



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 OR PRINTED IN BLACK)

Form with sections: 1. Corporate ID No. (810), 2. Name of Corporation (JOSEPH J. ALTIERI, LTD.), 3. Street Address (301 Metro Center Boulevard, Suite 102), 4. City (Warwick), 5. State (RI), 6. Zip (02886), 7. Business Phone No. (736-6600), 8. State of Incorporation (RHODE ISLAND), 9. SIC Code (7617), 7. Brief Description of the Character of Business Conducted in Rhode Island (GENERAL PRACTICE OF LAW), 8. NAMES AND ADDRESSES OF THE OFFICERS: (X BOX FOR ATTACHMENT) [] FILL IN SPACES BEFORE USING ATTACHMENTS, 9. NAMES AND ADDRESSES OF THE DIRECTORS: (X BOX FOR ATTACHMENT) [] FILL IN SPACES BEFORE USING ATTACHMENTS, 10. SHARES AUTHORIZED (X BOX FOR ATTACHMENT) [] AUTHORIZED SHARES, 11. SHARES ISSUED (X BOX FOR ATTACHMENT) [] ISSUED SHARES.

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



File Date: 2-9-05
Check No.: 4304
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:
Print or Type Name of Officer: Joseph J. Altieri, Esquire
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. 810 | | 2. Name of Corporation JOSEPH J. ALTIERI, LTD. | | | |
| 3. Street Address Principal Business Office 1140 Reservoir Avenue, Suite 3B | | | City Cranston, | State RI | Zip 02920 |
| 4. Business Phone No. 401-944-3600 | | 5. State of Incorporation RHODE ISLAND | | 6. SIC Code 7617 | |
| 7. Brief Description of the Character of Business Conducted in Rhode Island GENERAL PRACTICE OF LAW | | | | | |
| 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| President Name Joseph J. Altieri | | | Vice President Name | | |
| Street Address 1140 Reservoir Avenue, Suite 3B | | | Street Address | | |
| City Cranston, | State RI | Zip 02920 | City | State | Zip |
| 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) <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 |
| 100 NO PAR VALUE | | | none | | |

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



* 8 1 0 *

File Date 1-2-04

Check No. 3791

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

12/29/03
Date

PRESIDENT

Print or Type Name of Officer

Joseph J. Altieri

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. 810 2. Name of Corporation JOSEPH J. ALTIERI, LTD.
3. Street Address Principal Business Office 1140 Reservoir Avenue, Suite 3B City Cranston, State RI Zip 02920
4. Business Phone No. 944-3600 5. State of Incorporation RHODE ISLAND 6. SIC Code 7617

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

General practice of law

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

President Name Joseph J. Altieri Vice President Name
Street Address 1140 Reservoir Avenue, Suite 3B Street Address
City Cranston, State RI Zip 02920 City State Zip
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
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
100 NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
None

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



* 8 1 0 *

File Date: 1-14-03
Check No.: 3231
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 Joseph J. Altieri, President Date
Print or Type Name of Officer President
Title of Officer President
Form 630 1202



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. **810** 2. Name of Corporation **JOSEPH J. ALTIERI, LTD.**
3. Street Address Principal Business Office **1140 Reservoir Avenue Suite 3B** City **Cranston,** State **RI** Zip **02920**
4. Business Phone No. **401-944-3600** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7617**
7. Brief Description of the Character of Business Conducted in Rhode Island
General Practice of Law

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

President Name **Joseph J. Altieri, Esquire**
Street Address **1140 Reservoir Avenue, Suite 3B**
City **Cranston, RI** State **RI** Zip **02920**

Vice President Name
Street Address
City State Zip

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
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
100 NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
None

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



* 8 1 0 *

File Date: 2-6-02

Check No.: 2637

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 _____

Joseph J. Altieri

Print or Type Name of Officer

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 IN BLACK)

1. Corporate ID No. **810** 2. Name of Corporation **JOSEPH J. ALTIERI, LTD.**

3. Street Address Principal Business Office **1140 Reservoir Avenue, Suite 3B** City **Cranston,** State **RI** Zip **02920**
4. Business Phone No. **401-944-3600** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7817**

