



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. 129314		2. Name of Corporation Law Office of John L. Coppolino, Ltd.			
3. Street Address Principal Business Office 1076 Reservoir Ave.			City Cranston	State RI	Zip 02910
4. Business Phone No. 490-4008		5. State of Incorporation RHODE ISLAND			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island TO PRACTICE LAW					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name John L. Coppolino			Vice President Name John L. Coppolino		
Street Address 268 Morgan Ave.			Street Address 268 Morgan Ave.		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Secretary Name John L. Coppolino			Treasurer Name John L. Coppolino		
Street Address 268 Morgan Ave.			Street Address 268 Morgan Ave.		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name John L. Coppolino			Director Name		
Street Address 268 Morgan Ave.			Street Address		
City Johnston	State RI	Zip 02919	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
1,000 NO PAR VALUE			1,000		none

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.

Signature of Officer [Signature] Date 2/21/05
Print or Type Name of Officer JOHN L. COPPOLINO
Title of Officer PRESIDENT

File Date **FILED**
Check No. 916
FEB 23 2005
By: [Signature]
SECRETARY OF STATE USE ONLY



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1,000 NO PAR VALUE				1,000 - none	

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* 1 2 9 3 1 4 *

File Date _____
 Check No. _____
 By: _____
 SEP 13 2004
 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: 8-23-04
 Print or Type Name of Officer: JOHN L. COPPOLINO
 Title of Officer: President