



**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. 67116		2. Name of Corporation Ronald J. Resmini, Ltd. Law Offices			
3. Street Address Principal Business Office 155 South Main St., Suite 400			City Prov.,	State RI	Zip 02903
4. Business Phone No. (401)751-8855		5. State of Incorporation RHODE ISLAND			6. SIC Code 7617
7. Brief Description of the Character of Business Conducted in Rhode Island THE PRACTICE OF LAW AND ANY AND ALL OTHER RELATED SERVICES					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Ronald J. Resmini			Vice President Name Ronald J. Resmini		
Street Address 155 South Main St., Suite 400			Street Address Same		
City Prov.	State RI	Zip 02903	City	State	Zip
Secretary Name Ronald J. Resmini			Treasurer Name Ronald J. Resmini		
Street Address 155 South Main St., Suite 400			Street Address Same		
City Prov.	State RI	Zip 02903	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name None - Closed Corporation					
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
2,000 NO PAR VALUE			1,000	Common	No Par

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



File Date **FILED**  
Check No. **MAR 23 2005 31321**  
By: **ICB**  
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 **Ronald J. Resmini** Date **3/22/05**  
Print or Type Name of Officer **Ronald J. Resmini**  
Title of Officer **President**



**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>67116</b>		2. Name of Corporation <b>Ronald J. Resmini, Ltd. Law Offices</b>			
3. Street Address Principal Business Office <b>155 South Main St., Suite 400</b>			City <b>Prov.</b>	State <b>RI</b>	Zip <b>02903</b>
4. Business Phone No. <b>(401)751-8855</b>		5. State of Incorporation <b>RHODE ISLAND</b>		6. SIC Code <b>7617</b>	
7. Brief Description of the Character of Business Conducted in Rhode Island <b>THE PRACTICE OF LAW AND ANY AND ALL OTHER RELATED SERVICES</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>Ronald J. Resmini</b>			Vice President Name <b>Ronald J. Resmini</b>		
Street Address <b>155 South Main St., Suite 400</b>			Street Address <b>Same</b>		
City <b>Prov.</b>	State <b>RI</b>	Zip <b>02903</b>	City	State	Zip
Secretary Name <b>Ronald J. Resmini</b>			Treasurer Name <b>Ronald J. Resmini</b>		
Street Address <b>155 South Main St., Suite 400</b>			Street Address <b>Same</b>		
City <b>Prov</b>	State <b>RI</b>	Zip <b>02903</b>	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <b>None - Closed Corporations</b>					
Street Address					
City	State	Zip	City	State	Zip
Director Name					
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>2,000 NO PAR VALUE</b>			<b>1,000</b>	<b>Common</b>	<b>No. Par</b>

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



\* 6 7 1 1 6 \*

File Date 1-26-04  
Check No. 28425  
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] 1/23/04  
Signature of Officer Date  
**Ronald J. Resmini**  
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. **67116**  
2. Name of Corporation **Ronald J. Resmini, Ltd. Law Offices**  
3. Street Address Principal Business Office  
**155 South Main St. Suite 400**  
4. Business Phone No. **(401) 751-8855**  
5. State of Incorporation **RHODE ISLAND**

City **Providence** State **RI** Zip **02903**  
6. SIC Code **7617**

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

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

President Name **Ronald J. Resmini, Esq.**  
Street Address **155 South Main St. Suite 400**  
City **Providence** State **RI** Zip **02903**

Vice President Name  
Street Address  
City State Zip

Secretary Name  
Street Address  
City State Zip

Treasurer Name  
Street Address  
City State Zip

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

Director Name  
Street Address  
City State Zip  
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  
Number of Shares Class/Series Par Value  
**2,000 NO PAR VALUE**

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

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**1,000 Common No PAR**

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



\* 6 7 1 1 6 \*

File Date: Le. 27. 03  
Check No.: 27060  
By: re

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.

