



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. 59010		2. Name of Corporation Rossi Law Offices, Ltd.			
3. Street Address Principal Business Office 28 THURBER BOULEVARD			City SMITHFIELD	State RI	Zip 02917-
4. Business Phone No. 4012317700		5. State of Incorporation RHODE ISLAND			6. SIC Code 7617
7. Brief Description of the Character of Business Conducted in Rhode Island 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 Robert V. Rossi			Vice President Name		
Street Address 28 Thurber Blvd.			Street Address		
City Smithfield	State RI	Zip 02917	City	State	Zip
Secretary Name Robert V. Rossi			Treasurer Name Robert V. Rossi		
Street Address 28 Thurber Blvd.			Street Address 28 Thurber Blvd.		
City Smithfield	State RI	Zip 02917	City Smithfield	State RI	Zip 02917
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name none-a close corporation			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
2,000	COMM NO PAR VALUE		100	common	no par value

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



5 9 0 1 0

59010 DBC 02/11/05 12:48:22 PM

File Date 2-14-05

Check No. 1127

By: KAB

FOR SECRETARY OF STATE USE ONLY

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

Signature of Officer _____ Date 2-14-05
Robert V. Rossi
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 IN BLACK)

1. Corporate ID No. 59010		2. Name of Corporation Rossi Law Offices, Ltd.			
3. Street Address Principal Business Office 28 THURBER BOULEVARD			City SMITHFIELD	State RI	Zip 02917-
4. Business Phone No. 4012317700		5. State of Incorporation RHODE ISLAND			6. SIC Code 7617
7. Brief Description of the Character of Business Conducted in Rhode Island 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 ROBERT V. ROSSI			Vice President Name NONE		
Street Address 28 THURBER BLVD			Street Address		
City SMITHFIELD	State RI	Zip 02917	City	State	Zip
Secretary Name ROBERT V. ROSSI			Treasurer Name ROBERT V. ROSSI		
Street Address 28 THURBER BLVD.			Street Address 28 THURBER BLVD.		
City SMITHFIELD	State RI	Zip 02917	City SMITHFIELD	State RI	Zip 02917
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name NONE-A CLOSE CORPORATION			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
2,000 COMM NO PAR VALUE			100	COMMON	NONE

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



5 9 0 1 0

59010 DBC 03/15/04 04:30:25 PM
File Date 3-10-04
Check No. 23995
By: IUP
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

ROBERT V. ROSSI

Print or Type Name of Officer

PRESIDENT

Title of Officer

Date



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. *59010*		2. Name of Corporation Rossi Law Offices, Ltd.			
3. Street Address Principal Business Office 28 THURBER BOULEVARD			City SMITHFIELD	State RI	Zip 02917-
4. Business Phone No. 4012317700		5. State of Incorporation RHODE ISLAND			6. SIC Code 7617
7. Brief Description of the Character of Business Conducted in Rhode Island 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 ROBERT V. ROSSI			Vice President Name NON		
Street Address 28 THURBER BLVD.			Street Address		
City SMITHFIELD	State RI	Zip 02917	City	State	Zip
Secretary Name ROBERT V. ROSSI			Treasurer Name ROBERT V. ROSSI		
Street Address 28 THURBER BLVD.			Street Address 28 THURBER BLVD.		
City SMITHFIELD	State RI	Zip 02917	City SMITHFIELD	State RI	Zip 02917
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name NONE - A CLOSE CORPORATION			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES					
Number of Shares		Class/Series	Par Value	11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES	
2,000 COMM NO PAR VALUE				Number of Shares	Class/Series
				100	COMMON
					Par Value
					NONE

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



* 5 9 0 1 0 *

59010 DBC2/12/033:34:25 PM

File Date 2/13/03

Check No. 1903

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 2-12-03

Signature of Officer

ROBERT V. ROSSI

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. **59010** 2. Name of Corporation **Rossi Law Offices, Ltd.**
3. Street Address Principal Business Office **28 THURBER BOULEVARD** City **SMITHFIELD** State **RI** Zip **02917**
4. Business Phone No. **(401) 231-7700** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7617**
7. Brief Description of the Character of Business Conducted in Rhode Island

