



**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 88509		2. Name of Corporation 545 SOUTH MAIN STREET ASSOCIATES, INC.			
3. Street Address Principal Business Office 220 South Main Street			City Providence	State RI	Zip 02903
4. Business Phone No. 401-274-3600		5. State of Incorporation RHODE ISLAND		6. SIC Code 7245	
7. Brief Description of the Character of Business Conducted in Rhode Island PROVIDE EMPLOYEE MANAGEMENT SERVICES					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Arnold Zonfrilli			Vice President Name NA		
Street Address 220 South Main Street			Street Address		
City Providence	State RI	Zip 02903	City	State	Zip
Secretary Name Beverly LaVallee			Treasurer Name NA		
Street Address 220 South Main Street			Street Address		
City Providence	State RI	Zip 02903	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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
1,000	NO PAR VALUE		1,000	Non-Voting	

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



**FILED**

File Date: MAR 04 2005

Check No. By M60293

By: 600

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.

Arnold Zonfrilli 2/22/05  
Signature of Officer Date

Arnold Zonfrilli  
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 IN BLACK)

1. Corporate ID No. 88509		2. Name of Corporation 545 South Main Street Associates			
3. Street Address Principal Business Office 220 South Main Street			City Providence	State RI	Zip 02903
4. Business Phone No. 401-274-3600		5. State of Incorporation Rhode Island			6. SIC Code 6882
7. Brief Description of the Character of Business Conducted in Rhode Island Employee Leasing					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Joseph R. Tassone			Vice President Name Beverly A. LaVallee		
Street Address 274 Oakdale Avenue			Street Address 6 Dennison Street		
City Pawtucket	State RI	Zip 02860	City Johnston	State RI	Zip 02919
Secretary Name Michael Integlia			Treasurer Name Michael Integlia		
Street Address 100 Dean Ridge Parkway			Street Address 100 Dean Ridge Parkway		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Joseph R. Tassone			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES					
Number of Shares			Class/Series		
Par Value			Par Value		
100	A	No Par	100	A	No Par
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES					
Number of Shares			Class/Series		
Par Value			Par Value		
100	A	No Par	100	A	No Par

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

**FILED**

SEP 22 2004

File Date By FMC  
Check No. C 45304  
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.

Joseph R. Tassone 9/21/04  
Signature of Officer Date  
Joseph R. Tassone  
Printer 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. **88509** 2. Name of Corporation **545 South Main Street Associates, Inc.**  
 3. Street Address Principal Business Office **220 South Main Street** City **Providence** State **RI** Zip **02903**  
 4. Business Phone No. **401-274-3600** 5. State of Incorporation **RI** 6. SIC Code  
 7. Brief Description of the Character of Business Conducted in Rhode Island  
**Provide Employee Management Services**

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

President Name <b>Arnold Zonfrilli</b>	Vice President Name <b>N/A</b>
Street Address <b>220 South Main Street</b>	Street Address
City <b>Providence</b> State <b>RI</b> Zip <b>02903</b>	City State Zip
Secretary Name <b>Arnold Zonfrilli</b>	Treasurer Name <b>Thomas Hichar</b>
Street Address <b>220 South Main Street</b>	Street Address <b>220 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>None</b>	Director Name <b>None</b>
Street Address	Street Address
City State Zip	City State Zip
Director Name <b>None</b>	Director Name <b>None</b>
Street Address	Street Address
City State Zip	City State Zip

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

AUTHORIZED SHARES	Class/Series	Par Value
Number of Shares		
<b>1,000</b>	<b>Non-voting</b>	<b>0</b>

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

ISSUED SHARES	Class/Series	Par Value
Number of Shares		
<b>100</b>	<b>Non-voting</b>	<b>0</b>

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

**FILED**

**AUG 20 2003**

By *Arnold Zonfrilli* 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.  
 C 3510  
 Signature of Officer *Arnold Zonfrilli* Date August 19, 2003  
 Print or Type Name of Officer Arnold Zonfrilli  
 Title of Officer President

File Date: Aug 19 2003 17:58

Check No.:

By:



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 88509  
2. Name of Corporation 545 South Main Street Associates, Inc.  
3. Street Address Principal Business Office 220 South Main Street  
City Providence State RI Zip 02903  
4. Business Phone No. 401-274-3600  
5. State of Incorporation RI  
6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Provide Employee Management Services**

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

President Name <b>Arnold Zonfrilli</b> Street Address 220 South Main Street City Providence State RI Zip 02903	Vice President Name <b>N/A</b> Street Address  City State Zip
Secretary Name <b>Arnold Zonfrilli</b> Street Address 220 South Main Street City Providence State RI Zip 02903	Treasurer Name <b>Thomas Hichar</b> Street Address 220 South Main Street 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 <b>None</b> Street Address  City State Zip	Director Name <b>None</b> Street Address  City State Zip
Director Name <b>None</b> Street Address  City State Zip	Director Name <b>None</b> Street Address  City State Zip

