



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State  
Matthew A. Brown, Secretary of State

Corporations Division  
100 North Main Street  
Providence, RI 02903-1335  
401.222.3040

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 87413		2. Name of Corporation ACCOUNT-EZE, INC.		
3. Street Address Principal Business Office 324 County Road		City Barrington	State RI	Zip 02806
4. Business Phone No. (401) 245-1913		5. State of Incorporation RHODE ISLAND		6. SIC Code 7658
7. Brief Description of the Character of Business Conducted in Rhode Island TO MAINTAIN EXAMINE, INSPECT, AND AUDIT THE BOOKS AND ACCOUNTS.				
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Patricia Heath		Vice President Name Patricia Heath		
Street Address P.O. Box 231- Old Victory Hwy.		Street Address P.O. Box 231-Old Victory Hwy.		
City Pascoag	State RI	Zip 02859	City Pascoag	State RI
Secretary Name Patricia Heath		Treasurer Name Patricia Heath		
Street Address (same as above)		Street Address (same as above)		
City Pascoag	State RI	Zip 02859	City Pascoag	State RI
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name Patricia Heath		Director Name None		
Street Address P.O. Box 231-Old Victory Hwy.		Street Address		
City Pascoag	State RI	Zip 02859	City	State
Director Name None		Director Name None		
Street Address		Street Address		
City	State	Zip	City	State
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES				
Number of Shares 8,000 \$1.00 PAR VALUE		Class/Series Common		Par Value \$1.00
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES				
Number of Shares 100		Class/Series Common		Par Value \$1.00

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



File Date 8/22/05  
Check No. 6563 C 04999  
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 3/1/05  
Print or Type Name of Officer Patricia Heath  
Title of Officer President



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

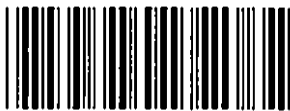
**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004**

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. <b>87413</b>		2. Name of Corporation <b>ACCOUNT-EZE, INC.</b>			
3. Street Address Principal Business Office <b>324 County Road</b>			City <b>Barrington</b>	State <b>RI</b>	Zip <b>02806</b>
4. Business Phone No. <b>(401) 245-1913</b>		5. State of Incorporation <b>RHODE ISLAND</b>			6. SIC Code <b>7658</b>
7. Brief Description of the Character of Business Conducted in Rhode Island <b>TO MAINTAIN EXAMINE, INSPECT, AND AUDIT THE BOOKS AND ACCOUNTS.</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>Patricia Heath</b>			Vice President Name <b>Patricia Heath</b>		
Street Address <b>P.O. Box 231- Old Victory Hwy.</b>			Street Address <b>P.O. Box 231 - Old Victory Hwy.</b>		
City <b>Pascoag</b>	State <b>RI</b>	Zip <b>02859</b>	City <b>Pascoag</b>	State <b>RI</b>	Zip <b>02859</b>
Secretary Name <b>Patricia Heath</b>			Treasurer Name <b>Patricia Heath</b>		
Street Address <b>P.O. Box 231 - Old Victory Hwy.</b>			Street Address <b>P.O. Box 231 - Old Victory Hwy.</b>		
City <b>Pascoag</b>	State <b>RI</b>	Zip <b>02859</b>	City <b>Pascoag</b>	State <b>RI</b>	Zip <b>02859</b>
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <b>Patricia Heath</b>			Director Name <b>None</b>		
Street Address <b>P.O. Box 231 - Old Victory Hwy.</b>			Street Address		
City <b>Pascoag</b>	State <b>RI</b>	Zip <b>02859</b>	City	State	Zip
Director Name <b>None</b>			Director Name <b>None</b>		
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>8,000 \$1.00 PAR VALUE</b>			<b>100</b>	<b>Common</b>	<b>\$1.00</b>

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



\* 8 7 4 1 3 \*

**FILED**

File Date

Check No. **MAR 12 2004**

By: **By 1123814**

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

**Patricia Heath**

Print or Type Name of Officer

**President**

Title of Officer



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Edward S. Inman, III, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040