PRACTICE OF LAW

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

President Name ROBERT V. ROSSI	Vice President Name NONE
Street Address 28 THURBER BOULEVARD	Street Address NONE
City SMITHFIELD State RI Zip 02917	City _____ State _____ Zip _____
Secretary Name	Treasurer Name ROBERT V. ROSSI
Street Address	Street Address 28 THURBER BOULEVARD
City _____ State _____ Zip _____	City SMITHFIELD State RI Zip 02917

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

Director Name NONE-CLOSE CORPORATION	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
2,000 COMM NO PAR VALUE		

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

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
100	COMMON	NONE

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



* 5 9 0 1 0 *

File Date: 3-12-02
Check No.: 21266
By: KMC

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] 3-11-02
Signature of Officer Date

ROBERT V. ROSSI
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. **59010** 2. Name of Corporation **Rossi Law Offices, Ltd.**

3. Street Address Principal Business Office **124 TAUNTON AVENUE** City **EAST PROVIDENCE** State **RI** Zip **02914**

4. Business Phone No. **(401) 438-8585** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7617**

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

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

President Name ROBERT V. ROSSI	Vice President Name NONE
Street Address 124 TAUNTON AVENUE	Street Address
City State Zip EAST PROVIDENCE RI 02914	City State Zip

Secretary Name ROBERT V. ROSSI	Treasurer Name ROBERT V. ROSSI
Street Address 124 TAUNTON AVENUE	Street Address 124 TAUNTON AVENUE
City State Zip EAST PROVIDENCE RI 02914	City State Zip EAST PROVIDENCE RI 02914

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

Director Name NONE-CLOSE CORPORATION	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
2,000 SHS COM NO PAR VAL		

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

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
100	COMMON	NONE

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



* 5 9 0 1 0 *

File Date: 4-2-01
Check No.: 19728
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: 3-29-01
ROBERT V. ROSSI
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. **59010** 2. Name of Corporation **Rossi Law Offices, Ltd.**

3. Street Address Principal Business Office City State Zip
124 TAUNTON AVENUE **EAST PROVIDENCE** **RI** **02914**

4. Business Phone No. 5. State of Incorporation 6. SIC Code
(401) 438-8585 **RHODE ISLAND** **7817**

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

PRACTICE OF LAW

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

President Name	Vice President Name
ROBERT V. ROSSI	NONE
Street Address	Street Address
124 TAUNTON AVENUE	
City State Zip	City State Zip
EAST PROVIDENCE RI 02914	
Secretary Name	Treasurer Name
ROBERT V. ROSSI	ROBERT V. ROSSI
Street Address	Street Address
124 TAUNTON AVENUE	124 TAUNTON AVENUE
City State Zip	City State Zip
EAST PROVIDENCE RI 02914	EAST PROVIDENCE RI 02914

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

Director Name	Director Name
NONE - A CLOSE CORPORATION	
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
2,000 SHS COM NO PAR VAL		

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
100	COMMON	NONE

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



* 5 9 0 1 0 *

3/8/00

File Date: _____

17749

Check No.: _____

2

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.

3-7-00
Signature of Officer Date

ROBERT V. ROSSI
Print or Type Name 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. **59010** 2. Name of Corporation **Rossi Law Offices, Ltd.**

3. Street Address Principal Business Office
124 TAUNTON AVENUE City **RI** State **RI** Zip **02914**

4. Business Phone No. **401 438-8585** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7617**

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

PRACTICE OF LAW

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

President Name ROBERT V. ROSSI Street Address 124 TAUNTON AVENUE City EAST PROVIDENCE State RI Zip 02914	Vice President Name NONE Street Address NONE City NONE State NONE Zip NONE
Secretary Name ROBERT V. ROSSI Street Address 124 TAUNTON AVENUE City EAST PROVIDENCE State RI Zip 02914	Treasurer Name ROBERT V. ROSSI Street Address 124 TAUNTON AVENUE City EAST PROVIDENCE State RI Zip 02914

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

Director Name NONE - A CLOSE CORPORATION Street Address NONE City NONE State NONE Zip NONE	Director Name NONE Street Address NONE City NONE State NONE Zip NONE
--	--

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

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
2,000 SHS COM NO PAR VAL			

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
100	100	COMMON	NONE

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



File Date: Feb 24, 1999
Check No.: 19759
By: JO

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: 2-22-99

ROBERT V. ROSSI
Print or Type Name of Officer
PRESIDENT
Title of Officer

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998
Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **59010** 2. Name of Corporation
Ross Law Offices, Ltd.