*Ronald J. Resmini*  
Signature of Officer Date 4/27/03  
**Ronald J. Resmini**  
Print or Type Name of Officer

**President**  
Title of Officer  
5



**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. **67116** 2. Name of Corporation **Ronald J. Resmini, Ltd. Law Offices**  
3. Street Address Principal Business Office **155 South Main St., Suite 400** City **Providence** State **RI** Zip **02903**  
4. Business Phone No. **(401) 751-8855** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7617**  
7. Brief Description of the Character of Business Conducted in Rhode Island

**Law Practice**

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

President Name <b>Ronald J. Resmini</b> Street Address <b>155 South Main Street, Suite 400</b> City <b>Providence</b> State <b>RI</b> Zip <b>02903</b>	Vice President Name <b>Ronald J. Resmini</b> Street Address <b>Same</b> City <b>Providence</b> State <b>RI</b> Zip <b>02903</b>
Secretary Name <b>Ronald J. Resmini</b> Street Address <b>Same</b> City <b>Providence</b> State <b>RI</b> Zip <b>02903</b>	Treasurer Name <b>Ronald J. Resmini</b> Street Address <b>Same</b> City <b>Providence</b> State <b>RI</b> Zip <b>02903</b>

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

Director Name <b>None</b> Street Address <b>None</b> City <b>None</b> State <b>None</b> Zip <b>None</b>	Director Name <b>None</b> Street Address <b>None</b> City <b>None</b> State <b>None</b> Zip <b>None</b>
Director Name <b>None</b> Street Address <b>None</b> City <b>None</b> State <b>None</b> Zip <b>None</b>	Director Name <b>None</b> Street Address <b>None</b> City <b>None</b> State <b>None</b> Zip <b>None</b>

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

AUTHORIZED SHARES	Class/Series	Par Value
<b>2,000 NO PAR VALUE</b>		

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

ISSUED SHARES	Class/Series	Par Value
<b>1,000</b>	<b>Common</b>	<b>No Par</b>

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



\* 6 7 1 1 6 \*

File Date: 1-7-02  
22829  
Check No.: 2  
By: \_\_\_\_\_

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.

Ronald J. Resmini Date 1-7-2002  
Signature of Officer Date  
**Ronald J. Resmini**  
Print or Type Name of Officer  
**President**  
Title of Officer



**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. **67116**      2. Name of Corporation **Ronald J. Resmini, Ltd. Law Offices**

3. Street Address Principal Business Office      City      State      Zip  
**155 South Main Street**      **Providence**      **RI**      **02903**

4. Business Phone No.      5. State of Incorporation  
**(401) 751-8855**      **RHODE ISLAND**

6. SIC Code  
**7611**

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

**Law Practice**

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

<b>President Name</b>	<b>Ronald J. Resmini</b>	<b>Vice President Name</b>	<b>Ronald J. Resmini</b>
<b>Street Address</b>	<b>155 South Main Street</b>	<b>Street Address</b>	<b>SAME</b>
<b>City</b>	<b>Providence</b>	<b>City</b>	<b>SAME</b>
<b>State</b>	<b>RI</b>	<b>State</b>	<b>RI</b>
<b>Zip</b>	<b>02903</b>	<b>Zip</b>	<b>02903</b>
<b>Secretary Name</b>	<b>Ronald J. Resmini</b>	<b>Treasurer Name</b>	<b>Ronald J. Resmini</b>
<b>Street Address</b>	<b>Same</b>	<b>Street Address</b>	<b>Same</b>
<b>City</b>	<b>Same</b>	<b>City</b>	<b>Same</b>
<b>State</b>	<b>RI</b>	<b>State</b>	<b>RI</b>
<b>Zip</b>	<b>02903</b>	<b>Zip</b>	<b>02903</b>

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

<b>Director Name</b>	<b>NONE</b>	<b>Director Name</b>	<b>NONE</b>
<b>Street Address</b>	<b>NONE</b>	<b>Street Address</b>	<b>NONE</b>
<b>City</b>	<b>NONE</b>	<b>City</b>	<b>NONE</b>
<b>State</b>	<b>NONE</b>	<b>State</b>	<b>NONE</b>
<b>Zip</b>	<b>NONE</b>	<b>Zip</b>	<b>NONE</b>