# 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. **87413** 2. Name of Corporation **ACCOUNT-EZE, INC.**

3. Street Address Principal Business Office

**324 County Road**

City

**Barrington**

State

**RI**

Zip

**02806**

4. Business Phone No.

**(401) 245-1913**

5. State of Incorporation

**RHODE ISLAND**

6. SIC Code

**7658**

7. Brief Description of the Character of Business Conducted in Rhode Island **To maintain, examine, inspect and audit the books and accounts of others and related services.**

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

President Name

**Patricia Heath**

Vice President Name

**Patricia Heath**

Street Address

**P.O. Box 231 - Old Victory Hwy.**

Street Address

**P.O. Box 231 - Old Victory Hwy.**

City

State

Zip

**Pascoag**

**RI**

**02859**

City

State

Zip

**Pascoag**

**RI**

**02859**

Secretary Name

**Patricia Heath**

Treasurer Name

**Patricia Heath**

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) **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name

**Patricia Heath**

Director Name

**None**

Street Address

**P.O. Box 231- Old Victory Hwy.**

Street Address

City

State

Zip

**Pascoag**

**RI**

**02859**

City

State

Zip

Director Name

**None**

Director Name

**None**

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

**8,000 \$1.00 PAR VALUE**

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

**100**

**Common**

**\$1.00**

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



\* 8 7 4 1 3 \*

File Date: 4-11-03

Check No.: 5900

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 1/31/03

**Patricia Heath**

Print or Type Name of Officer

**President**

Title of Officer



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Edward S. Innan, III, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040



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. **87413** 2. Name of Corporation **ACCOUNT-EZE, INC.**

3. Street Address Principal Business Office **324 County Road** City **Barrington** State **RI** Zip **02806**  
4. Business Phone No. **(401) 245-1913** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7658**

7. Brief Description of the Character of Business Conducted in Rhode Island **To maintain, examine, inspect and audit the books and accounts of others and related service.**

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

President Name	Vice President Name
<b>Patricia Heath</b>	<b>Patricia Heath</b>
Street Address	Street Address
<b>P.O. Box 231 - Old Victory Hwy.</b>	<b>P.O. Box 231 - Old Victory Hwy.</b>
City State Zip	City State Zip
<b>Pascoag RI 02859</b>	<b>Pascoag RI 02859</b>
Secretary Name	Treasurer Name
<b>Patricia Heath</b>	<b>Patricia Heath</b>
Street Address	Street Address
<b>(same as above)</b>	<b>(same as above)</b>
City State Zip	City State Zip

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

Director Name	Director Name
<b>Patricia Heath</b>	<b>None</b>
Street Address	Street Address
<b>P.O. Box 231 - Old Victory Hwy.</b>	
City State Zip	City State Zip
<b>Pascoag RI 02859</b>	
Director Name	Director Name
<b>None</b>	<b>None</b>
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>8,000</b>	<b>\$1.00 PAR VALUE</b>	

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
<b>100</b>	<b>Common</b>	<b>\$1.00</b>

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



\* 8 7 4 1 3 \*

File Date: 4-16-02

Check No.: 5514

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] 3/1/02  
Signature of Officer Date

**Patricia Heath**  
Print or Type Name of Officer

**President**  
Title of Officer

5

Form 630 12/01



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040



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.

87413

2. Name of Corporation

ACCOUNT-EZE, INC.

3. Street Address Principal Business Office

324 County Road

City

Barrington

State

RI

Zip

02806

4. Business Phone No.

(401) 245-1913

5. State of Incorporation

RHODE ISLAND

6. SIC Code

7658

7. Brief Description of the Character of Business Conducted in Rhode Island To maintain, examine, inspect and audit the books and accounts of others and related service.

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

President Name

Patricia Heath

Street Address

P.O. Box 231 - Old Victory Hwy.

City

State

Zip

Pascoag

RI

02859

Secretary Name

Patricia Heath

Street Address

(same as above)

City

State

Zip

Vice President Name

Patricia Heath

Street Address

P.O. Box 231 - Old Victory Hwy.

