



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 IN BLACK)

|  |              |  |                     |                     |              |
|--|--------------|--|---------------------|---------------------|--------------|
| 1. Corporate ID No.<br>71510   |              | 2. Name of Corporation<br>ALAN M. BARNES, LTD. |                     |                     |              |
| 3. Street Address Principal Business Office<br>67 Shore Drive  |              |  | City<br>Johnston    | State<br>RI         | Zip<br>02919 |
| 4. Business Phone No.<br>4017236177  |              | 5. State of Incorporation<br>RHODE ISLAND      |                     | 6. SIC Code<br>7617 |              |
| 7. Brief Description of the Character of Business Conducted in Rhode Island<br>TO PROVIDE LEGAL SERVICES AS A PROFESSIONAL CORPORATION.            |              |  |                     |                     |              |
| <b>8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS</b>            |              |  |                     |                     |              |
| President Name<br>Alan M. Barnes   |              |  | Vice President Name |                     |              |
| Street Address<br>67 Shore Drive   |              |  | Street Address      |                     |              |
| City<br>Johnston   | State<br>RI  | Zip<br>02919                                   | City                | State               | Zip          |
| Secretary Name   |              |  | Treasurer Name      |                     |              |
| Street Address   |              |  | Street Address      |                     |              |
| City   | State        | Zip  | City                | State               | Zip          |
| <b>9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS</b>           |              |  |                     |                     |              |
| Director Name<br>Alan M. Barnes  |              |  | Director Name       |                     |              |
| Street Address<br>67 Shore Drive   |              |  | Street Address      |                     |              |
| City<br>Johnston   | State<br>RI  | Zip<br>02919                                   | City                | State               | Zip          |
| Director Name  |              |  | Director Name       |                     |              |
| Street Address   |              |  | Street Address      |                     |              |
| City   | State        | Zip  | City                | State               | Zip          |
| <b>10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b> |              |  |                     |                     |              |
| AUTHORIZED SHARES  |              |  | ISSUED SHARES       |                     |              |
| Number of Shares   | Class/Series | Par Value                                      | Number of Shares    | Class/Series        | Par Value    |
| 3,000  | NO PAR VALUE |  | one                 |                     | no par       |

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



7 1 5 1 0

\*71510 DBC 02/05/05 03:05:41 PM\*

File Date \_\_\_\_\_

Check No \_\_\_\_\_

By \_\_\_\_\_

FOR SECRETARY OF STATE USE

**FILED**  
MAR 1 /

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]* 3/14/05  
Signature of Officer Date

Alan M Barnes  
Principal 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.<br>71510  |             | 2. Name of Corporation<br>ALAN M. BARNES, LTD. |                     |   |               |
| 3. Street Address Principal Business Office<br>960 SMITHFIELD AVENUE  |             |  | City<br>LINCOLN     | State<br>RI   | Zip<br>02865- |
| 4. Business Phone No.<br>4017236177   |             | 5. State of Incorporation<br>RHODE ISLAND      |                     | 6. SIC Code<br>7617   |               |
| 7. Brief Description of the Character of Business Conducted in Rhode Island<br>TO PROVIDE LEGAL SERVICES AS A PROFESSIONAL CORPORATION. |             |  |                     |   |               |
| 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS        |             |  |                     |   |               |
| President Name<br>Alan M. Barnes  |             |  | Vice President Name |   |               |
| Street Address<br>67 Shore Drive  |             |  | Street Address      |   |               |
| City<br>Johnston  | State<br>RI | Zip<br>02919                                   | 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<br>Alan M. Barnes   |             |  | Director Name       |   |               |
| Street Address<br>67 Shore Drive  |             |  | Street Address      |   |               |
| City<br>Johnston  | State<br>RI | Zip<br>02919                                   | 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           | 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES |               |
| 3,000 NO PAR VALUE  |             |  |                     | Number of Shares  | Class/Series  |
|   |             |  |                     | one   | Par Value     |
|   |             |  |                     |   | no par        |

