



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. <b>42303</b>		2. Name of Corporation <b>Brown &amp; Fischer Corporation</b>					
3. Street Address Principal Business Office <b>50 South Main Street</b>				City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>	
4. Business Phone <b>(401) 272-5050</b>			5. State of Incorporation <b>RHODE ISLAND</b>			6. SIC Code <b>7658</b>	
7. Brief Description of the Character of Business Conducted in Rhode Island <b>FINANCIAL AND ACCOUNTING SERVICES</b>							
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS							
President Name <b>Nicholas Brown</b>				Vice President Name <b>Angela Fischer</b>			
Street Address <b>50 South Main Street</b>				Street Address <b>50 South Main Street</b>			
City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>		
Secretary Name <b>Angela Fischer</b>				Treasurer Name <b>Nicholas Brown</b>			
Street Address <b>50 South Main Street</b>				Street Address <b>50 South Main Street</b>			
City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>		
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS							
Director Name <b>Nicholas Brown</b>				Director Name <b>Angela Fischer</b>			
Street Address <b>50 South Main Street</b>				Street Address <b>50 South Main Street</b>			
City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>		
Director Name				Director Name			
Street Address				Street Address			
City	State	Zip	City	State	Zip		
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
AUTHORIZED SHARES				ISSUED SHARES			
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value		
<b>5,000</b>	<b>\$1.00 PAR VALUE</b>		<b>300</b>		<b>\$1</b>		

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



File Date 1-28-05  
Check No. 11480  
By: [Signature]  
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] 26 Jan 2005  
Signature of Officer Date  
Nicholas Brown  
Print or Type Name of Officer  
President  
Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 42303		2. Name of Corporation Brown & Fischer Corporation			
3. Street Address Principal Business Office 50 S. MAIN Street			City Providence	State RI	Zip 02903
4. Business Phone No. 401-272-5050		5. State of Incorporation RHODE ISLAND			6. SIC Code 7658
7. Brief Description of the Character of Business Conducted in Rhode Island FINANCIAL AND ACCOUNTING SERVICES					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Nicholas Brown			Vice President Name Angela Fischer		
Street Address 50 S. Main St.			Street Address 50 S. MAIN ST.		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Secretary Name ANGELA FISCHER			Treasurer Name NICHOLAS BROWN		
Street Address 50 S. MAIN STREET			Street Address 50 S. MAIN ST.		
City PROVIDENCE	State RI	Zip 02903	City PROVIDENCE	State RI	Zip 02903
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name NICHOLAS BROWN			Director Name ANGELA FISCHER		
Street Address 50 S. MAIN ST.			Street Address 50 S. MAIN ST.		
City PROVIDENCE	State RI	Zip 02903	City PROVIDENCE	State RI	Zip 02903
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
5,000	\$1.00 PAR VALUE		300		\$1

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



\* 4 2 3 0 3 \*

**FILED**

File Date DEC 26 2003

Check No. 3VM152976AA

By: \_\_\_\_\_

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.

Nicholas Brown 12/24/03  
Signature of Officer Date

NICHOLAS BROWN  
Print or Type Name of Officer

PRESIDENT  
Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. **42303**  
2. Name of Corporation **Brown & Fischer Corporation**  
3. Street Address Principal Business Office  
**50 SOUTH MAIN ST.**  
4. Business Phone No. **401-272-5050** 5. State of Incorporation **RHODE ISLAND**  
7. Brief Description of the Character of Business Conducted in Rhode Island  
**FINANCIAL/ACCOUNTING**

City **Providence** State **RI** Zip **02903**  
8. SIC Code **7658**

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

President Name **NICHOLAS BROWN**  
Street Address **50 SOUTH MAIN STREET**  
City **Providence** State **RI** Zip **02903**

Vice President Name **ANGELA FISCHER**  
Street Address **50 S. MAIN ST.**  
City **Providence** State **RI** Zip **02903**