3. Street Address Principal Business Office City State Zip
124 TAUNTON AVENUE **EAST PROVIDENCE** **RI** **02914**

4. Business Phone No. 5. State of Incorporation 6. SIC Code
401 438-8585 **RHODE ISLAND** **7817**

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

PRACTICE OF LAW

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

President Name

ROBERT V. ROSSI

Street Address

124 TAUNTON AVENUE

City State Zip
EAST PROVIDENCE **RI** **02914**

Secretary Name

ROBERT V. ROSSI

Street Address

124 TAUNTON AVENUE

City State Zip
EAST PROVIDENCE **RI** **02914**

Vice President Name

NONE

Street Address

City State Zip

Treasurer Name

ROBERT V. ROSSI

Street Address

124 TAUNTON AVENUE

City State Zip
EAST PROVIDENCE **RI** **02914**

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

Director Name

NONE - A CLOSE CORPORATION

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

2,000 SHS COM NO PAR VAL

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

ISSUED SHARES

Number of Shares Class/Series Par Value

100 **COMMON** **NONE**

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



File Date: 2/18

Check No.: 139400

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] 2-17-98
Signature of Officer Date

ROBERT V. ROSSI

Print or Type Name of Officer

PRESIDENT

Title of Officer



PROFIT CORPORATION ANNUAL REPORT 1997

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **69010** 2. Name of Corporation **Rossi Law Offices, Ltd.**

3. Street Address Principal Business Office **124 Taunton Avenue** City **East Providence** State **RI** Zip **02914**
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

Practice of Law

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

President Name Robert V. Rossi Street Address 124 Taunton Avenue City East Providence State RI Zip 02914 Secretary Name Robert V. Rossi Street Address 124 Taunton Avenue City East Providence State RI Zip 02914	Vice President Name None Street Address City State Zip Treasurer Name Robert V. Rossi Street Address 124 Taunton Avenue City East Providence State RI Zip 02914
--	---

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

Director Name None - a close corporation Street Address City State Zip	Director Name Street Address City State Zip
Director Name Street Address City State Zip	Director Name Street Address City State Zip

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

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
2,000 SHS COM NO PAR VAL			100	Common	None

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



File Date: 2/21/97
Check No.: 17036
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: 2-20-97

Robert V. Rossi
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. 59010		2. NAME OF CORPORATION Rossi Law Offices, Ltd.			
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 124 Taunton Avenue			CITY East Providence	STATE RI	ZIP CODE 02914
4. BUSINESS PHONE NO. 401-438-8585		5. STATE OF INCORPORATION RHODE ISLAND			6. SIC CODE 7617
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND Practice of Law					
8. NAMES AND ADDRESSES OF THE OFFICERS					
PRESIDENT NAME Robert V. Rossi			VICE PRESIDENT NAME None		
STREET ADDRESS 124 Taunton Avenue			STREET ADDRESS		
CITY East Providence	STATE RI	ZIP CODE 02914	CITY	STATE	ZIP CODE
SECRETARY NAME Robert V. Rossi			TREASURER NAME Robert V. Rossi		
STREET ADDRESS 124 Taunton Avenue			STREET ADDRESS 124 Taunton Avenue		
CITY East Providence	STATE RI	ZIP CODE 02914	CITY East Providence	STATE RI	ZIP CODE 02914
9. NAMES AND ADDRESSES OF THE DIRECTORS					
DIRECTOR NAME None = a clos corp.			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
2,000 SHS COM NO PAR VAL			100	Common	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.

Signature of Officer

Robert V. Rossi
Print or Type Name of Officer

President
Title of Officer

2/21/96 CS
Date

File Date: 2/21/96

Check No: 9994

By: CS / W

For Secretary of State Use Only

DETACH BOTTOM BEFORE RETURNING

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

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.

0059010

1995

Corporate ID: _____ Annual Report for the year: _____

Rossi Law Offices, Ltd.