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



\*71510 DBC 02/09/04 05:35:48 PM\*

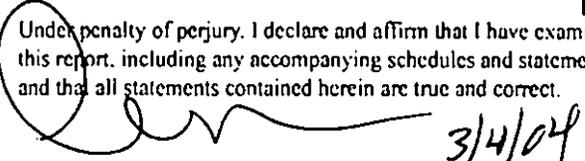
File Date 3.8.04

Check No. 3415

By: ICP

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 Alan M. Barnes Date 3/4/04

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 IN BLACK)

|   |              |  |                                  |                     |                   |
|---|--------------|--|----------------------------------|---------------------|-------------------|
| 1. Corporate ID No.<br>*71510*  |              | 2. Name of Corporation<br>ALAN M. BARNES, LTD. |                                  |                     |                   |
| 3. Street Address Principal Business Office<br>960 SMITHFIELD AVENUE  |              |  | City<br>LINCOLN                  | State<br>RI         | Zip<br>02865-     |
| 4. Business Phone No.<br>4017236177   |              | 5. State of Incorporation<br>RHODE ISLAND      |                                  | 6. SIC Code<br>7617 |                   |
| 7. Brief Description of the Character of Business Conducted in Rhode Island<br>TO PROVIDE LEGAL SERVICES AS A PROFESSIONAL CORPORATION.     |              |  |                                  |                     |                   |
| 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS            |              |  |                                  |                     |                   |
| President Name<br>Alan M. Barnes  |              |  | Vice President Name<br>.         |                     |                   |
| Street Address<br>PO Box 95   |              |  | Street Address<br>.              |                     |                   |
| City<br>Lincoln   | State<br>RI  | Zip<br>02865-0095                              | City<br>.                        | State<br>.          | Zip<br>.          |
| Secretary Name<br>.   |              |  | Treasurer Name<br>Alan M. Barnes |                     |                   |
| Street Address<br>.   |              |  | Street Address<br>PO Box 95      |                     |                   |
| City<br>.   | State<br>.   | Zip<br>.                                       | City<br>Lincoln                  | State<br>RI         | Zip<br>02865-0095 |
| 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS           |              |  |                                  |                     |                   |
| Director Name<br>Alan M. Barnes   |              |  | Director Name<br>.               |                     |                   |
| Street Address<br>PO Box 95   |              |  | Street Address<br>.              |                     |                   |
| City<br>Lincoln   | State<br>RI  | Zip<br>02865                                   | City<br>.                        | State<br>.          | Zip<br>.          |
| Director Name<br>.  |              |  | Director Name<br>.               |                     |                   |
| Street Address<br>.   |              |  | Street Address<br>.              |                     |                   |
| City<br>.   | State<br>.   | Zip<br>.                                       | City<br>.                        | State<br>.          | Zip<br>.          |
| 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         |
| 3,000   | NO PAR VALUE |  | one                              |                     | no par            |

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



\*\*71510\* 2/13/03 14:15:00  
**FILED**  
File Date  
Check No. **MAR 20 2003**  
By: **COA 33K4**  
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: **Alan M Barnes** Date: **3/19/03**  
Print or Type Name of Officer: **President**  
Title of Officer



**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. **71510** 2. Name of Corporation **ALAN M. BARNES, LTD.**  
3. Street Address Principal Business Office \_\_\_\_\_ City **LINCOLN** State **RI** Zip **02865**  
4. Business Phone No. **960 SMITHFIELD AVE.,** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7617**  
**(401)723-6177**  
7. Brief Description of the Character of Business Conducted in Rhode Island \_\_\_\_\_

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

|   |   |
|---|---|
| President Name<br><b>ALAN M. BARNES</b>               | Vice President Name<br>_____            |
| Street Address<br><b>67 SHORE DR.</b>                 | Street Address<br>_____                 |
| City <b>JOHNSTON</b> State <b>RI</b> Zip <b>02919</b> | City _____ State _____ Zip _____        |
| Secretary Name<br><b>ALAN M. BARNES</b>               | Treasurer Name<br><b>ALAN M. BARNES</b> |
| Street Address<br>_____                               | Street Address<br>_____                 |
| 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<br><b>ALAN M. BARNES</b>                | Director Name<br>_____           |
| Street Address<br><b>67 SHORE DR.,</b>                | Street Address<br>_____          |
| City <b>JOHNSTON</b> State <b>RI</b> Zip <b>02919</b> | City _____ State _____ Zip _____ |
| Director Name<br>_____                                | Director Name<br>_____           |
| Street Address<br>_____                               | Street Address<br>_____          |
| City _____ State _____ Zip _____                      | City _____ State _____ Zip _____ |

