Address Principal business Office
3457 POST ROAD   City WARWICK   State RI   Zip 02886

4. Business Phone No.
(401) 738-3318

5. State of Incorporation
RHODE ISLAND

6. SIC Code
7658

7. Brief Description of the Character of Business Conducted in Rhode Island
CERTIFIED PUBLIC ACCOUNTANTS / TAX PREPARATION & ACCOUNTING SERVICES

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

President Name
MICHAEL FORD
Street Address
200 CENTER VIEW DRIVE
City PORTSMOUTH   State RI   Zip 02871

Vice President Name
JAMES MESSERE
Street Address
30 QUEEN STREET
City E. GREENWICH   State RI   Zip 02818

Secretary Name
Street Address
City   State   Zip

Treasurer Name
Street Address
City   State   Zip

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

Director Name
MICHAEL FORD
Street Address
SAME AS ABOVE
City   State   Zip

Director Name
JAMES MESSERE
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
1000	Common	None

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
100	Common	None

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

File Date: 9-21-01

Check No.: 1788

By: 2

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.

Signature of Officer _____   Date 9/20/01

Print or Type Name of Officer
JAMES MESSERE

Title of Officer
VICE PRESIDENT