Secretary Name **PATRICIA UHLMAN**  
Street Address **50 S. MAIN ST.**  
City **Providence** State **RI** Zip **02903**

Treasurer Name **PATRICIA UHLMAN**  
Street Address **50 S. MAIN ST.**  
City **Providence** State **RI** Zip **02903**

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

Director Name **NICHOLAS BROWN**  
Street Address **50 S. MAIN ST.**  
City **PROV** State **RI** Zip **02903**

Director Name **ANGELA FISCHER**  
Street Address **50 S. MAIN ST.**  
City **PROV** State **RI** Zip **02903**

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

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
**5,000 \$1.00 PAR VALUE**

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

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**300 \$1.00**

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



\* 4 2 3 0 3 \*  
File Date: **1/9/03**  
Check No.: **11154**  
By: **[Signature]**

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 **[Signature]** Date **1/8/03**  
Print or Type Name of Officer **PATRICIA UHLMAN**  
Title of Officer **TREASURER**



# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **42303** 2. Name of Corporation **Brown & Fischer Corporation**  
 3. Street Address Principal Business Office **50 South Main ST** City **PROVIDENCE** State **RI** Zip **02903**  
 4. Business Phone No. **401-272-5050** 5. State of Incorporation **RHODE ISLAND**  
 6. SIC Code **7658**  
 7. Brief Description of the Character of Business Conducted in Rhode Island  
**Financial + Accounting SERVICES**

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

President Name **Nicholas Brown**  
 Street Address **50 South Main ST**  
 City **PROVIDENCE** State **RI** Zip **02903**  
 Secretary Name **PATRICIA UHLMAN**  
 Street Address **50 South Main ST**  
 City **PROVIDENCE** State **RI** Zip **02903**

Vice President Name **J. Carter Brown**  
 Street Address **94 Walnut Place**  
 City **BROOKLINE** State **MA** Zip **02445**  
 Treasurer Name **PATRICIA UHLMAN**  
 Street Address **50 South Main ST**  
 City **PROVIDENCE** State **RI** Zip **02903**

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

Director Name **Nicholas BROWN**  
 Street Address **50 South Main ST**  
 City **PROVIDENCE** State **RI** Zip **02903**  
 Director Name **J. CARTER BROWN**  
 Street Address **94 Walnut Place**  
 City **BROOKLINE** State **MA** Zip **02445**

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  
**5,000 \$1.00 PAR VALUE**

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

ISSUED SHARES  
 Number of Shares Class/Series Par Value  
**300 \$1**

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



\* 4 2 3 0 3 \*

File Date: 1-7-02

Check No.: \_\_\_\_\_

By: \_\_\_\_\_

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.

Phyllis Uhlman 1/7/02  
Signature of Officer Date

PATRICIA UHLMAN  
Print or Type Name of Officer

Secretary  
Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **42303** 2. Name of Corporation **Brown & Fischer Corporation**  
3. Street Address Principal Business Office **50 S. MAIN STREET** City **PROVIDENCE** State **RI** Zip **02903**  
4. Business Phone No. **401-272-5050** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7658**  
7. Brief Description of the Character of Business Conducted in Rhode Island **FINANCIAL + ACCOUNTING SERVICES**

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

President Name <b>ANGELA B. FISCHER</b>	Vice President Name <b>NICHOLAS BROWN</b>
Street Address <b>50 S. MAIN STREET</b>	Street Address <b>50 S. MAIN STREET</b>
City <b>PROVIDENCE</b> State <b>RI</b> Zip <b>02903</b>	City <b>PROVIDENCE</b> State <b>RI</b> Zip <b>02903</b>
Secretary Name <b>J. CARTER BROWN</b>	Treasurer Name
Street Address <b>1201 PENNSYLVANIA AVE, STE 621</b>	Street Address
City <b>WASHINGTON</b> State <b>DC</b> Zip <b>20004</b>	City State Zip

