



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. 98110		2. Name of Corporation PETRARCA AND MCGAIR, INC.			
3. Street Address Principal Business Office 797 BALD HILL ROAD			City WARWICK	State RI	Zip 02886
4. Business Phone No. 401-821-1330		5. State of Incorporation RHODE ISLAND		6. SIC Code 7617	
7. Brief Description of the Character of Business Conducted in Rhode Island RENDERING LEGAL SERVICES, LEGAL ADVICE SERVICES.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name JOSEPH J. MCGAIR			Vice President Name JOSEPH J. MCGAIR		
Street Address 797 BALD HILL ROAD			Street Address 797 BALD HILL ROAD		
City WARWICK	State RI	Zip 02886	City WARWICK	State RI	Zip 02886
Secretary Name JOSEPH J. MCGAIR			Treasurer Name JOSEPH J. MCGAIR		
Street Address 797 BALD HILL ROAD			Street Address 797 BALD HILL ROAD		
City WARWICK	State RI	Zip 02886	City WARWICK	State RI	Zip 02886
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name JOSEPH J. MCGAIR			Director Name		
Street Address 797 BALD HILL ROAD			Street Address		
City WARWICK	State RI	Zip 02886	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			200	COMMON	NO PAR

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



98110

File Date 1-21-05
Check No. 6221
By: S.C.
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 1/28/05
JOSEPH J. MCGAIR
Print or Type Name of Officer
PRESIDENT
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 98110		2. Name of Corporation PETRARCA AND MCGAIR, INC.			
3. Street Address Principal Business Office 797 BALD HILL ROAD			City WARWICK	State RI	Zip 02886
4. Business Phone No. 401-821-1330		5. State of Incorporation RHODE ISLAND		6. SIC Code 7617	
7. Brief Description of the Character of Business Conducted in Rhode Island RENDERING LEGAL SERVICES, LEGAL ADVICE SERVICES.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name JOSEPH J. MCGAIR			Vice President Name JOSEPH J. MCGAIR		
Street Address 797 BALD HILL ROAD			Street Address 797 BALD HILL ROAD		
City WARWICK	State RI	Zip 02886	City WARWICK	State RI	Zip 02886
Secretary Name JOSEPH J. MCGAIR			Treasurer Name JOSEPH J. MCGAIR		
Street Address 797 BALD HILL ROAD			Street Address 797 BALD HILL ROAD		
City WARWICK	State RI	Zip 02886	City WARWICK	State RI	Zip 02886
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name JOSEPH J. MCGAIR			Director Name		
Street Address 797 BALD HILL ROAD			Street Address		
City WARWICK	State RI	Zip 02886	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			200	COMMON	NO PAR

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



* 9 8 1 1 0 *

File Date 2.2.04

Check No. 487

By: JP

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 1/29/04

JOSEPH J. MCGAIR

Print or Type Name of Officer

PRESIDENT

Title of Officer

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



(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. **98110** 2. Name of Corporation **PETRARCA AND MCGAIR, INC.**
3. Street Address Principal Business Office
797 BALD HILL ROAD
4. Business Phone No. **821-1330** 5. State of Incorporation **RHODE ISLAND**

City **WARWICK** State **RI** Zip **02886**
6. SIC Code **7617**

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

LAW OFFICE AND PRACTICE

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

President Name **JOSEPH J. MCGAIR**
Street Address **797 BALD HILL ROAD**
City **WARWICK** State **RI** Zip **02886**

Vice President Name **JOSEPH J. MCGAIR**
Street Address **797 BALD HILL ROAD**
City **WARWICK** State **RI** Zip **02886**

Secretary Name **JOSEPH J. MCGAIR**
Street Address **797 BALD HILL ROAD**
City **WARWICK** State **RI** Zip **02886**

Treasurer Name **JOSEPH J. MCGAIR**
Street Address **797 BALD HILL ROAD**
City **WARWICK** State **RI** Zip **02886**

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

Director Name **JOSEPH J. MCGAIR**
Street Address **797 BALD HILL ROAD**
City **WARWICK** State **RI** Zip **02886**

Director Name
Street Address
City State Zip

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
	1,000	NO PAR VALUE	

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	200	COMMON	NO PAR

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



* 9 8 1 1 0 *

File Date: 1-17-03
Check No.: 0012
By: JP

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 1/15/03

Print or Type Name of Officer **JOSEPH J. MCGAIR**

Title of Officer **PRESIDENT**



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. 98110 2. Name of Corporation PETRARCA AND MCGAIR, INC.