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

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

| | |
|--|---------------------|
| President Name Joseph J. Altieri | Vice President Name |
| Street Address 1140 Reservoir Avenue, Suite 3B | Street Address |
| City Cranston, State RI Zip 02920 | City State Zip |

| | |
|----------------|----------------|
| 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 |
| 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 |
|-----------------------|--------------|-----------|
| 100 NO PAR VAL | | |

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

| ISSUED SHARES | Class/Series | Par Value |
|---------------|--------------|-----------|
| None | | |

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



* 8 1 0 *

File Date: 1/30

Check No.: 1989

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 January 24, 2001

Print or Type Name of Officer Joseph J. Altieri

President

Title of Officer



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. **810** 2. Name of Corporation **JOSEPH J. ALTIERI, LTD.**
3. Street Address Principal Business Office **1140 RESERVOIR AVENUE SUITE 3B** City **CRANSTON** State **RI** Zip **02920**
4. Business Phone No. **944-3600** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7617**

7. Brief Description of the Character of Business Conducted in Rhode Island
GENERAL PRACTICE OF LAW

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

| | |
|--|---------------------|
| President Name JOSEPH J. ALTIERI | Vice President Name |
| Street Address 1140 RESERVOIR AVE., SUITE 3B | Street Address |
| City CRANSTON State RI Zip 02920 | City State Zip |
| 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 |
| 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 |
|-----------------------|--------------|-----------|
| 100 NO PAR VAL | | |

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

| ISSUED SHARES | Class/Series | Par Value |
|---------------|--------------|-----------|
| NONE | | |

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



* 8 1 0 *

File Date: 4/18/00
Check No.: 1512
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: _____
Print or Type Name of Officer: **JOSEPH J. ALTIERI, 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. 810 | | 2. Name of Corporation JOSEPH J. ALTIERI, LTD. | |
| 3. Street Address Principal Business Office 1140 RESERVOIR AVENUE | | City CRANSTON | State RI |
| 4. Business Phone No. 401-944-3600 | | 5. State of Incorporation RHODE ISLAND | |
| 6. SIC Code 7617 | | Zip 02920 | |
| 7. Brief Description of the Character of Business Conducted in Rhode Island GENERAL PRACTICE OF LAW | | | |
| 8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | |
| President Name JOSEPH J. ALTIERI | | Vice President Name SAME | |
| Street Address 1140 RESERVOIR AVENUE | | Street Address | |
| City CRANSTON | State RI | City | State |
| Zip 02920 | | Zip | |
| Secretary Name SAME | | Treasurer Name SAME | |
| Street Address | | Street Address | |
| City | State | City | State |
| Zip | | 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 | City | State |
| Zip | | Zip | |
| Director Name | | Director Name | |
| Street Address | | Street Address | |
| City | State | City | State |
| Zip | | 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 | Number of Shares | Class/Series |
| Par Value | | Par Value | |
| 100 NO PAR VAL | | NONE | |

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



File Date: Feb 19, 99
Check No.: 668
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: 2/17/99
Print or Type Name of Officer: JOSEPH J. ALTIERI
Title of Officer: PRESIDENT

1998

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR _____

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



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 810
2. Name of Corporation JOSEPH J. ALTIERI, LTD.
3. Street Address Principal Business Office 1140 Reservoir Avenue 3B Cranston RI 02920
4. Business Phone No. 401-944-3600
5. State of Incorporation RHODE ISLAND
6. SIC Code

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

General practice of law

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

| | | | |
|----------------|---------------------------------|---------------------|------|
| President Name | Joseph J. Altieri | Vice President Name | same |
| Street Address | 1140 Reservoir Avenue, Suite 3B | Street Address | |
| City | Cranston, RI 02920 | City | same |
| Secretary Name | same | Treasurer Name | |
| Street Address | | Street Address | |
| City | | City | |