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

AUTHORIZED SHARES	Class/Series	Par Value
Number of Shares		
1,000	Non-voting	0

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

ISSUED SHARES	Class/Series	Par Value
Number of Shares		
100	Non-voting	0

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

**FILED**

AUG 20 2003

By Arnold Zonfrilli

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: Aug 19 2003

Arnold Zonfrilli August 19, 2003  
Signature of Officer Date

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

Arnold Zonfrilli  
Print or Type Name of Officer

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

President  
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 OR PRINTED IN BLACK)

1. Corporate ID No. **88509** 2. Name of Corporation **545 South Main Street Associates, Inc.** City **Providence** State **RI** Zip **02903**  
3. Street Address Principal Business Office **220 South Main Street** 4. Business Phone No. **401-274-3600** 5. State of Incorporation **RI** 6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island **Provide Employee Management Services**

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

President Name <b>Arnold Zonfrilli</b> Street Address <b>220 South Main Street</b> City <b>Providence</b> State <b>RI</b> Zip <b>02903</b>	Vice President Name <b>N/A</b> Street Address <b></b> City <b></b> State <b></b> Zip <b></b>
Secretary Name <b>Arnold Zonfrilli</b> Street Address <b>220 South Main Street</b> City <b>Providence</b> State <b>RI</b> Zip <b>02903</b>	Treasurer Name <b>Thomas Hichar</b> Street Address <b>220 South 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) FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name <b>None</b> Street Address <b></b> City <b></b> State <b></b> Zip <b></b>	Director Name <b>None</b> Street Address <b></b> City <b></b> State <b></b> Zip <b></b>
Director Name <b>None</b> Street Address <b></b> City <b></b> State <b></b> Zip <b></b>	Director Name <b>None</b> Street Address <b></b> City <b></b> State <b></b> Zip <b></b>

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

AUTHORIZED SHARES	Class/Series	Par Value
1,000	Non-voting	0

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

ISSUED SHARES	Class/Series	Par Value
100	Non-voting	0

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

**FILED**

**AUG 20 2003**

By **Arnold Zonfrilli**  
C 3510

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.  
**Arnold Zonfrilli** August 19, 2003  
Signature of Officer Date

**Arnold Zonfrilli**  
Print or Type Name of Officer

**President**  
Title of Officer

File Date: **Aug 19 2003**  
Check No.: **1236**  
By: **SECRETARY OF STATE**

FOR SECRETARY OF STATE USE ONLY



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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 88509 2. Name of Corporation 545 South Main Street Associates, Inc.  
3. Street Address Principal Business Office 220 South Main Street City Providence State RI Zip 02903  
4. Business Phone No. 401-274-3600 5. State of Incorporation RI 6. SIC Code 02903  
7. Brief Description of the Character of Business Conducted in Rhode Island Provide Employee Management Services

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

President Name <u>Arnold Zonfrilli</u> Street Address <u>220 South Main Street</u> City <u>Providence</u> State <u>RI</u> Zip <u>02903</u>	Vice President Name <u>N/A</u> Street Address <u></u> City <u></u> State <u></u> Zip <u></u>
Secretary Name <u>Arnold Zonfrilli</u> Street Address <u>220 South Main Street</u> City <u>Providence</u> State <u>RI</u> Zip <u>02903</u>	Treasurer Name <u>Thomas Hichar</u> Street Address <u>220 South Main Street</u> City <u>Providence</u> State <u>RI</u> Zip <u>02903</u>

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

Director Name <u>None</u> Street Address <u></u> City <u></u> State <u></u> Zip <u></u>	Director Name <u>None</u> Street Address <u></u> City <u></u> State <u></u> Zip <u></u>
Director Name <u>None</u> Street Address <u></u> City <u></u> State <u></u> Zip <u></u>	Director Name <u>None</u> Street Address <u></u> City <u></u> State <u></u> Zip <u></u>

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

AUTHORIZED SHARES	Class/Series	Par Value
1,000	Non-voting	0

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

ISSUED SHARES	Class/Series	Par Value
100	Non-voting	0

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

**FILED**

AUG 20 2003

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.  
By Arnold Zonfrilli August 19, 2003  
Signature of Officer Arnold Zonfrilli Date  
Print or Type Name of Officer Resident  
Title of Officer

File Date: EO. 113 08 71 02 5AM  
Check No.: RECEIVED  
By: RECEIVED  
FOR SECRETARY OF STATE USE ONLY



**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. **88509** 2. Name of Corporation **545 SOUTH MAIN STREET ASSOCIATES, INC.**  
3. Street Address Principal Business Office **545 South Main Street** City **Providence** State **RI** Zip **02903-4317**  
4. Business Phone No. **401-274-3600** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7245**  
7. Brief Description of the Character of Business Conducted in Rhode Island

To act as agent or representative of individuals, partnerships or corporations, etc.