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

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
**3,000 NO PAR VALUE**

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

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**one no par**

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



\* 7 1 5 1 0 \*

File Date: 3-25-02  
Check No.: 3131  
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] 2/28/02  
Signature of Officer **Alan M Barnes** Date  
Principal Type Name of Officer **President**



**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. **71510**      2. Name of Corporation **ALAN M. BARNES, LTD.**

3. Street Address Principal Business Office \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

4. Business Phone No. **950 Smithfield Avenue**      5. State of Incorporation **Lincoln RI**      6. SIC Code **02865**  
**401 723 6177**      **RHODE ISLAND**      **7617**

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

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

|   |                                  |
|---|----------------------------------|
| President Name<br><b>Alan M. Barnes</b>                 | Vice President Name              |
| Street Address<br><b>960 Smithfield Avenue</b>          | Street Address                   |
| City<br><b>Lincoln</b> State <b>RI</b> Zip <b>02865</b> | 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<br><b>Alan M. Barnes</b>                  | Director Name                    |
| Street Address<br><b>960 Smithfield Avenue</b>          | Street Address                   |
| City<br><b>Lincoln</b> State <b>RI</b> Zip <b>02865</b> | 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 checked="" type="checkbox"/> |                     |           | 11. SHARES 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>3,000</b>   | <b>NO PAR VALUE</b> |           | <b>one</b>   |              | <b>no par</b> |

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



\* 7 1 5 1 0 \*

File Date: 5-10-01

Check No.: 2857

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]      Date 3/1/01

Signature of Officer  
**Alan M Barnes**

Print or Type Name of Officer  
**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. **71510** 2. Name of Corporation **ALAN M. BARNES, LTD.**  
3. Street Address Principal Business Office **960 Smithfield Avenue Box 95** City **Lincoln,** State **RI** Zip **02865**  
4. Business Phone No. 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7617**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Professional Corporation Providing Legal Services**

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

|   |                     |
|---|---------------------|
| President Name<br><b>Alan M. Barnes</b>               | Vice President Name |
| Street Address<br><b>960 Smithfield Ave., Box 95</b>  | Street Address      |
| City <b>Lincoln,</b> State <b>RI</b> Zip <b>02865</b> | 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<br><b>Alan M. Barnes</b>                | Director Name  |
| Street Address<br><b>960 Smithfield Avenue Box 95</b> | Street Address |
| City <b>Lincoln,</b> State <b>RI</b> Zip <b>02865</b> | 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  
**3,000 SHS NO PAR VALUE**

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

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**1000**

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



\* 7 1 5 1 0 \*

File Date: **MAR 02 2000**

Check No.: **By CC2638**

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 **Alan M Barnes** Date **2/29/00**