3. Street Address Principal Business Office
797 BALD HILL ROAD City WARWICK State RI Zip 02886

4. Business Phone No. 821-1330 5. State of Incorporation RHODE ISLAND 6. SIC Code 7617

7. Brief Description of the Character of Business Conducted in Rhode Island
LAW OFFICE AND PRACTICE

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

President Name <u>JOSEPH J. MCGAIR</u> Street Address <u>797 BALD HILL ROAD</u> City <u>WARWICK</u> State <u>RI</u> Zip <u>02886</u>	Vice President Name <u>JOSEPH J. MCGAIR</u> Street Address <u>797 BALD HILL ROAD</u> City <u>WARWICK</u> State <u>RI</u> Zip <u>02886</u>
Secretary Name <u>JOSEPH J. MCGAIR</u> Street Address <u>797 BALD HILL ROAD</u> City <u>WARWICK</u> State <u>RI</u> Zip <u>02886</u>	Treasurer Name <u>JOSEPH J. MCGAIR</u> Street Address <u>797 BALD HILL ROAD</u> City <u>WARWICK</u> State <u>RI</u> Zip <u>02886</u>

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

Director Name <u>JOSEPH J. MCGAIR</u> Street Address <u>797 BALD HILL ROAD</u> City <u>WARWICK</u> State <u>RI</u> Zip <u>02886</u>	Director Name Street Address City State Zip
Director Name Street Address City State Zip	Director Name Street Address City State Zip

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

AUTHORIZED SHARES	Class/Series	Par Value
1,000 NO PAR VALUE		

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

ISSUED SHARES	Class/Series	Par Value
200	COMMON	NO PAR

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



* 9 8 1 1 0 *

File Date: 1/25/02
Check No.: 5871
By: AMS

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: 1/23/02
Print or Type Name of Officer: JOSEPH J. MCGAIR
Title 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. **98110** 2. Name of Corporation **PETRARCA AND MCGAIR, INC.**
3. Street Address Principal Business Office **797 BALD HILL ROAD** City **WARWICK** State **RI** Zip **02886**
4. Business Phone No. **821-1330** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7617**

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

LAW OFFICE PRACTICE

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

President Name JOSEPH J. MCGAIR Street Address 797 BALD HILL ROAD City WARWICK State RI Zip 02886	Vice President Name JOSEPH J. MCGAIR Street Address 797 BALD HILL ROAD City WARWICK State RI Zip 02886
Secretary Name JOSEPH J. MCGAIR Street Address 797 BALD HILL ROAD City WARWICK State RI Zip 02886	Treasurer Name JOSEPH J. MCGAIR Street Address 797 BALD HILL ROAD City WARWICK State RI Zip 02886

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

Director Name JOSEPH J. MCGAIR Street Address 797 BALD HILL ROAD City WARWICK State RI Zip 02886	Director Name Street Address City State Zip
Director Name Street Address City State Zip	Director Name Street Address City State Zip

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

AUTHORIZED SHARES	Class/Series	Par Value
1,000 NO PAR VALUE		

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

ISSUED SHARES	Class/Series	Par Value
200	COMMON	NO PAR

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



* 9 8 1 1 0 *

File Date: 02/2
Check No.: 0424
By: [Signature]

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer: [Signature] Date: 1/26/01
Print or Type Name of Officer: **JOSEPH J. MCGAIR**
Title of Officer: **PRESIDENT**