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

Director Name <b>ANGELA B. FISCHER</b>	Director Name <b>NICHOLAS BROWN</b>
Street Address <b>50 S. MAIN ST</b>	Street Address <b>50 S. MAIN ST</b>
City <b>PROVIDENCE</b> State <b>RI</b> Zip <b>02903</b>	City <b>PROVIDENCE</b> State <b>RI</b> Zip <b>02903</b>
Director Name <b>J. CARTER BROWN</b>	Director Name
Street Address <b>1201 PENNSYLVANIA AVE, SUITE 621</b>	Street Address
City <b>WASHINGTON</b> State <b>DC</b> Zip <b>20004</b>	City State Zip

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

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
**5,000 \$1.00 PAR VALUE**

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

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**300 \$1**

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



\* 4 2 3 0 3 \*

File Date: 1/8  
Check No.: 10726  
By: [Signature]

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: [Signature] Date: 1/5/00  
Print or Type Name of Officer: **Angela B. Fischer**  
Title of Officer: **President**



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 42303 2. Name of Corporation Brown + Fischer Corporation  
~~05-0422670~~  
3. Street Address Principal Business Office 50 S. Main Street, City Providence State RI Zip 02903  
4. Business Phone No. 401-272-5050 5. State of Incorporation Rhode Island 6. SIC Code  
7. Brief Description of the Character of Business Conducted in Rhode Island Financial + Accounting Services Code 7658

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

President Name <u>Angela B. Fischer</u>	Vice President Name <u>Nicholas Brown</u>
Street Address <u>50 S. Main Street</u>	Street Address <u>50 S. Main Street</u>
City <u>Providence</u> State <u>RI</u> Zip <u>02903</u>	City <u>Providence</u> State <u>RI</u> Zip <u>02903</u>
Secretary Name <u>F. Carter Brown</u>	Treasurer Name
Street Address <u>1201 Pennsylvania Ave, Suite 621</u>	Street Address
City <u>Washington</u> State <u>DC</u> Zip <u>20004</u>	City State Zip

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

Director Name <u>Angela B. Fischer</u>	Director Name <u>Nicholas Brown</u>
Street Address <u>50 S. Main Street</u>	Street Address <u>50 S. Main Street</u>
City <u>Providence</u> State <u>RI</u> Zip <u>02903</u>	City <u>Providence</u> State <u>RI</u> Zip <u>02903</u>
Director Name <u>F. Carter Brown</u>	Director Name
Street Address <u>1201 Pennsylvania Ave, Suite 621</u>	Street Address
City <u>Washington</u> State <u>DC</u> Zip <u>20004</u>	City State Zip

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

AUTHORIZED SHARES	Class/Series	Par Value
<u>5000</u>		<u>\$1</u>

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

ISSUED SHARES	Class/Series	Par Value
<u>300</u>		<u>\$1</u>

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

File Date: 8-18-00  
Check No.: 10612  
By: AMF

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.

Nicholas Brown 8/19/00  
Signature of Officer Date  
Nicholas Brown  
Print or Type Name of Officer  
Vice President  
Title of Officer



**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. <b>42303</b>		2. Name of Corporation <b>Brown &amp; Fischer Corporation</b>	
3. Street Address Principal Business Office <b>50 South Main Street</b>		City <b>Providence</b>	State <b>RI</b>
		Zip <b>02903</b>	
4. Business Phone No. <b>401-272-5050</b>	5. State of Incorporation <b>RHODE ISLAND</b>		6. SIC Code <b>7658</b>
7. Brief Description of the Character of Business Conducted in Rhode Island <b>Accounting Services</b>			

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

President Name <b>Angela B. Fischer</b>			Vice President Name <b>Nicholas Brown</b>		
Street Address <b>50 South Main Street</b>			Street Address <b>50 South Main Street</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>
Secretary Name <b>J. Carter Brown</b>			Treasurer Name <b>Angela B. Fischer</b>		
Street Address <b>50 South Main Street</b>			Street Address <b>50 South Main Street</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>

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

Director Name <b>Angela B. Fischer</b>			Director Name <b>J. Carter Brown</b>		
Street Address <b>50 South Main Street</b>			Street Address <b>50 South Main Street</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>
Director Name <b>Nicholas Brown</b>			Director Name		
Street Address <b>50 South Main Street</b>			Street Address		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>	City	State	Zip

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

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	<b>5000 SHS</b>	<b>\$1.00 PAR VAL</b>	

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	<b>300</b>	<b>Common</b>	<b>\$1.00</b>

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



\* 4 2 3 0 3 \*

File Date: Jan 27, 99

Check No.: 10086

By: JD.

