



**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 IN BLACK)

1. Corporate ID No. 116614      2. Name of Corporation Chamberland & Company, Ltd.

3. Street Address Principal Business Office 607 GREAT ROAD      City NORTH SMITHFIELD      State RI      Zip 02896-

4. Business Phone No. 4017651235      5. State of Incorporation RHODE ISLAND      6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island  
SMALL BUSINESS ACCOUNTING AND TAX SERVICES, FINANCIAL SERVICES, PAYROLL SERVICES AND PERSONAL INCOME TAX PREPARATION.

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

President Name Robert N. Chamberland Street Address 607 Great Road City N. Smithfield      State RI      Zip 02896	Vice President Name Robert N. Chamberland Street Address 607 Great Road City N. Smithfield      State RI      Zip 02896
Secretary Name Robert N. Chamberland Street Address 607 Great Road City N. Smithfield      State RI      Zip 02896	Treasurer Name Robert N. Chamberland Street Address 607 Great Road City N. Smithfield      State RI      Zip 02896

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

Director Name Robert N. Chamberland Street Address 607 Great Road City N. Smithfield      State RI      Zip 02896	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) <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	100      Common      NPV

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



\*116614 DBC 02/18/05 05:03:44 PM\*

File Date 2-28-05

Check No. 1797

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]      2/25/05  
Signature of Officer      Date

Robert Chamberland  
Print or Type Name of Officer

President  
Title of Officer



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

Matthew A. Brown, Secretary of State  
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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 IN BLACK)

1. Corporate ID No. 116614		2. Name of Corporation Chamberland & Company, Ltd.		
3. Street Address Principal Business Office 607 GREAT ROAD		City NORTH SMITHFIELD	State RI	Zip 02896-
4. Business Phone No. 4017651235	5. State of Incorporation RHODE ISLAND			6. SIC Code

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

SMALL BUSINESS ACCOUNTING AND TAX SERVICES, FINANCIAL SERVICES, PAYROLL SERVICES AND PERSONAL INCOME TAX PREPARATION.

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

President Name Robert N. Chamberland			Vice President Name Robert N. Chamberland		
Street Address 607 Great Road			Street Address 607 Great Road		
City N. Smithfield	State RI	Zip 02896	City N. Smithfield	State RI	Zip 02896
Secretary Name Robert Chamberland			Treasurer Name Robert N. Chamberland		
Street Address 607 Great Road			Street Address 607 Great Road		
City N. Smithfield	State RI	Zip 02896	City N. Smithfield	State RI	Zip 02896

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

Director Name Robert N. Chamberland			Director Name		
Street Address 607 Great Road			Street Address		
City N. Smithfield	State RI	Zip 02896	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	Class/Series	Par Value
Number of Shares		
1,000 NO PAR VALUE		

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

ISSUED SHARES	Class/Series	Par Value
Number of Shares		
100	Common	NPV

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



1 1 6 6 1 4

\*116614 DBC 12/31/03 02:07:51 PM\*

File Date 3/3/04

Check No. 001306

By: RS

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.

Robert Chamberland 2/24/04  
Signature of Officer Date  
ROBERT CHAMBERLAND  
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. **116614** 2. Name of Corporation **Chamberland & Company, Ltd.**

3. Street Address Principal Business Office **607 Great Road** City **N. Smithfield** State **RI** Zip **02896**

4. Business Phone No. **401-765-1235** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **02896**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Accounting and bookkeeping services, financial services and personal tax preparation**

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

President Name <b>Robert N. Chamberland</b> Street Address <b>607 Great Road</b> City <b>N. Smithfield</b> State <b>RI</b> Zip <b>02896</b>	Vice President Name <b>Robert N. Chamberland</b> Street Address <b>607 Great Road</b> City <b>N. Smithfield</b> State <b>RI</b> Zip <b>02896</b>
Secretary Name <b>Robert Chamberland</b> Street Address <b>607 Great Road</b> City <b>N. Smithfield</b> State <b>RI</b> Zip <b>02896</b>	Treasurer Name <b>Robert N. Chamberland</b> Street Address <b>607 Great Road</b> City <b>N. Smithfield</b> State <b>RI</b> Zip <b>02896</b>

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

Director Name <b>Robert N. Chamberland</b> Street Address <b>607 Great Road</b> City <b>N. Smithfield</b> State <b>RI</b> Zip <b>02896</b>	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
100	Common	NPV

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



\* 1 1 6 6 1 4 \*

File Date: 3.21-03  
Check No.: 5339  
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.

X [Signature] X 3/19/03  
Signature of Officer Date

X Robert Chamberland  
Print or Type Name of Officer

X 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. **116614** 2. Name of Corporation **Chamberland & Company, Ltd.**  
3. Street Address Principal Business Office **607 GREAT ROAD** City **NO. SMITHFIELD** State **RI** Zip **02896**  
4. Business Phone No. **401/765-1235** 5. State of Incorporation **RHODE ISLAND**  
6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island  
**ACCOUNTING & BOOKKEEPING SERVICES, FINANCIAL SERVICES & PERSONAL TAX PREPARATION**

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

President Name <b>ROBERT N. CHAMBERLAND</b> Street Address <b>100 ANN DRIVE</b> City <b>E. GREENWICH</b> State <b>RI</b> Zip <b>02818</b>	Vice President Name <b>ROBERT N. CHAMBERLAND</b> Street Address <b>100 ANN DRIVE</b> City <b>E. GREENWICH</b> State <b>RI</b> Zip <b>02818</b>
Secretary Name <b>ROBERT N. CHAMBERLAND</b> Street Address <b>100 ANN DRIVE</b> City <b>E. GREENWICH</b> State <b>RI</b> Zip <b>02818</b>	Treasurer Name <b>ROBERT N. CHAMBERLAND</b> Street Address <b>100 ANN DRIVE</b> City <b>E. GREENWICH</b> State <b>RI</b> Zip <b>02818</b>

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

Director Name <b>ROBERT N. CHAMBERLAND</b> Street Address <b>100 ANN DRIVE</b> City <b>E. GREENWICH</b> State <b>RI</b> Zip <b>02818</b>	Director Name <b>ROBERT N. CHAMBERLAND</b> Street Address <b>100 ANN DRIVE</b> City <b>E. GREENWICH</b> State <b>RI</b> Zip <b>02818</b>
Director Name <b>ROBERT N. CHAMBERLAND</b> Street Address <b>100 ANN DRIVE</b> City <b>E. GREENWICH</b> State <b>RI</b> Zip <b>02818</b>	Director Name <b>ROBERT N. CHAMBERLAND</b> Street Address <b>100 ANN DRIVE</b> City <b>E. GREENWICH</b> State <b>RI</b> Zip <b>02818</b>

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  
**100 NPV**

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



\* 1 1 6 6 1 4 \*

File Date: 2-28-02  
4521  
Check No.: \_\_\_\_\_  
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] 2/20/02  
Signature of Officer Date

Print or Type Name of Officer \_\_\_\_\_