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **98110** 2. Name of Corporation **PETRARCA AND MCGAIR, INC.**
 3. Street Address Principal Business Office **797 Bald Hill Road** City **Warwick** State **RI** Zip **02886**
 4. Business Phone No. **821-1330** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7617**
 7. Brief Description of the Character of Business Conducted in Rhode Island
law office practice

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

President Name Joseph J. McGair	Vice President Name Joseph J. McGair
Street Address 797 Bald Hill Rd.	Street Address 797 Bald Hill Rd.
City Warwick State RI Zip 02886	City Warwick State RI Zip 02886
Secretary Name Joseph J. McGair	Treasurer Name Joseph J. McGair
Street Address 797 Bald Hill Rd.	Street Address 797 Bald Hill Rd.
City Warwick State RI Zip 02886	City Warwick State RI Zip 02886

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

Director Name Joseph J. McGair	Director Name
Street Address 797 Bald Hill Rd.	Street Address
City Warwick State RI Zip 02886	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)	11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)
AUTHORIZED SHARES	ISSUED SHARES
Number of Shares Class/Series Par Value	Number of Shares Class/Series Par Value
1,000 NO PAR VALUE	200 common no par

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



* 9 8 1 1 0 *

File Date: 2/18/2000

Check No.: 4507

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 2/15/00

Print or Type Name of Officer **Joseph J. McGair**

Title of Officer **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. 98110		2. Name of Corporation PETRARCA AND McGAIR, INC.			
3. Street Address Principal Business Office 797 Bald Hill Road			City Warwick	State RI	Zip 02886
4. Business Phone No. 821-1330		5. State of Incorporation RHODE ISLAND			6. SIC Code 7617
7. Brief Description of the Character of Business Conducted in Rhode Island law office practice					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Joseph J. McGair			Vice President Name Joseph J. McGair		
Street Address 797 Bald Hill Road			Street Address 797 Bald Hill Road		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
Secretary Name Joseph J. McGair			Treasurer Name Joseph J. McGair		
Street Address 797 Bald Hill Road			Street Address 797 Bald Hill Road		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Joseph J. McGair			Director Name		
Street Address 797 Bald Hill Road			Street Address		
City Warwick	State RI	Zip 02886	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"/>					
AUTHORIZED SHARES			11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 NO PAR VALUE			200	common	no par

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



* 9 8 1 1 0 *

File Date:

2/26/99

Check No.:

27904

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

Joseph J. McGair

Print or Type Name of Officer

President

Title of Officer

Date

2/26/99



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. 98110
 2. Name of Corporation PETRARCA AND MCGAIR, INC.
 3. Street Address Principal Business Office 797 Bald Hill Road
 City Warwick State R.I. Zip 02886
 4. Business Phone No. 821-1330
 5. State of Incorporation Rhode Island
 6. SIC Code 7617

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

law office practice

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

President Name	Joseph J. McGair	Vice President Name	Louis A. Petrarca, Jr.
Street Address	797 Bald Hill Road	Street Address	797 Bald Hill Road
City	Warwick	City	Warwick
State	RI	State	RI
Zip	02886	Zip	02886
Secretary Name	Joseph J. McGair	Treasurer Name	Joseph J. McGair
Street Address	797 Bald Hill Road	Street Address	797 Bald Hill Road
City	Warwick	City	Warwick
State	RI	State	RI
Zip	02886	Zip	02886

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

Director Name	Joseph J. McGair	Director Name	Louis A. Petrarca, Jr.
Street Address	797 Bald Hill Road	Street Address	797 Bald Hill Road
City	Warwick	City	Warwick
State	RI	State	RI
Zip	02886	Zip	02886

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

AUTHORIZED SHARES	Class/Series	Par Value
Number of Shares		
1,000	common	no par

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

ISSUED SHARES	Class/Series	Par Value
Number of Shares		
200	common	no par

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

File Date: 6/4/98
 Check No.: 26644
 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: 6/3/98
 Print or Type Name of Officer: Joseph J. McGair
 Title of Officer: President