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: [Signature] Date: 1/22/99

Print or Type Name of Officer: Angela B. Fischer

Title of Officer: President



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 1998  
**Filing Period: January 1-March 1 • Filing Fee: \$50.00**

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 42303 2. Name of Corporation Brown & Fischer Corporation  
3. Street Address Principal Business Office 50 S. Main Street City Providence State RI Zip 02903  
4. Business Phone No. (401) 272-5050 5. State of Incorporation Rhode Island 6. SIC Code 7658  
7. Brief Description of the Character of Business Conducted in Rhode Island

Accounting Services

**8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT)**

President Name			Vice President Name		
<u>Angela B. Fischer</u>			<u>Nicholas Brown</u>		
Street Address			Street Address		
<u>50 S. Main Street</u>			<u>50 S. Main Street</u>		
City	State	Zip	City	State	Zip
<u>Providence</u>	<u>RI</u>	<u>02903</u>	<u>Providence</u>	<u>RI</u>	<u>02903</u>
Secretary Name			Treasurer Name		
<u>J. Carter Brown</u>			<u>Angela B. Fischer</u>		
Street Address			Street Address		
<u>50 S. Main Street</u>			<u>50 S. Main Street</u>		
City	State	Zip	City	State	Zip
<u>Providence</u>	<u>RI</u>	<u>02903</u>	<u>Providence</u>	<u>RI</u>	<u>02903</u>

**9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)**

Director Name			Director Name		
<u>Angela B. Fischer</u>			<u>J. Carter Brown</u>		
Street Address			Street Address		
<u>50 S. Main Street</u>			<u>50 S. Main Street</u>		
City	State	Zip	City	State	Zip
<u>Providence</u>	<u>RI</u>	<u>02903</u>	<u>Providence</u>	<u>RI</u>	<u>02903</u>
Director Name			Director Name		
<u>Nicholas Brown</u>					
Street Address			Street Address		
<u>50 S. Main Street</u>					
City	State	Zip	City	State	Zip
<u>Providence</u>	<u>RI</u>	<u>02903</u>			

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

AUTHORIZED SHARES	Class/Series	Par Value
<u>5000 shs</u>	<u>\$1.00</u>	<u>Par Value</u>

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

ISSUED SHARES	Class/Series	Par Value
<u>300</u>	<u>Common</u>	<u>\$1.00</u>

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

File Date: 2.22.98  
Check No.: 3658  
By: [Signature]

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: [Signature] Date: 2/26/98  
Print or Type Name of Officer: Angela B. Fischer  
Title of Officer: President



**PROFIT CORPORATION ANNUAL REPORT 1997**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **42303** 2. Name of Corporation **Brown & Fischer Corporation**  
3. Street Address Principal Business Office **50 S. Main Street** City **Providence** State **RI** Zip **02903**  
4. Business Phone No. **(401) 272-5050** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7658**  
7. Brief Description of the Character of Business Conducted in Rhode Island

Accounting services

**8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT)**

President Name <b>Angela B. Fischer</b> Street Address <b>50 S. Main Street</b> City <b>Providence</b> State <b>RI</b> Zip <b>02903</b>	Vice President Name <b>Nicholas Brown</b> Street Address <b>50 S. Main Street</b> City <b>Providence</b> State <b>RI</b> Zip <b>02903</b>
Secretary Name <b>J. Carter Brown</b> Street Address <b>50 S. Main Street</b> City <b>Providence,</b> State <b>RI</b> Zip <b>02903</b>	Treasurer Name <b>Angela B. Fischer</b> Street Address <b>50 S. Main Street</b> City <b>Providence</b> State <b>RI</b> Zip <b>02903</b>

