



**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. 105813		2. Name of Corporation Ferrucci Russo P.C.			
3. Street Address Principal Business Office 55 Pine Street			City Providence	State RI	Zip 02903
4. Business Phone No. (401) 455-1000		5. State of Incorporation Rhode Island			6. SIC Code 7617
7. Brief Description of the Character of Business Conducted in Rhode Island The engage in the 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 W. Mark Russo			Vice President Name Joseph P. Ferrucci		
Street Address 55 Pine Street			Street Address . 55 Pine Street		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Secretary Name Joseph P. Ferrucci			Treasurer Name W. Mark Russo		
Street Address Same as above			Street Address Same as above		
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
2 \$ .01	PAR VALUE		Two (2)	COMMON	\$ .01

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



File Date 3/1/05  
Check No. 5060  
By: W.  
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.

W. Mark Russo  
Signature of Officer  
Date \_\_\_\_\_  
W. Mark Russo  
Print or Type Name of Officer  
President  
Title of Officer



# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 105813		2. Name of Corporation FERRUCCI RUSSO P.C.			
3. Street Address Principal Business Office 55 PINE STREET			City PROVIDENCE	State RI	Zip 02903
4. Business Phone No. 401-455-1000		5. State of Incorporation RHODE ISLAND		6. SIC Code 7617	
7. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN THE PRACTICE OF LAW					
<b>8. NAMES AND ADDRESSES OF THE OFFICERS</b> ( <input checked="" type="checkbox"/> "X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name W. MARK RUSSO			Vice President Name JOSEPH P. FERRUCCI		
Street Address 55 PINE STREET			Street Address 55 PINE STREET		
City PROVIDENCE	State RI	Zip 02903	City PROVIDENCE	State RI	Zip 02903
Secretary Name Same as Vice President			Treasurer Name Same as President		
Street Address			Street Address		
City	State	Zip	City	State	Zip
<b>9. NAMES AND ADDRESSES OF THE DIRECTORS</b> ( <input checked="" type="checkbox"/> "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
<b>10. SHARES AUTHORIZED</b> ( <input checked="" type="checkbox"/> "X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			<b>11. SHARES ISSUED</b> ( <input checked="" type="checkbox"/> "X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
2 \$ .01 PAR VALUE			Two (2)	Common	\$ .01

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



**FILED**

OCT 15 2004

By AMF  
47482

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 P. Ferrucci Date 9/24/04  
Print or Type Name of Officer Joseph P. Ferrucci  
Title of Officer V. Pres.

File Date \_\_\_\_\_  
Check No. \_\_\_\_\_  
By: \_\_\_\_\_  
FOR SECRETARY OF STATE USE ONLY



**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. *105813*		2. Name of Corporation FERRUCCI RUSSO P.C.			
3. Street Address Principal Business Office 49 WEYBOSSET STREET			City PROVIDENCE	State RI	Zip 02903-
4. Business Phone No. 4014551000		5. State of Incorporation RHODE ISLAND			6. SIC Code 7617
7. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN THE 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 W. Mark Russo			Vice President Name Joseph P. Ferrucci		
Street Address 49 Weybosset Street, 2nd Floor			Street Address 49 Weybosset Street, 2nd Floor		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Secretary Name Same as Vice President			Treasurer Name Same as President		
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"/> AUTHORIZED SHARES					
Number of Shares		Class/Series	Par Value	11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES	
2 \$ .01 PAR VALUE				Number of Shares	Class/Series
				Two (2)	Common
					Par Value
					\$ .01

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



\* 1 0 5 8 1 3 \*

\*105813 DBC3/6/0310:52:07 AM\*

File Date 3-10-03

Check No. 2937

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 3/6/03

Signature of Officer  
Joseph P. Ferrucci  
Print or Typed Name of Officer  
Vice 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. **105813** 2. Name of Corporation **Ferrucci Russo P.C.**  
3. Street Address Principal Business Office **49 Weybosset Street** City **Providence** State **RI** Zip **02903**  
4. Business Phone No. **None** 5. State of Incorporation **Rhode Island** 6. SIC Code **7617**