City

State

Zip

Pascoag

RI

02859

Treasurer Name

Patricia Heath

Street Address

(same as above)

City

State

Zip

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

Director Name

Patricia Heath

Street Address

P.O. Box 231 - Old Victory Hwy.

City

State

Zip

Pascoag

RI

02859

Director Name

None

Street Address

Director Name

None

Street Address

City

State

Zip

Director Name

None

Street Address

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

8,000 SHS \$1.00 PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

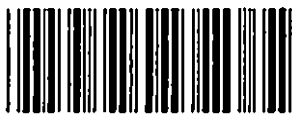
Par Value

100

Common

\$1.00

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



★ 8 7 4 1 3 ★

4-6-01

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

Check No.: \_\_\_\_\_

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.

Date

Patricia Heath

Print or Type Name of Officer

President

Title of Officer



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040



**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. 2. Name of Corporation

87413 ACCOUNT-EZE, INC.

3. Street Address Principal Business Office

324 County Road

4. Business Phone No.

5. State of Incorporation

(401) 245-1913

RHODE ISLAND

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

To maintain, examine, inspect and audit the books and accounts of others and related services.

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

President Name

Vice President Name

Patricia Heath

Patricia Heath

Street Address

Street Address

P.O. Box 231 - Old Victory Hwy.

P.O. Box 231 - Old Victory Hwy.

City

State

Zip

City

State

Zip

Pascoag RI 02859

Pascoag RI 02859

Secretary Name

Treasurer Name

Patricia Heath

Patricia Heath

Street Address

Street Address

(same as above)

(same as above)

City

State

Zip

City

State

Zip

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

Director Name

Director Name

Patricia Heath

None

Street Address

Street Address

(same as above)

City

State

Zip

City

State

Zip

Director Name

Director Name

None

None

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

8,000 SHS \$1.00 PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

100 Common \$1.00

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



\* 8 7 4 1 3 \*

File Date: PAID

Check No.: FEB 29 2000

By: SECY OF STATE

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

Patricia Heath

Print or Type Name of Officer

President

Title of Officer



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040



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. <b>87413</b>		2. Name of Corporation <b>ACCOUNT-EZE, INC.</b>				
3. Street Address Principal Business Office <b>324 County Road</b>		City <b>Barrington</b>	State <b>RI</b>	Zip <b>02806</b>		
4. Business Phone No. <b>(401) 245-1913</b>		5. State of Incorporation <b>RHODE ISLAND</b>		6. SIC Code <b>7858</b>		
7. Brief Description of the Character of Business Conducted in Rhode Island <b>To maintain, examine, inspect and audit the books and accounts of others and related services.</b>						
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <b>FILL IN SPACES BEFORE USING ATTACHMENTS</b>						
President Name <b>Patricia Heath</b>		Vice President Name <b>Patricia Heath</b>				
Street Address <b>P.O. Box 231 Old Victory Hwy.</b>		Street Address <b>P.O. Box 231 Old Victory Hwy.</b>				
City <b>Pascoag</b>	State <b>RI</b>	Zip <b>02859</b>	City <b>Pascoag</b>		State <b>RI</b>	Zip <b>02859</b>
Secretary Name <b>Patricia Heath</b>		Treasurer Name <b>Patricia Heath</b>				
Street Address <b>same as above</b>		Street Address <b>same as above</b>				
City <b>Pascoag</b>	State <b>RI</b>	Zip <b>02859</b>	City <b>Pascoag</b>		State <b>RI</b>	Zip <b>02859</b>
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <b>FILL IN SPACES BEFORE USING ATTACHMENTS</b>						
Director Name <b>Patricia Heath</b>		Director Name <b>None</b>				
Street Address <b>P.O. Box 231 Old Victory Hwy.</b>		Street Address <b></b>				
City <b>Pascoag</b>	State <b>RI</b>	Zip <b>02859</b>	City <b></b>		State <b></b>	Zip <b></b>
Director Name <b>None</b>		Director Name <b>None</b>				
Street Address <b></b>		Street Address <b></b>				
City <b></b>	State <b></b>	Zip <b></b>	City <b></b>		State <b></b>	Zip <b></b>
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)					11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)	
AUTHORIZED SHARES					ISSUED SHARES	
Number of Shares <b>8,000 SHS \$1.00 PAR VALUE</b>	Class/Series <b></b>	Par Value <b></b>	Number of Shares <b>100</b>	Class/Series <b>Common</b>	Par Value <b>\$1.00</b>	