Name of Corporation: _____

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

Business Entity is (check one):

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

Business Corporation (See RIGL Chapter 7-1.1)

N/A _____

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):

PRACTICE OF LAW

ROBERT V. ROSSI

124 TAUNTON AVENUE

EAST PROVIDENCE, RI 02914

Phone: (401) 438-8585

THE NAMES OF THE OFFICERS ARE:

PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>ROBERT V. ROSSI</u>	<u>124 TAUNTON AVENUE</u>	<u>EAST PROVIDENCE, RI</u>	<u>02914</u>
<u>VIC PRESIDENT</u>	<u>STREET ADDRESS</u>	<u>CITY/STATE</u>	<u>ZIP CODE</u>
<u>NONE</u>			
<u>SECRETARY</u>	<u>STREET ADDRESS</u>	<u>CITY/STATE</u>	<u>ZIP CODE</u>
<u>ROBERT V. ROSSI</u>	<u>124 TAUNTON AVENUE</u>	<u>EAST PROVIDENCE, RI</u>	<u>02914</u>
<u>TREASURER</u>	<u>STREET ADDRESS</u>	<u>CITY/STATE</u>	<u>ZIP CODE</u>
<u>ROBERT V. ROSSI</u>	<u>124 TAUNTON AVENUE</u>	<u>EAST PROVIDENCE, RI</u>	<u>02914</u>

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>NONE - A CLOSE CORPORATION</u>			
<u>NAME</u>	<u>STREET ADDRESS</u>	<u>CITY/STATE</u>	<u>ZIP CODE</u>
<u>NAME</u>	<u>STREET ADDRESS</u>	<u>CITY/STATE</u>	<u>ZIP CODE</u>

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>2000</u>	<u>COMMON/NONE</u>	<u>100</u>	<u>COMMON/NONE</u>

Date February 28, 19 95

By: 

ROBERT V. ROSSI

PRINT OR TYPE NAME OF OFFICER SIGNING

PRESIDENT

TITLE OF OFFICER SIGNING

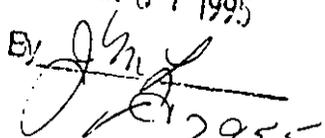
DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

ROBERT V. ROSSI, ESQ
124 TAUNTON AVE.
EAST PROVIDENCE RI 02914

FILED

MAR 01 1995

By  1995

Corporate ID: 0059010

Annual Report for the year: 1994

Name of Business Entity: _____

Rossi Law Offices, Ltd.

Business entity organized under the laws of the State of: Rhode Island

Federal Taxpayer Identification Number: _____

Foreign entity, address and telephone number of principal office: _____

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

124 Taunton Avenue
East Providence, RI 02914

Telephone: (401) 438-8585

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:

Robert V. Rossi

Rossi Law Offices, Ltd.

124 Taunton Avenue

East Providence, RI 02914

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

Date of Organization: January 18, 1990

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

THE NAMES OF THE OFFICERS ARE:

OFFICER	STREET ADDRESS	CITY/STATE	ZIP CODE
<input checked="" type="checkbox"/> EXECUTIVE OFFICER OR <input checked="" type="checkbox"/> PRESIDENT (See 7-1.1) <input type="checkbox"/> OPERATING OFFICER OR <input type="checkbox"/> VICE PRESIDENT (See 7-1.1)	<u>124 Taunton Avenue</u>	<u>East Providence, RI</u>	<u>02914</u>
<input type="checkbox"/> CLERK OF RECORDS OR <input checked="" type="checkbox"/> SECRETARY (See 7-1.1) <input type="checkbox"/> FINANCIAL OFFICER OR <input checked="" type="checkbox"/> TREASURER (See 7-1.1)	<u>124 Taunton Avenue</u>	<u>East Providence, RI</u>	<u>02914</u>
	<u>124 Taunton Avenue</u>	<u>East Providence, RI</u>	<u>02914</u>

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>one</u>			

NUMBER OF SHARES AUTHORIZED (If Applicable)

NUMBER 2000

CLASS Common

SERIES None

PAR VALUE OR WITHOUT PAR Without par

NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)

NUMBER 100

CLASS Common

SERIES None

PAR VALUE OR WITHOUT PAR Without par

March 1, 1994

By: _____

Robert V. Rossi

PRINT OR TYPE NAME OF OFFICER SIGNING

President

TITLE OF OFFICER SIGNING

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

NOTE: If the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form LLC 3 must be filed

ROBERT V. ROSSI, ESQ
124 TAUNTON AVE.
EAST PROVIDENCE RI 02914

FILED
MAR 09 1994
BY ME5910389

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

Corporate ID.....0059010..... Annual Report for the year.....1993.....