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

**Legal services**

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

President Name <b>W. Mark Russo</b>	Vice President Name <b>Joseph P. Ferrucci</b>
Street Address <b>49 Weybosset Street</b>	Street Address <b>49 Weybosset Street</b>
City State Zip <b>Providence RI 02903</b>	City State Zip <b>Providence RI 02903</b>
Secretary Name <b>Joseph P. Ferrucci</b>	Treasurer Name <b>W. Mark Russo</b>
Street Address <b>same as above</b>	Street Address <b>same as above</b>
City State Zip <b>Providence RI 02903</b>	City State Zip <b>Providence RI 02903</b>

**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
<b>2</b>	<b>Common</b>	<b>\$0.01</b>

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
<b>2</b>	<b>Common</b>	<b>\$0.01</b>

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: 3-7-02  
Check No.: 1943  
By: AMF

Signature of Officer: [Signature] Date: 3/7/02  
Print or Type Name of Officer: W. Mark Russo  
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. 105813 2. Name of Corporation Ferrucci Russo P.C.  
3. Street Address Principal Business Office 49 Weybosset Street City Providence State RI Zip 02903  
4. Business Phone No. (401) 455-1000 5. State of Incorporation Rhode Island 6. SIC Code 7617

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

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

President Name <u>Joseph P. Ferrucci</u> Street Address <u>49 Weybosset Street</u> City <u>Providence</u> State <u>RI</u> Zip <u>02903</u>	Vice President Name <u>Joseph P. Ferrucci</u> Street Address <u>49 Weybosset Street</u> City <u>Providence</u> State <u>RI</u> Zip <u>02903</u>
Secretary Name <u>Joseph P. Ferrucci</u> Street Address <u>same as above</u> City <u>Providence</u> State <u>RI</u> Zip <u>02903</u>	Treasurer Name <u>Joseph P. Ferrucci</u> Street Address <u>same as above</u> City <u>Providence</u> State <u>RI</u> Zip <u>02903</u>

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

Director Name  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 (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES  
Number of Shares 2 Class/Series Common Par Value \$ 0.01

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

ISSUED SHARES  
Number of Shares 2 Class/Series Common Par Value \$ 0.01

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

File Date: 10-18-01  
Check No.: 1298  
By: AMF  
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 9/26/01  
Joseph P. Ferrucci  
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. **105813** 2. Name of Corporation **Ferrucci Law Ltd.**  
3. Street Address Principal Business Office  
**312 South Main Street, Suite Four**  
4. Business Phone No. **401-455-1000** 5. State of Incorporation **RHODE ISLAND**  
7. Brief Description of the Character of Business Conducted in Rhode Island  
**Law practice**

City **Providence** State **RI** Zip **02903**  
6. SIC Code **7617**

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

President Name  
**Joseph P. Ferrucci, Esquire**  
Street Address  
**312 South Main Street, Suite Four**  
City **Providence,** State **RI** Zip **02903**

Vice President Name  
**Joseph P. Ferrucci, Esquire**  
Street Address  
**312 South Main Street, Suite Four**  
City **Providence,** State **RI** Zip **02903**

Secretary Name  
**Joseph P. Ferrucci, Esquire**  
Street Address  
**312 South Main Street, Suite Four**  
City **Providence,** State **RI** Zip **02903**

Treasurer Name  
**Joseph P. Ferrucci, Esquire**  
Street Address  
**312 South Main Street, Suite Four**  
City **Providence,** State **RI** Zip **02903**

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

Director Name  
**None**  
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  
**1 \$ .01 PAR VALUE**

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

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**1 Common \$ .01**

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



\* 1 0 5 8 1 3 \*

File Date: **FILED**  
Check No.: **MAR 02 2000**  
By: **239652**  
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 P. Ferrucci** Date **2/25/00**  
Print or Type Name of Officer **Joseph P. Ferrucci**  
Title of Officer **President**