**9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)**

Director Name <b>Angela B. Fischer</b> Street Address <b>50 S. Main Street</b> City <b>Providence</b> State <b>RI</b> Zip <b>02903</b>	Director Name <b>J. Carter Brown</b> Street Address <b>50 S. Main Street</b> City <b>Providence</b> State <b>RI</b> Zip <b>02903</b>
Director Name <b>Nicholas Brown</b> Street Address <b>50 S. Main Street</b> City <b>Providence</b> State <b>RI</b> Zip <b>02903</b>	

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

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>5000 SHS</b>	<b>\$1.00 PAR VAL</b>		<b>300</b>	<b>Common</b>	<b>\$1.00</b>

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



File Date: 3.14.97  
Check No.: 3391  
By: ICP

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.

Angela B. Fischer 3/13/97  
Signature of Officer Date  
**Angela B. Fischer**  
Print or Type Name of Officer  
**President**  
Title of Officer

# PROFIT CORPORATION ANNUAL REPORT

# 1996



State of Rhode Island and Providence Plantations  
James R. Langevin, *Secretary of State*  
Corporations Division  
100 North Main Street  
Providence, Rhode Island 02903-1335 • (401) 277-3040

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

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. 42303		2. NAME OF CORPORATION Brown & Fischer Corporation	
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 50 South Main Street		CITY Providence	STATE RI
		ZIP CODE 02903	
4. BUSINESS PHONE NO. (401) 272-5050	5. STATE OF INCORPORATION RHODE ISLAND		6. SIC CODE 7658
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND Financial Services			

### 8. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME Angela B. Fischer			VICE PRESIDENT NAME Nicholas Brown		
STREET ADDRESS 50 S. Main Street			STREET ADDRESS 50 S. Main Street		
CITY Providence	STATE RI	ZIP CODE 02903	CITY Providence	STATE RI	ZIP CODE 02903
SECRETARY NAME J. Carter Brown			TREASURER NAME		
STREET ADDRESS 50 S. Main Street			STREET ADDRESS		
CITY Providence	STATE RI	ZIP CODE 02903	CITY	STATE	ZIP CODE

### 9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME Angela B. Fischer			DIRECTOR NAME J. Carter Brown		
STREET ADDRESS 50 S. Main Street			STREET ADDRESS 50 S. Main Street		
CITY Providence	STATE RI	ZIP CODE 02903	CITY Providence	STATE RI	ZIP CODE 02903
DIRECTOR NAME Nicholas Brown			DIRECTOR NAME		
STREET ADDRESS 50 S. Main Street			STREET ADDRESS		
CITY Providence	STATE RI	ZIP CODE 02903	CITY	STATE	ZIP CODE

### 10. SHARES AUTHORIZED AND ISSUED

AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
5000 SHS	\$1.00 PAR VAL		300	Common	\$1.00

This report must be **SIGNED IN INK** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

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: 2/27/96

Check No: 3055

By: AMF

*Angela B. Fischer*  
Signature of Officer

Angela B. Fischer  
Print or Type Name of Officer

President  
Title of Officer

2/26/96  
Date



**ANNUAL REPORT**

Please Type or Print  
 File Annually - Jan. 1 - March 1  
 Filing Fee \$50.00  
 Make Checks Payable to: Secretary of State

**ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.**

Corporate ID: 0042503 Annual Report for the year: 1995

Name of Corporation: Brown & Fischer Corporation

Business entity organized under the laws of the State of: Rhode Island  
 For foreign entity, address and telephone number of principal office:

Business Entity is (check one):  
 Business Corporation (See RIGL Chapter 7-1.1)  
 Professional Service Corporation (See RIGL Chapter 7-5.1)