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

| | | | |
|----------------|--|----------------|--|
| Director Name | | Director Name | |
| Street Address | | Street Address | |
| City | | City | |
| Director Name | | Director Name | |
| Street Address | | Street Address | |
| City | | City | |

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

| AUTHORIZED SHARES | Class/Series | Par Value |
|-------------------|--------------|-----------|
| Number of Shares | | |
| 100 | no | par value |

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

| ISSUED SHARES | Class/Series | Par Value |
|------------------|--------------|-----------|
| Number of Shares | | |
| none | | |

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

File Date: 11/9/98

Check No.: 0491

By: JLD

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: Joseph J. Altieri, Date: 11-4-98

Print or Type Name of Officer: Joseph J. Altieri

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. **810** 2. Name of Corporation **JOSEPH J. ALTIERI, LTD.**
3. Street Address Principal Business Office **1140 Reservoir Avenue Suite 3B** City **Cranston** State **RI** Zip **02920**
4. Business Phone No. **401-944-3600** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7617**

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

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

| | |
|---|---|
| President Name Joseph J. Altieri | Vice President Name Same as above |
| Street Address 1140 Reservoir Avenue Suite 3B | Street Address Same as above |
| City Cranston, State RI Zip 02920 | City _____ State _____ Zip _____ |
| Secretary Name Same as above | Treasurer Name Same as above |
| Street Address _____ | Street Address _____ |
| City _____ State _____ Zip _____ | City _____ State _____ Zip _____ |

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

| | |
|----------------------------------|----------------------------------|
| 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 AND ISSUED (*X* BOX FOR ATTACHMENT)

| AUTHORIZED SHARES | | | ISSUED SHARES | | |
|-----------------------|--------------|-----------|------------------|--------------|-----------|
| Number of Shares | Class/Series | Par Value | Number of Shares | Class/Series | Par Value |
| 100 NO PAR VAL | | | NONE | | |

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



File Date: 3.13.97
Check No.: 13894
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.

Signature of Officer [Signature] Date _____
Joseph J. Altieri
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. 810 | | 2. NAME OF CORPORATION JOSEPH J. ALTIERI, LTD. | | | |
| 3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 201 Hillside Road | | | CITY Cranston | STATE RI | ZIP CODE 02920 |
| 4. BUSINESS PHONE NO. 401-944-3600 | | 5. STATE OF INCORPORATION RHODE ISLAND | | | 6. SIC CODE 7617 |
| 7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND General practice of law | | | | | |

| 8. NAMES AND ADDRESSES OF THE OFFICERS | | | | | |
|--|-------------|-------------------|--------------------------------------|-------|----------|
| PRESIDENT NAME Joseph J. Altieri | | | VICE PRESIDENT NAME Same as above | | |
| STREET ADDRESS 201 Hillside Road | | | STREET ADDRESS | | |
| CITY Cranston, | STATE RI | ZIP CODE 02920 | CITY | STATE | ZIP CODE |
| SECRETARY NAME Same as above | | | TREASURER NAME Same as above | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY | STATE | ZIP CODE | CITY | STATE | ZIP CODE |

| 9. NAMES AND ADDRESSES OF THE DIRECTORS | | | | | |
|---|-------|----------|----------------|-------|----------|
| DIRECTOR NAME | | | DIRECTOR NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY | STATE | ZIP CODE | CITY | STATE | ZIP CODE |
| DIRECTOR NAME | | | DIRECTOR NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY | STATE | ZIP CODE | 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 |
| 100 | NO PAR VAL | | **NONE** | | |
| | | | | | |
| | | | | | |

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:

2/12/96

Check No:

13263

By:

ce / up

Signature of Officer

Joseph J. Altieri
Print or Type Name of Officer

President
Title of Officer

1.31.96
Date

For Secretary of State Use Only



FILED

JAN 17 1995

By *JA*

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: 0000810 Annual Report for the year: 1995

Name of Corporation: JOSEPH J. ALTIERI, LTD.