Print or Type Name of Officer **Alan M Barnes**

Title of Officer **President**

**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.<br><b>71510</b>  |                    | 2. Name of Corporation<br><b>ALAN M. BARNES, LTD.</b> |   |                    |                            |
| 3. Street Address Principal Business Office<br><b>895 Mendon Road</b>  |                    |   | City<br><b>Cumberland</b>   | State<br><b>RI</b> | Zip<br><b>02864</b>        |
| 4. Business Phone No.<br><b>334-5999</b>   |                    | 5. State of Incorporation<br><b>RHODE ISLAND</b>      |   |                    | 6. SIC Code<br><b>7617</b> |
| 7. Brief Description of the Character of Business Conducted in Rhode Island<br><b>Professional legal service corporation, providing legal services</b> |                    |   |   |                    |                            |
| 8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                       |                    |   |   |                    |                            |
| President Name<br><b>Alan M. Barnes</b>  |                    |   | Vice President Name   |                    |                            |
| Street Address<br><b>895 Mendon Road</b>   |                    |   | Street Address  |                    |                            |
| City<br><b>Cumberland</b>  | State<br><b>RI</b> | Zip<br><b>02864</b>                                   | City  | State              | Zip                        |
| Secretary Name<br><b>Alan M. Barnes</b>  |                    |   | Treasurer Name<br><b>Alan M. Barnes</b>                             |                    |                            |
| Street Address<br><b>895 Mendon Road</b>   |                    |   | Street Address<br><b>895 Mendon Road</b>                            |                    |                            |
| City<br><b>Cumberland</b>  | State<br><b>ri</b> | Zip<br><b>02864</b>                                   | City<br><b>Cumberland</b>   | State<br><b>RI</b> | Zip<br><b>02864</b>        |
| 9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                      |                    |   |   |                    |                            |
| Director Name<br><b>Alan M. Barnes</b>   |                    |   | Director Name   |                    |                            |
| Street Address<br><b>895 Mendon Road</b>   |                    |   | Street Address  |                    |                            |
| City<br><b>Cumberland</b>  | State<br><b>RI</b> | Zip<br><b>02864</b>                                   | 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                  |
| <b>3,000 SHS NO PAR VALUE</b>  |                    |   | <b>One</b>  | <b>Common</b>      | <b>No Par</b>              |

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



File Date: Jan 23, 1999  
Check No.: 2340  
By: JD.

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: 1/25/99  
Print or Type Name of Officer: Alan M Barnes  
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. \_\_\_\_\_ 2. Name of Corporation **ALAN M. BARNES, LTD.**

3. Street Address Principal Business Office **71510** City **Cumberland,** State **RI** Zip **02864**  
**895 Mendon Road**

4. Business Phone No. **334-5999** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7617**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Professional legal service Corporation, providing legal services.**

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

|  |  |
|--|--|
| President Name<br><b>ALAN M. BARNES</b>                  | Vice President Name                                      |
| Street Address<br><b>63 Countryside Drive</b>            | Street Address   |
| City <b>Cumberland,</b> State <b>RI</b> Zip <b>02864</b> | City _____ State _____ Zip _____                         |
| Secretary Name<br><b>ALAN M. BARNES</b>                  | Treasurer Name<br><b>ALAN M. BARNES</b>                  |
| Street Address<br><b>63 Countryside Dr.</b>              | Street Address<br><b>63 Countryside Dr.</b>              |
| City <b>Cumberland,</b> State <b>RI</b> Zip <b>02864</b> | City <b>Cumberland,</b> State <b>RI</b> Zip <b>02864</b> |

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

|  |                                  |
|--|----------------------------------|
| Director Name<br><b>ALAN M. BARNES</b>                   | Director Name                    |
| Street Address<br><b>63 Countryside Dr.</b>              | Street Address                   |
| City <b>Cumberland,</b> State <b>RI</b> Zip <b>02864</b> | 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>3,000</b>     | <b>SHS NO PAR VALUE</b> |           |

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

ISSUED SHARES

| Number of Shares | Class/Series | Par Value     |
|------------------|--------------|---------------|
| <b>One</b>       |              | <b>No Par</b> |

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

File Date: 3/12 88 MAR 12 2 20 PM '98  
Check No.: 200213  
By: AM  
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: 3/8/98  
Print or Type Name of Officer: ALAN M. BARNES,  
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. **71510** 2. Name of Corporation **ALAN M. BARNES, LTD.**  
3. Street Address Principal Business Office **141 Power Road** City **Pawtucket,** State **R.I.** Zip **02860**  
4. Business Phone No. **728-8400** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7617**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Professional Legal Service Corporation, providing legal services**

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

|   |   |
|---|---|
| President Name<br><b>ALAN M. BARNES</b>                           | Vice President Name                           |
| Street Address  | Street Address                                |
| City <b>63 Countryside Drive</b><br><b>Cumberland, R.I. 02864</b> | City State Zip                                |
| Secretary Name<br><b>ALAN M. BARNES</b>                           | Treasurer Name<br><b>ALAN M. BARNES</b>       |
| Street Address<br><b>63 Countryside Drive</b>                     | Street Address<br><b>63 Countryside Dr.</b>   |
| City <b>Cumberland, RI 02864</b>                                  | City State Zip<br><b>Cumberland, RI 02864</b> |

