



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. 138714		2. Name of Corporation R & R Communication, Inc.			
3. Street Address Principal Business Office 9 Farewell Street			City Newport	State RI	Zip 02840
4. Business Phone No. 401-846-3444		5. State of Incorporation RHODE ISLAND			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN THE BUSINESS OF MONEY TRANSPER AND TRANSMISSION					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Rosemary Moronta-Difo			Vice President Name Rafael A. Difo		
Street Address 9 Farewell Street			Street Address 9 Farewell Street		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
Secretary Name Rosemary Moronta-Difo			Treasurer Name Rosemary Moronta-Difo		
Street Address 9 Farewell Street			Street Address 9 Farewell Street		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name None			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
8,000 COMM	\$1.00 PAR VALUE		200	Common	\$1.00

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



1 3 8 7 1 4

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.

Rosemary Moronta-Difo
Signature of Officer

Rosemary Moronta-Difo

Print or Type Name of Officer

President

Title of Officer

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FILED

File Date

OCT 04 2005

Check No.

By

3y *[Signature]* 78803

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