Phone: ( )  
 Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):  
50 South Main Street  
Providence, RI 02903

Brief statement of the character of business conducted in Rhode Island:  
Financial Services

Phone: ( 401 ) 272-5050

**THE NAMES OF THE OFFICERS ARE:**

OFFICER	STREET ADDRESS	CITY/STATE	ZIP CODE
PRESIDENT Angela B. Fischer	50 South Main Street	Providence, RI	02903
VICE PRESIDENT Nicholas Brown	50 South Main Street	Providence, RI	02903
SECRETARY J. Carter Brown	50 South Main Street	Providence, RI	02903
TREASURER Angela B. Fischer	50 South Main Street	Providence, RI	02903

**THE NAMES OF THE DIRECTORS ARE:**

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
Angela B. Fischer	50 South Main Street	Providence, RI	02903
Nicholas Brown	50 South Main Street	Providence, RI	02903
J. Carter Brown	50 South Main Street	Providence, RI	02903

NUMBER OF SHARES AUTHORIZED (Rider may be attached)				NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)			
Number of Shares	5000	Class / Series	Common	Number of Shares	300	Class / Series	Common
			\$1.00 par value				\$1.00 par value

Date Feb 24, 1995  
 By: Angela B. Fischer  
 PRINT OR TYPE NAME OF OFFICER SIGNING  
President  
 TITLE OF OFFICER SIGNING

**DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:**

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

ANGELA FISCHER  
 50 SOUTH MAIN STREET  
 PROVIDENCE RI 02903

**FILED**  
**APR 25 1995**  
 By 42727

Filing Fee \$50.00  
Payable to:  
Secretary of State

PLEASE TYPE or PRINT *Ch# 2309 MME*  
State of Rhode Island and Providence Plantations *#50.00*  
Office of The Secretary of State  
100 North Main Street  
Providence, Rhode Island 02903-1335  
401-277-3040

File Annually  
LLC: Sept. 1 - Nov. 1  
CORP: Jan. 1 - March 1

0048505

1994

Corporate ID: \_\_\_\_\_ Annual Report for the year: \_\_\_\_\_  
Brown & Fischer Corporation

Name of Business Entity: \_\_\_\_\_

Business entity organized under the laws of the State of: Rhode Island

Federal Taxpayer Identification Number: \_\_\_\_\_

For foreign entity, address and telephone number of principal office:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: ( ) \_\_\_\_\_

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

50 South Main Street  
Providence, RI 02903

Phone: ( 401 ) 272-5050

Business Entity is (check one):  
 Business Corporation (See RIGL Chapter 7-1.1)  
 Professional Service Corporation (See RIGL Chapter 7-5.1)  
 Limited Liability Company (See RIGL 7-16)

Name, title and mailing address of contact person to whom communications may be directed:

Angela B. Fischer  
50 South Main Street  
Providence, RI 02903

Brief statement of the character of business conducted in Rhode Island:  
Financial Services

Date of Organization: ~~8-1-87~~ 3/19/87 (RLP)

Date of Qualification to do business in Rhode Island (if foreign entity): \_\_\_\_\_

THE NAMES OF THE OFFICERS ARE:

OFFICER	STREET ADDRESS	CITY/STATE	ZIP CODE
<input type="checkbox"/> CHIEF EXECUTIVE OFFICER OR <input checked="" type="checkbox"/> PRESIDENT (Check One) <u>Angela B. Fischer</u>	<u>50 South Main Street</u>	<u>Providence, RI</u>	<u>02903</u>
<input type="checkbox"/> CHIEF OPERATING OFFICER OR <input checked="" type="checkbox"/> VICE PRESIDENT (Check One) <u>Nicholas Brown</u>	<u>50 South Main Street</u>	<u>Providence, RI</u>	<u>02903</u>
<input type="checkbox"/> CUSTODIAN OF RECORDS OR <input checked="" type="checkbox"/> SECRETARY (Check One) <u>J. Carter Brown</u>	<u>50 South Main Street</u>	<u>Providence, RI</u>	<u>02903</u>
<input type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input checked="" type="checkbox"/> TREASURER (Check One) <u>Angela B. Fischer</u>	<u>50 South Main Street</u>	<u>Providence, RI</u>	<u>02903</u>