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

Does not apply

Phone: ()

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

201 Hillside Road, Cranston, RI 02920

Phone: () 401-944-3600

Business Entity is (check one):

- Business Corporation (See RIGL Chapter 7-1.1)
- Professional Service Corporation (See RIGL Chapter 7-5.1)

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

General practice of law

THE NAMES OF THE OFFICERS ARE:

| OFFICER | STREET ADDRESS | CITY/STATE | ZIP CODE |
|----------------|---|--------------|----------|
| PRESIDENT | <u>Joseph J. Altieri, 201 Hillside Road, Cranston, RI</u> | <u>02920</u> | |
| VICE PRESIDENT | <u>Same as above</u> | | |
| SECRETARY | <u>Same as above</u> | | |
| TREASURER | <u>Same as above</u> | | |

THE NAMES OF THE DIRECTORS ARE:

| NAME | STREET ADDRESS | CITY/STATE | ZIP CODE |
|------|----------------|------------|----------|
| | | | |
| | | | |
| | | | |

| NUMBER OF SHARES AUTHORIZED (Rider may be attached) | | | NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached) | | |
|---|----------------|--|---|----------------|--|
| Number of Shares | Class / Series | | Number of Shares | Class / Series | |
| <u>100</u> | <u>Common</u> | | | | |

Date 1/5, 19 95

By: *Joseph J. Altieri*
 PRINT OR TYPE NAME OF OFFICER SIGNING: Joseph J. Altieri
 TITLE OF OFFICER SIGNING: President

Form 31 1/95
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.

JOSEPH J. ALTIERI
 201 HILLSIDE ROAD
 CRANSTON RI 02920

Filing Fee \$50.00
Payable to:
Secretary of State

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

11819
\$ 50 7/3

File Annually
I.L.C. Sept. 1 - Nov. 1
CORP. Jan. 1 - March 1

Corporate ID: 0000810 Annual Report for the year: 1994

Name of Business Entity: JOSEPH J. ALTIERI, LTD

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:
Does not apply

Phone: () _____

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box)
201 Hillside Road, Cranston, RI 02920

Phone: (401) 944 3600

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:

JOSEPH J. ALTIERI, ESQUIRE
201 Hillside Road, Garden City
Cranston, Rhode Island 02920

Brief statement of the character of business conducted in Rhode Island:
General practice of law

Date of Organization: 3/27/84 (PUP)

Date of Qualification to do business in Rhode Island (if foreign entry): _____

THE NAMES OF THE OFFICERS ARE:

- CHIEF EXECUTIVE OFFICER OR PRESIDENT (See Sec. 7-1.1) STREET ADDRESS CITY/STATE ZIP CODE
Joseph J. Altieri, 201 Hillside Road, Cranston, RI 02920
- CHIEF OPERATING OFFICER OR VICE PRESIDENT (See Sec. 7-1.1) STREET ADDRESS CITY/STATE ZIP CODE
Joseph J. Altieri, same as above
- CUSTODIAN OF RECORDS OR SECRETARY (See Sec. 7-1.1) STREET ADDRESS CITY/STATE ZIP CODE
Joseph J. Altieri, same as above
- CHIEF FINANCIAL OFFICER OR TREASURER (See Sec. 7-1.1) STREET ADDRESS CITY/STATE ZIP CODE
Joseph J. Altieri, same as above

THE NAMES OF THE DIRECTORS ARE:

- NAME STREET ADDRESS CITY/STATE ZIP CODE
- NAME STREET ADDRESS CITY/STATE ZIP CODE
- NAME STREET ADDRESS CITY/STATE ZIP CODE

| NUMBER OF SHARES AUTHORIZED (If Applicable) | NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable) |
|--|---|
| NUMBER <u>100</u> | NUMBER _____ |
| CLASS <u>Common</u> | CLASS _____ |
| SERIES _____ | SERIES _____ |
| PAR VALUE OR WITHOUT PAR <u>no par value</u> | PAR VALUE OR WITHOUT PAR _____ |

Date _____, 19____ By: JOSEPH J. ALTIERI, LTD.