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

President Name	Vice President Name
<b>Arnold Zonfrilli c/o Summit Management Corp.</b>	
Street Address	Street Address
<b>545 South Main Street</b>	
City State Zip	City State Zip
<b>Providence RI 02903-4317</b>	
Secretary Name	Treasurer Name
	<b>Arnold Zonfrilli c/o Summit Management Corp.</b>
Street Address	Street Address
	<b>545 South Main Street</b>
City State Zip	City State Zip
	<b>Providence ri 02903-4317</b>

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

Director Name	Director Name
<b>None</b>	
Street Address	Street Address
City State Zip	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

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

AUTHORIZED SHARES	Class/Series	Par Value
Number of Shares		
<b>1,000 shares no par value</b>		

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

ISSUED SHARES	Class/Series	Par Value
Number of Shares		
<b>100</b>	<b>Common</b>	<b>None</b>

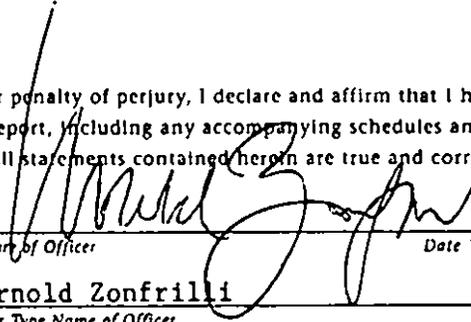
This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

**FILED**

File Date: JUN 04 1999  
Ce 2288  
Check No.: By  
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.

  
Signature of Officer \_\_\_\_\_ Date \_\_\_\_\_  
**Arnold Zonfrilli**  
Print or Type Name of Officer  
**President**  
Title of Officer

**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. **88509** 2. Name of Corporation **545 SOUTH MAIN STREET ASSOCIATES, INC.**

3. Street Address Principal Business Office **545 South Main Street** City **Providence** State **RI** Zip **02903-4317**  
4. Business Phone No. **401-274-3600** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7245**

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

To act as agent or representative of individuals, partnerships or corporations, etc.

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

President Name <b>Arnold Zonfrilli c/o Summit Management Corp.</b>	Vice President Name
Street Address <b>545 South Main Street</b>	Street Address
City <b>Providence</b> State <b>RI</b> Zip <b>02903-4317</b>	City State Zip
Secretary Name	Treasurer Name <b>Arnold Zonfrilli c/o Summit Management Corp.</b>
Street Address	Street Address <b>545 South Main Street</b>
City State Zip	City State Zip <b>Providence RI 02903-4317</b>

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

Director Name <b>None</b>	Director Name
Street Address	Street Address
City State Zip	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
<b>1,000 SHS</b>	<b>NO PAR VALUE</b>	

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
<b>100</b>	<b>Common</b>	<b>None</b>

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



File Date: 1/12/98  
Check No.: 191387  
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: 1/2/98  
Print or Type Name of Officer: \_\_\_\_\_  
Title of Officer: \_\_\_\_\_



# 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. <b>88509</b>		2. Name of Corporation <b>545 SOUTH MAIN STREET ASSOCIATES, INC.</b>		
3. Street Address Principal Business Office <b>545 South Main Street</b>		City <b>Providence</b>	State <b>RI</b>	Zip <b>02903-4317</b>
4. Business Phone No. <b>274-3600</b>		5. State of Incorporation <b>RHODE ISLAND</b>		6. SIC Code <b>7245</b>

7. Brief Description of the Character of Business Conducted in Rhode Island  
To act as agent or representative of individuals, partnerships or corporations.

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>				
President Name <b>Arnold Zonfrilli</b>		Vice President Name <b>Donna M. Hiatt</b>		
Street Address <b>c/o Summit Management Corporation 545 South Main Street</b>		Street Address <b>c/o Summit Management Corporation 545 South Main Street</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02903-4317</b>	City <b>Providence</b>	Zip <b>02903-4317</b>
Secretary Name <b>Donna M. Hiatt</b>		Treasurer Name <b>Arnold Zonfrilli</b>		
Street Address <b>545 South Main Street</b>		Street Address <b>545 South Main Street</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02903-4317</b>	City <b>Providence</b>	Zip <b>02903-4317</b>

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name <b>None</b>				
Street Address				
City	State	Zip	City	State
Director Name				
Street Address				
City	State	Zip	City	State

10. SHARES AUTHORIZED AND ISSUED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>1,000 SHS NO PAR VALUE</b>			<b>100</b>	<b>Common</b>	<b>no par value</b>

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



File Date: 1-8-97  
Check No.: 1631  
By: 10P  
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.

Donna M. Hiatt 1-6-97  
Signature of Officer Date  
Donna M. Hiatt  
Print or Type Name of Officer  
V P & Secretary  
Title of Officer