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

|   |                |
|---|----------------|
| Director Name<br><b>ALAN M. BARNES</b>        | Director Name  |
| Street Address<br><b>63 Countryside Drive</b> | Street Address |
| City <b>Cumberland, R.I. 02864</b>            | 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              | Number of Shares  |
| Class/Series                  | Class/Series      |
| Par Value                     | Par Value         |
| <b>3,000 SHS NO PAR VALUE</b> | <b>One No Par</b> |

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



File Date: 3.3.97  
Check No.: 1858  
By: IUP

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.

X [Signature] 2/17/97  
Signature of Officer Date

ALAN M. BARNES  
Print or Type Name of Officer  
Pres.  
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.<br>71510  |                | 2. NAME OF CORPORATION<br>ALAN M. BARNES, LTD. |  |                |                     |
| 3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE<br>141 Power Road   |                |  | CITY<br>Pawtucket                      | STATE<br>RI    | ZIP CODE<br>02860   |
| 4. BUSINESS PHONE NO.<br>401- 728-8400  |                | 5. STATE OF INCORPORATION<br>RHODE ISLAND      |  |                | 6. SIC CODE<br>7617 |
| 7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND<br>Professional Legal Service Corporation, providing legal services |                |  |  |                |                     |
| 8. NAMES AND ADDRESSES OF THE OFFICERS  |                |  |  |                |                     |
| PRESIDENT NAME<br>Alan M. Barnes  |                |  | VICE PRESIDENT NAME                    |                |                     |
| STREET ADDRESS<br>63 Countryside Drive  |                |  | STREET ADDRESS                         |                |                     |
| CITY<br>Cumberland  | STATE<br>RI    | ZIP CODE<br>02864                              | CITY                                   | STATE          | ZIP CODE            |
| SECRETARY NAME<br>Alan M. Barnes  |                |  | TREASURER NAME<br>Alan M. Barnes       |                |                     |
| STREET ADDRESS<br>63 Countryside Drive  |                |  | STREET ADDRESS<br>63 Countryside Drive |                |                     |
| CITY<br>Cumberland  | STATE<br>RI    | ZIP CODE<br>02864                              | CITY<br>Cumberland                     | STATE<br>RI    | ZIP CODE<br>02864   |
| 9. NAMES AND ADDRESSES OF THE DIRECTORS   |                |  |  |                |                     |
| DIRECTOR NAME<br>Alan M. Barnes   |                |  | DIRECTOR NAME                          |                |                     |
| STREET ADDRESS<br>63 Countryside Drive  |                |  | STREET ADDRESS                         |                |                     |
| CITY<br>Cumberland  | STATE<br>RI    | ZIP CODE<br>02864                              | 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           |
| 3,000 SHS   | NO PAR VALUE   |  | One                                    |                | No Par              |
|   |                |  |  |                |                     |
|   |                |  |  |                |                     |

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.

*Alan M Barnes*  
Signature of Officer

Alan M Barnes  
Print or Type Name of Officer

President  
Title of Officer

1/23/96  
Date

File Date: 2/7/96

Check No: 1597

By: *KID / UP*  
For Secretary of State Use Only



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

0071510

1995

Corporate ID: \_\_\_\_\_ Annual Report for the year: \_\_\_\_\_

Name of Corporation: ALAN M. BARNES, LTD.

Business entity organized under the laws of the State of: R.I.

Business Entity is (check one):

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

Business Corporation (See RIGL Chapter 7-1.1)

Professional Service Corporation (See RIGL Chapter 7-5.1)

Phone: ( )

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

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

Providing legal service & transact other business which professional corps are allowed under the R.I.G.L.