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>Angela B. Fischer</u>	<u>50 South Main Street</u>	<u>Providence, RI</u>	<u>02903</u>
<u>Nicholas Brown</u>	<u>50 South Main Street</u>	<u>Providence, RI</u>	<u>02903</u>
<u>J. Carter Brown</u>	<u>50 South Main Street</u>	<u>Providence, RI</u>	<u>02903</u>

NUMBER OF SHARES AUTHORIZED (If Applicable)  
NUMBER 5000  
~~250000~~  
CLASS Common  
SERIES none  
PAR VALUE OR WITHOUT PAR \$1.00 par value

NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)  
NUMBER 300  
CLASS Common  
SERIES none  
PAR VALUE OR WITHOUT PAR \$1.00 par value

Date 2/7, 1994

By: Angela B. Fischer  
Angela B. Fischer  
PRINT OR TYPE NAME OF OFFICER SIGNING  
President  
TITLE OF OFFICER SIGNING

Form 31 1/94

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form LLC 3 must be filed.

ANGELA FISCHER  
50 SOUTH MAIN STREET  
PROVIDENCE RI 02903

**FILED**  
APR 07 1994  
By MEBY

Filing Fee \$50.00

To be filed annually between  
January 1st and March 1st

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

763

Corporate ID.....0042303..... Annual Report for the year.....1993.....

FIRST: The name of the corporation is.....Brown & Fischer Corporation.....

SECOND: It is incorporated under the laws of.....RHODE ISLAND.....

THIRD: Character of business, briefly stated, is.....to engage in the investment and development of  
real estate as well as any other lawful act or activity for which Corporations may  
be organized under the Rhode Island Business Corporation Act.....

FOURTH: If foreign corporation, address of its principal office.....

FIFTH: Business address in Rhode Island.....50 South Main St., Providence, RI 02903.....

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Angela B. Fischer	Director	50 S. Main St., Providence, RI 02903
Nicholas Brown	Director	" " " " " " "
J. Carter Brown	Director	" " " " " " "
Angela B. Fischer	President	50 S. Main St., Providence, RI 02903
Nicholas Brown	Vice President	" " " " " " "
J. Carter Brown	Secretary	" " " " " " "
Angela B. Fischer	Treasurer	" " " " " " "

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
8,000	Common		\$1.00 par value

PAID

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
300	Common		\$1.00 par value

FEB 02 1993

SECY OF STATE

Dated.....January 29..... 19 93.....

BROWN & FISCHER CORPORATION

(Name of Corporation)

By.....  
Angela B. Fischer  
Title.....President.....

(Report must be signed by an officer)

Filing Fee \$50.00

CR. 141a C.S. 72553

To be filed annually between January 1st and March 1st

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID.....0042303..... Annual Report for the year.....1992.....

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Nicholas Brown	Director	" " " " " "
J. Carter Brown	Director	" " " " " "
Angela B. Fischer	President	50 S. Main St., Providence, RI 02903
Nicholas Brown	Vice President	" " " " " "
J. Carter Brown	Secretary	" " " " " "
Angela B. Fischer	Treasurer	" " " " " "

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
8,000	Common	PAID	\$1.00 par value

JAN 24 1992

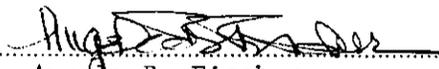
EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
300	Common		\$1.00 par value

SECY OF STATE

Dated January 22, 19 92

BROWN & FISCHER CORPORATION  
(Name of Corporation)

By   
Angela B. Fischer  
Title...President.....

(Report must be signed by an officer)

Filing Fee \$50.00

To be filed annually between  
January 1st and March 1st

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

35.