Joseph J. Altieri
PRINT OR TYPE NAME OF OFFICER SIGNING
Joseph J. Altieri
TITLE OF OFFICER SIGNING

Form 31 1994

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

JOSEPH J. ALTIERI
201 HILLSIDE ROAD, GARDEN CITY
CRANSTON RI 02920

FILED

APR 21 1994

rlm

Filing Fee \$50.00

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

10860975

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0000510 Annual Report for the year 1998

FIRST: The name of the corporation is JOSEPH J. ALTIERI, LTD.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is general practice of law

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

FIFTH: Business address in Rhode Island 201 Hillside Road, Cranston, RI 02920

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

| Name | Office | Address (including number, street, zip code) |
|-------------------|----------------|--|
| ..... | Director | ..... |
| ..... | Director | ..... |
| ..... | Director | ..... |
| Joseph J. Altieri | President | 201 Hillside Road, Cranston, RI 02920 |
| Joseph J. Altieri | Vice President | Same |
| Joseph J. Altieri | Secretary | Same |
| Joseph J. Altieri | Treasurer | Same |

SEVENTH: Number of Shares authorized:

| No of Shares | Class | Series | Par Value or statement that shares are without par value |
|--------------|--------|--------|--|
| 100 | common | ---- | no par value |

PAID

JAN 29 1998

EIGHTH: Number of Shares issued:

| No. of Shares | Class | Series | Par Value or statement that shares are without par value |
|---------------|-------|--------|--|
| | | | |

Dated 19

JOSEPH J. ALTIERI, LTD.
(Name of Corporation)

By [Signature]

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

MRT
CR. 10028

Corporate ID 0000810 Annual Report for the year 1992

FIRST: The name of the corporation is JOSEPH J. ALTIERI, LTD.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is General Practice of Law

FOURTH: If foreign corporation, address of its principal office Does Not Apply

FIFTH: Business address in Rhode Island 201 Hillside Road, Cranston, RI 02920

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

| Name | Office | Address (including number, street, zip code) |
|-------------------|----------------|--|
| | Director | |
| | Director | |
| | Director | |
| Joseph J. Altieri | President | 201 Hillside Road, Cranston, RI 02920 |
| Joseph J. Altieri | Vice President | 201 Hillside Road, Cranston, RI 02920 |
| Joseph J. Altieri | Secretary | 201 Hillside Road, Cranston, RI 02920 |
| Joseph J. Altieri | Treasurer | 201 Hillside Road, Cranston, RI 02920 |

SEVENTH: Number of Shares authorized:

| No. of Shares | Class | Series | Par Value or statement that shares are without par value |
|---------------|--------|--------|--|
| 100 | common | --- | no par value |

PAID

EIGHTH: Number of Shares issued:

| No. of Shares | Class | Series | Par Value or statement that shares are without par value |
|---------------|-------|--------|--|
| | | | |

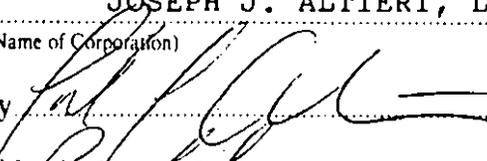
MAR 03 1992

SEC'Y OF STATE

Dated February 27, 19 92

JOSEPH J. ALTIERI, LTD.

(Name of Corporation)

By 

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

02

Corporate ID 0000810 Annual Report for the year 1990

FIRST: The name of the corporation is JOSEPH J. ALTIERI, LTD.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is General Practice of Law

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

FIFTH: Business address in Rhode Island 201 Hillside Road, Cranston, RI 02920

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

| Name | Office | Address (including number, street, zip code) |
|-------------------------|----------------|--|
| ..... | Director | ..... |
| ..... | Director | ..... |
| ..... | Director | ..... |
| Joseph J. Altieri | President | 201 Hillside Road, Cranston, RI 02920 |
| Joseph J. Altieri | Vice President | 201 Hillside Road, Cranston, RI 02920 |
| Joseph J. Altieri | Secretary | 201 Hillside Road, Cranston, RI 02920 |
| Joseph J. Altieri | Treasurer | 201 Hillside Road, Cranston, RI 02920 |