141 Power Road

Pawtucket, R.I. 02860

Phone: (401) 728-8400

**THE NAMES OF THE OFFICERS ARE:**

| PRESIDENT      | STREET ADDRESS     | CITY/STATE       | ZIP CODE |
|----------------|--------------------|------------------|----------|
| Alan M. Barnes | 63 Countryside Dr. | Cumberland, R.I. | 02864    |
| VICE PRESIDENT | STREET ADDRESS     | CITY/STATE       | ZIP CODE |
| Alan M. Barnes | same               | same             |          |
| SECRETARY      | STREET ADDRESS     | CITY/STATE       | ZIP CODE |
| Alan M. Barnes | same               | same             |          |
| TREASURER      | STREET ADDRESS     | CITY/STATE       | ZIP CODE |
| Alan M. Barnes | same               | same             |          |

**THE NAMES OF THE DIRECTORS ARE:**

| NAME           | STREET ADDRESS     | CITY/STATE       | ZIP CODE |
|----------------|--------------------|------------------|----------|
| Alan M. Barnes | 63 Countryside Dr. | Cumberland, R.I. | 02864    |
| NAME           | STREET ADDRESS     | CITY/STATE       | ZIP CODE |
|                |                    |                  |          |
| 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 |
| 3,000   | No Par Value   |   |                |

Date 2/6, 19 95

By:   
ALAN M. BARNES  
PRINT OR TYPE NAME OF OFFICER SIGNING

President  
TITLE OF OFFICER SIGNING

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.

ALAN M. BARNES  
141 POWER ROAD  
PAWTUCKET RI 02860

*Filed*  
*2/13/95*  
*JmL*  
*VA 1571*

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

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

Corporate ID: 0071510 Annual Report for the year: 1994

Name of Business Entity: ALAN M. BARNES, LTD.

Business entity organized under the laws of the State of: RT

Federal Taxpayer Identification Number: [REDACTED]

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)

141 Power Road

Pawtucket, Rhode Island 02860

Phone (401) 274-4600

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:

Alan M. Barnes, Esquire

141 Power Road

Pawtucket, Rhode Island 02860

Brief statement of the character of business conducted in Rhode Island:  
Providing legal service & transact  
other business which prof. corps are  
allowed under the R.I.G.L.

Date of Organization: 3/1/93

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

THE NAMES OF THE OFFICERS ARE:

| <input type="checkbox"/> CHIEF EXECUTIVE OFFICER OR <input type="checkbox"/> PRESIDENT (Check One)      | STREET ADDRESS            | CITY/STATE            | ZIP CODE |
|---|---------------------------|-----------------------|----------|
| <input type="checkbox"/> CHIEF OPERATING OFFICER OR <input type="checkbox"/> VICE PRESIDENT (Check One) | <u>165 Woodside Ave.,</u> | <u>Cumberland, RI</u> |          |
| <input type="checkbox"/> CUSTODIAN OF RECORDS OR <input type="checkbox"/> SECRETARY (Check One)         | <u>165 Woodside Ave.,</u> | <u>Cumberland, RI</u> |          |
| <input type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input type="checkbox"/> TREASURER (Check One)      | <u>165 Woodside Ave.,</u> | <u>Cumberland, RI</u> |          |

THE NAMES OF THE DIRECTORS ARE:

| NAME                  | STREET ADDRESS            | CITY/STATE            | ZIP CODE |
|-----------------------|---------------------------|-----------------------|----------|
| <u>Alan M. Barnes</u> | <u>165 Woodside Ave.,</u> | <u>Cumberland, RI</u> |          |

| NUMBER OF SHARES AUTHORIZED (If Applicable) |                     | NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable) |                    |
|---|---------------------|---|--------------------|
| NUMBER                                      | <u>3,000</u>        | NUMBER  |                    |
| CLASS                                       |                     | CLASS   | <b>FILED</b>       |
| SERIES                                      |                     | SERIES  | <b>FEB 28 1994</b> |
| PAR VALUE OR WITHOUT PAR                    | <u>No Par Value</u> | PAR VALUE OR WITHOUT PAR                                | <u>By 1127 mac</u> |

Date 2/11 1994 By Alan M. Barnes

Alan M. Barnes  
PRINT OR TYPE NAME OF OFFICER SIGNING  
President  
TITLE OF OFFICER SIGNING

Form 3: 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.

ALAN M. BARNES  
74 EAST STREET 141 POWER RD.  
PAWTUCKET RI 02860