FIRST: The name of the corporation is...ROSSI LAW OFFICES, LTD.....

SECOND: It is incorporated under the laws of.....RHODE ISLAND.....

THIRD: Character of business, briefly stated, is.....LAW.....

FOURTH: If foreign corporation, address of its principal office.....NONE.....

FIFTH: Business address in Rhode Island...124 TAUNTON AVENUE, P.O. BOX 14547, EAST PROVIDENCE,
RHODE ISLAND 02914.....

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

Name	Office	Address (including number, street, zip code)
.....	Director
.....	Director
.....	Director
ROBERT V. ROSSI	President	124 TAUNTON AVENUE, EAST PROVIDENCE, RI 02914
.....	Vice President
ROBERT V. ROSSI	Secretary	124 TAUNTON AVENUE, EAST PROVIDENCE, RI 02914
ROBERT V. ROSSI	Treasurer	124 TAUNTON AVENUE, EAST PROVIDENCE, RI 02914

SEVENTH: Number of Shares authorized:

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

EIGHTH: Number of Shares issued:

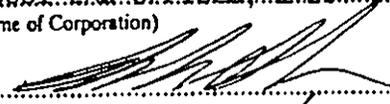
No. of Shares	Class	Series	Par Value or statement that shares are without par value
.....

Rec'd & Filed MAR 16 1993

AMT#29
112406

Dated...March 16... 19 93.....

..ROSSI LAW OFFICES, LTD.....
(Name of Corporation)

By.....

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

CP 37100

Corporate ID.....0058010..... Annual Report for the year.....1992.....

FIRST: The name of the corporation is.....Rossi Law Offices, Ltd.....

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

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

FOURTH: If foreign corporation, address of its principal office.....None.....

FIFTH: Business address in Rhode Island.....124 Taunton Avenue, P.O. Box 14547,
East Providence, Rhode Island 02914.....

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

Name	Office	Address (including number, street, zip code)
.....	Director
.....	Director
.....	Director
Robert V. Rossi	President	124 Taunton Avenue, East Providence, RI 02914
.....	Vice President
Robert V. Rossi	Secretary	124 Taunton Avenue, East Providence, RI 02914
Robert V. Rossi	Treasurer	124 Taunton Avenue, East Providence, RI 02914

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
2000	Common	None	No par value

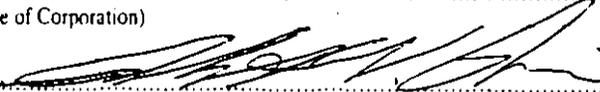
PAID
FEB 14 1992
SECY OF STATE

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	Common	None	No par value

Dated February 12 19 92

ROSSI LAW OFFICES, LTD.
(Name of Corporation)

By 

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

Corporate ID.....0053010..... Annual Report for the year.....1991.....

FIRST: The name of the corporation is.....Rossi Law Offices, Ltd.....

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

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

FOURTH: If foreign corporation, address of its principal office.....none.....

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East Providence, Rhode Island 02914.....

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

Name	Office	Address (including number, street, zip code)
None	Director	
	Director	
	Director	
Robert V. Rossi	President	124 Taunton Avenue, East Providence, RI 02914
	Vice President	
Robert V. Rossi	Secretary	124 Taunton Avenue, East Providence, RI 02914
Robert V. Rossi	Treasurer	124 Taunton Avenue, East Providence, RI 02914

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
2000	Common	none	No par value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	Common	none	No par value

PAID
JAN 07 1991
REC'Y OF STATE

Dated.....January 3rd..... 19 91.....

(Name of Corporation)

By.....Rossi Law Offices, Ltd.....

Title.....President.....

(Report must be signed by an officer)