SEVENTH: Number of Shares authorized:

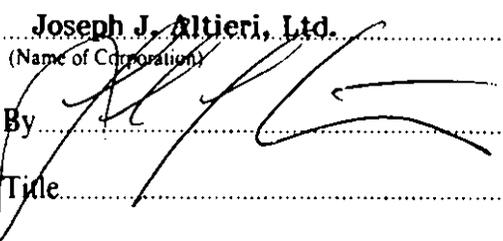
| No. of Shares | Class | Series | Par Value or statement that shares are without par value |
|---------------|--------|--------|--|
| 100 | common | — | no par value |

EIGHTH: Number of Shares issued:

| No. of Shares | Class | Series | Par Value or statement that shares are without par value |
|---------------|-------|--------|--|
| | | | |

Dated January 30 19 90

Joseph J. Altieri, Ltd.
(Name of Corporation)

By 

Title _____

(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..... 0000910

Annual Report for the year..... 1989
JOSEPH J. ALTIERI, LTD.

FIRST: The name of the corporation is.....

SECOND: It is incorporated under the laws of..... Rhode Island

THIRD: Character of business, briefly stated, is..... General Practice of Law

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

FIFTH: Business address in Rhode Island..... 350 South Main Street, Providence
Rhode Island, 02903

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

| Name | Office | Address (including number, street, zip code) |
|-------------------|----------------|--|
| ..... | Director | ..... |
| ..... | Director | ..... |
| ..... | Director | ..... |
| Joseph J. Altieri | President | 458A Hazelwood Rd., N. Scituate, RI |
| Joseph J. Altieri | Vice President | 458A Hazelwood Rd., N. Scituate, RI |
| Joseph J. Altieri | Secretary | 458A Hazelwood Rd., N. Scituate, RI |
| Joseph J. Altieri | Treasurer | 458A Hazelwood Rd., N. Scituate, RI |

SEVENTH: Number of Shares authorized:

| No. of Shares | Class | Series | Par Value or statement that shares are without par value |
|---------------|--------|--------|--|
| 100 | Common | ----- | no par value |

EIGHTH: Number of Shares issued:

| No. of Shares | Class | Series | Par Value or statement that shares are without par value |
|---------------|-------|--------|--|
| | | | |

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FEB 24 1989

OFFICE OF STATE

Dated..... February 21, 1989 19

JOSEPH J. ALTIERI, LTD.
(Name of Corporation)

By.....
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
OFFICE OF THE SECRETARY OF STATE

IN# 810

Annual Report for the year 1988

FIRST: The name of the corporation is JOSEPH J. ALTIERI, LTD.

SECOND: It is incorporated under the laws of RHODE ISLAND

THIRD: Character of business, briefly stated, is GENERAL PRACTICE OF LAW

FOURTH: If foreign corporation, address of its principal office N/A

FIFTH: Business address in Rhode Island
350 SOUTH MAIN STREET, PROVIDENCE, RHODE ISLAND 02903

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

| Name | Office | Address |
|-------------------|----------------|-------------------------------------|
| | Director | |
| | Director | |
| | Director | |
| JOSEPH J. ALTIERI | President | 458A Hazelwood Rd., N. Scituate, RI |
| JOSEPH J. ALTIERI | Vice President | 458A Hazelwood Rd., N. Scituate, RI |
| JOSEPH J. ALTIERI | Secretary | 458A Hazelwood Rd., N. Scituate, RI |
| JOSEPH J. ALTIERI | Treasurer | 458A Hazelwood Rd., N. Scituate, RI |

PAID
AUG 10 1988
SECY OF STATE

BC

(If additional space is needed, attach rider)

SEVENTH: Number of Shares authorized:

| No. of Shares | Class | Series | Par Value or statement that shares are without par value |
|---------------|--------|--------|--|
| 100 | Common | ----- | no par value |

EIGHTH: Number of Shares issued:

| No. of Shares | Class | Series | Par Value or statement that shares are without par value |
|---------------|-------|--------|--|
| | | | |

Dated: March 1, 1988 JOSEPH J. ALTIERI, LTD.