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



\* 8 7 4 1 3 \*

File Date: Mar 2, 99  
Check No.: 43613  
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: 2/26/99  
Print or Type Name of Officer: **Patricia Heath**  
Title of Officer: **President**



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-277-3040



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.

**87413**

2. Name of Corporation

**ACCOUNT-EZE, INC.**

3. Street Address Principal Business Office

**324 County Road**

City

**Barrington**

State

**RI**

Zip

**02806**

4. Business Phone No.

**(401) 245-1913**

5. State of Incorporation

**RHODE ISLAND**

6. SIC Code

**7858**

7. Brief Description of the Character of Business Conducted in Rhode Island To maintain, examine, inspect and audit the books and accounts of others and related services.

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

President Name

**Patricia Heath**

Vice President Name

**Patricia Heath**

Street Address

**P.O. Box 231 Old Victory Hwy.**

Street Address

**P.O. Box 231 Old Victory Hwy.**

City

State

Zip

**Pascoag RI 02859**

City

State

Zip

**Pascoag RI 02859**

Secretary Name

**Patricia Heath**

Treasurer Name

**Patricia Heath**

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)

Director Name

**Patricia Heath**

Director Name

**None**

Street Address

**same as above**

Street Address

**same as above**

City

State

Zip

City

State

Zip

Director Name

**None**

Director Name

**None**

Street Address

**same as above**

Street Address

**same as above**

City

State

Zip

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

**8,000 SHS \$1.00 PAR VALUE**

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

**100**

**Common**

**\$1.00**

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



\* 8 7 4 1 3 \*

File Date:

**3/3/98**

Check No.:

**3863**

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]**

Signature of Officer

**3/3/98**

Date

**Patricia Heath**

Print or Type Name of Officer

**President**

Title of Officer



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

James R. Lungevin, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-277-3040



**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. **87413** 2. Name of Corporation **ACCOUNT-EZE, INC.**  
3. Street Address Principal Business Office **324 County Road** City **Barrington** State **RI** Zip **02806**  
4. Business Phone No. **(401) 245-1913** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7658**

7. Brief Description of the Character of Business Conducted in Rhode Island **To maintain, examine, inspect and audit the books and accounts of others and related services.**

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

President Name <b>Patricia Heath</b> Street Address <b>P.O. Box 231 Old Victory Hwy.</b> City <b>Pascoag</b> State <b>RI</b> Zip <b>02859</b> Secretary Name <b>same as above</b> Street Address  City State Zip	Vice President Name <b>Patricia Heath</b> Street Address <b>P.O. Box 231-Old Victory Hwy.</b> City <b>Pascoag</b> State <b>RI</b> Zip <b>02859</b> Treasurer Name <b>same as above</b> Street Address  City State Zip
---	--

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

Director Name <b>Patricia Heath</b> Street Address <b>same as above</b> City State Zip	Director Name <b>none</b> Street Address  City State Zip
Director Name <b>none</b> Street Address  City State Zip	Director Name <b>none</b> 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
<b>8,000 SHS</b>	<b>\$1.00 PAR VALUE</b>		<b>100</b>	<b>common</b>	<b>\$1.00</b>

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



File Date: **2.28.97**  
Check No.: **3355**  
By: **ICP. / 1/11**  
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 **Patricia Heath** Date **2/25/97**  
Print or Type Name of Officer  
**Patricia Heath**  
Title of Officer  
**President**