Corporate ID.....0042303..... Annual Report for the year.....1991.....

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SECOND: It is incorporated under the laws of.....RHODE ISLAND.....

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SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
.....	Director	.....
.....	Director	.....
.....	Director	.....
Angela B. Fischer	President	50 S. Main Street, Providence, RI 02903
.....	Vice President	.....
Bernard A. McMahon, Jr.	Secretary	50 S. Main Street, Providence, RI 02903
Angela B. Fischer	Treasurer	50 S. Main Street, Providence, RI 02903

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
8,000	Common		\$1.00 par value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	Common		\$1.00 ar value

PAID  
JAN 04 1991  
SECY OF STATE  
Series

Dated.....January 2,..... 19 91.....

.....BROWN & FISCHER CORPORATION.....  
(Name of Corporation)

By.....*Angela B. Fischer*.....  
Angela B. Fischer

Title.....President.....

(Report must be signed by an officer)

Filing Fee \$15.00

To be filed annually between  
January 1st and March 1st

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0042303 Annual Report for the year 1990

FIRST: The name of the corporation is BROWN & FISCHER CORPORATION

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.....	Director	.....
.....	Director	.....
.....	Director	.....
Angela B. Fischer	President	50 S. Main Street, Providence, RI 02903
.....	Vice President	.....
Bernard A. McMahon, Jr.	Secretary	50 S. Main Street, Providence, RI 02903
Angela B. Fischer	Treasurer	50 S. Main Street, Providence, RI 02903

SEVENTH: Number of Shares authorized:

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8,000	Common	PAID	\$1.00 par value

MAR 16 1990

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	Common	SECY. OF STATE	\$1.00 par value

Dated March 14, 19 90

BROWN & FISCHER CORPORATION  
(Name of Corporation)

By Angela B. Fischer  
Title President

(Report must be signed by an officer)

Filing Fee \$15.00

To be filed annually between  
January 1st and March 1st

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

*DV*

Corporate ID 0042303 Annual Report for the year 1989

FIRST: The name of the corporation is Brown & Fischer Corporation

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.....	Director	.....
.....	Director	.....
Angela B. Fischer	President	50 S. Main Street, Providence, RI 02903
.....	Vice President	.....
Bernard A. McMahon, Jr.	Secretary	50 S. Main Street, Providence, RI 02903
Angela B. Fischer	Treasurer	50 S. Main Street, Providence, RI 02903

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EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	Common		\$1.00 par value

**PAID**

Series **MAR 6 1989**

**SECY OF STATE**

Dated February 28, 19 89

BROWN & FISCHER CORPORATION  
(Name of Corporation)

By *Angela B. Fischer*  
Angela B. Fischer  
Title President

(Report must be signed by an officer)

Filing Fee \$15.00

To be filed annually between  
January 1st and March 1st

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
270 WESTMINSTER MALL  
PROVIDENCE, RHODE ISLAND 02903

DU

Corporate ID 42303 Annual Report for the year 1988

FIRST: The name of the corporation is Brown & Fischer Corporation

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is to engage in the investment and development of real estate as well as any other lawful act or activity for which Corporations may be organized under the Rhode Island Business Corporation Act.

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	Director	
	Director	
	Director	
Angela B. Fischer	President	50 South Main Street, Providence, RI 02903
	Vice President	
Bernard A. McMahon, Jr.	Secretary	50 South Main Street, Providence, RI 02903
Angela B. Fischer	Treasurer	50 South Main Street, Providence, RI 02903

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No. of Shares	Class	Series	Par Value or statement that shares are without par value
8,000	Common		\$1.00 par value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	Common		\$1.00 par value

PAID  
FEB 22 1988  
SECY. OF STATE

Dated February 19 88

BROWN & FISCHER CORPORATION  
(Name of Corporation)

By Angela B. Fischer  
Angela B. Fischer  
Title President

(Report must be signed by an officer)