(Name of Corporation)

By JOSEPH J. ALTIERI
Title PRESIDENT

(Report must be signed by an officer)

If the corporation has changed its registered office and/or its registered agent, Form #9 must be filed. Please contact Corporation Division for information. 277-3040

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV.

AUG 10 11 33 AM '88

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

Corporate ID 810 Annual Report for the year 1987

FIRST: The name of the corporation is JOSEPH J. ALTIERI, LTD.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is general practice of law

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

FIFTH: Business address in Rhode Island 350 South Main Street, Providence,
Rhode Island 02903

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

| Name | Office | Address (including number, street, zip code) |
|-------------------|----------------|--|
| ..... | Director | ..... |
| ..... | Director | ..... |
| ..... | Director | ..... |
| Joseph J. Altieri | President | 458A Hazelwood Rd., N. Scituate, RI |
| " " " | Vice President | " " " " " " |
| " " " | Secretary | " " " " " " |
| " " " | Treasurer | " " " " " " |

SEVENTH: Number of Shares authorized:

| No. of Shares | Class | Series | Par Value or statement that shares are without par value |
|---------------|--------|--------|--|
| 100 | common | | no par value |

EIGHTH: Number of Shares issued:

| No. of Shares | Class | Series | Par Value or statement that shares are without par value |
|---------------|-------|--------|--|
| | | | |

PAID APR 10 1987
MAR 11 1987
SECY OF STATE

Dated 2/6/ 19 87

JOSEPH J. ALTIERI, LTD.
(Name of Corporation)

By [Signature]
Title President

(Report must be signed by an officer)

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 810 Annual Report for the year 1986

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| | Director | |
| | Director | |
| | Director | |
| Joseph J. Altieri | President | 458A Hazelwood Rd., N.Scituate, R.I. |
| " " | Vice President | " " " " |
| " " | Secretary | " " " " |
| " " | Treasurer | " " " " |

SEVENTH: Number of Shares authorized:

| No. of Shares | Class | Series | Par Value or statement that shares are without par value |
|---------------|--------|--------|--|
| 100 | Common | | no par value |

EIGHTH: Number of Shares issued:

| No. of Shares | Class | Par Value or statement that shares are without par value |
|---------------|-------|--|
| | | |

Dated 1/27 19 86

02/14/86 PAID 0405A001

MAR 22 1986

By Joseph J. Altieri, Ltd.
(Name of Corporation)

By [Signature]
Title President

(Report must be signed by an officer)

Filing Fee \$15.00

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

INC - 3/27/84

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 810 Annual Report for the year 1985

FIRST: The name of the corporation is JOSEPH J. ALTIERI, LTD.

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| Name | Office | Address (including number, street, zip code) |
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| | Director | |
| | Director | |
| Joseph J. Altieri | President | 458A Hazelwood Rd., N. Scituate, R.I. |
| " " | Vice President | " " " " " |
| " " | Secretary | " " " " " |
| " " | Treasurer | " " " " " |

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| No. of Shares | Class | Series | Par Value or statement that shares are without par value |
|---------------|--------|--------|--|
| 100 | Common | | no par value |

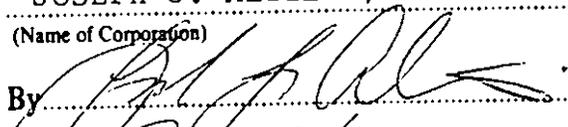
RECEIVED MAR 1985

EIGHTH: Number of Shares issued:

| No. of Shares | Class | Series | Par Value or statement that shares are without par value |
|---------------|-------|--------|--|
| | | | |

Dated 2/12 1985

JOSEPH J. ALTIERI, LTD.
(Name of Corporation)

By 
Title President

(Report must be signed by an officer)