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

[redacted]
Corporations
100 North Main St.
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.	2. Name of Corporation			
137213	Flynn Financial Group Inc			
3. Street Address Principal Business Office		City	State	Zip
1120 AQUIDNECK AVENUE		MIDDLETOWN	RI	02842
4. Business Phone No.	5. State of Incorporation			6. SIC Code
401-841-8750	RHODE ISLAND			

7. Brief Description of the Character of Business Conducted in Rhode Island
BOOKKEEPING AND TAX SERVICE

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

President Name			Vice President Name		
ELIZABETH A. FLYNN					
Street Address			Street Address		
6 HOWLAND AVENUE					
City	State	Zip	City	State	Zip
MIDDLETOWN	RI	02842			
Secretary Name			Treasurer Name		
SAME AS ABOVE			SAME AS ABOVE		
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			Director Name		
ELIZABETH A. FLYNN					
Street Address			Street Address		
6 HOWLAND AVE					
City	State	Zip	City	State	Zip
MIDDLETOWN	RI	02842			
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*
8,000 NO PAR VALUE			Ø		NPV

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

[redacted] [redacted]

File Date	FILED
Check No.	MAR 1 6 2005 5478
By:	By

FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

Elizabeth A. Flynn 3/14/05
Signature of Officer *Date*

ELIZABETH A. FLYNN
Print or Type Name of Officer

PRESIDENT
Title of Officer

Form 630 Rev. 12/03