



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

AMENDMENT

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.

12003

2. Name of Corporation

Investment Planning Consultants, Inc.

3. Street Address Principal Business Office

1220 Pontiac Avenue #301

City

Cranston

State

RI

Zip

02920

4. Business Phone No.

401-943-2210

5. State of Incorporation

Rhode Island

6. SIC Code

6064

7. Brief Description of the Character of Business Conducted in Rhode Island

Securities broker dealer, retirement planning

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

President Name

Barry Misbin

Street Address

45 Hollins Drive

City

Cranston

State

RI

Zip

02920

Vice President Name

Robert Radoccia

Street Address

291 Summit Drive

City

Cranston

State

RI

Zip

02920

Secretary Name

Robert Radoccia

Street Address

291 Summit Drive

City

Cranston

State

RI

Zip

02920

Treasurer Name

Barry Misbin

Street Address

45 Hollins Drive

City

Cranston

State

RI

Zip

02920

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

Director Name

Barry Misbin

Street Address

45 Hollins Drive

City

Cranston

State

RI

Zip

02920

Director Name

Robert Radoccia

Street Address

291 Summit Drive

City

Cranston

State

RI

Zip

02920

Director Name

Street Address

City

State

Zip

Director Name

Street Address

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

300

Class/Series

A1

Par Value

ISSUED SHARES

Number of Shares

100

Class/Series

A1

Par Value

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

File Date:

9/30/97

Check No.:

No fee - Amended

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

9-15-97

Print or Type Name of Officer

Barry Misbin  
President

Title of Officer