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

**AUTHORIZED SHARES**

<b>Number of Shares</b>	<b>Class/Series</b>	<b>Par Value</b>
<b>2,000 SHS</b>	<b>NO PAR VALUE</b>	

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

**ISSUED SHARES**

<b>Number of Shares</b>	<b>Class/Series</b>	<b>Par Value</b>
<b>1,000</b>	<b>Common</b>	<b>No Par</b>

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



\* 6 7 1 1 6 \*

File Date: 1/22/2002

Check No.: 20029

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]      Date

**Ronald J. Resmini**

**President**



**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. **67116** 2. Name of Corporation **Resmini & Cantor, Ltd.**

3. Street Address Principal Business Office **155 South Main Street** City **Providence** State **RI** Zip **02903**  
4. Business Phone No. **401 751-8855** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7617**

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

**Law Practice**

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

President Name <b>Ronald J. Resmini</b> Street Address <b>155 South Main Street</b> City <b>Providence</b> State <b>RI</b> Zip <b>02903</b>	Vice President Name <b>Ronald J. Resmini</b> Street Address <b>Same</b> City <b>Same</b> State <b>RI</b> Zip <b>02903</b>
Secretary Name <b>Ronald J. Resmini</b> Street Address <b>SAME</b> City <b>SAME</b> State <b>RI</b> Zip <b>02903</b>	Treasurer Name <b>Ronald J. Resmini</b> Street Address <b>SAME</b> City <b>SAME</b> State <b>RI</b> Zip <b>02903</b>

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

Director Name <b>NONE</b> Street Address <b>NONE</b> City <b>NONE</b> State <b>RI</b> Zip <b>02903</b>	Director Name <b>NONE</b> Street Address <b>NONE</b> City <b>NONE</b> State <b>RI</b> Zip <b>02903</b>
Director Name <b>NONE</b> Street Address <b>NONE</b> City <b>NONE</b> State <b>RI</b> Zip <b>02903</b>	Director Name <b>NONE</b> Street Address <b>NONE</b> City <b>NONE</b> State <b>RI</b> Zip <b>02903</b>

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

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	<b>2,000 SHS</b>	<b>NO PAR VALUE</b>	

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	<b>1000</b>	<b>Common</b>	<b>No Par</b>

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



**FILED**

File Date: JAN 06 2000

Check No.: CE17048

By: CE17048

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.

*Ronald J. Resmini*  
Signature of Officer \_\_\_\_\_ Date \_\_\_\_\_

**Ronald J. Resmini**  
Print or Type Name of Officer

**President**  
Title of Officer

Filing Fee \$50.00  
Payable to:  
Secretary of State

PLEASE TYPE or PRINT  
State of Rhode Island and Providence Plantations  
Office of The Secretary of State  
100 North Main Street  
Providence, Rhode Island 02903 1335  
401 277-3040

File Annually  
I.L.C. Sept. 1 - Nov. 1  
CORP. Jan. 1 - March 1

Corporate ID: 0067116 Annual Report for the year 1994

Name of Business Entity: RESMINI AND O'HARA, LTD.

Business entity organized under the laws of the State of RI

Federal Taxpayer Identification Number: [REDACTED]

For foreign entity, address and telephone number of principal office:

Phone: ( )

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box).

Phone: ( )

Business Entity is (check one)

- Business Corporation (See RIGL Chapter 7-1.1)
- Professional Service Corporation (See RIGL Chapter 7-5.1)
- Limited Liability Company (See RIGL 7-16)

Name, title and mailing address of contact person to whom communications may be directed:

Ronald J. Resmini/Timothy D. O'Hara  
155 South Main St - Suite 400  
Providence, RI 02903

Brief statement of the character of business conducted in Rhode Island:  
Law practice

Date of Organization 2/28/92

Date of Qualification to do business in Rhode Island (if foreign entity):

THE NAMES OF THE OFFICERS ARE:

<input checked="" type="checkbox"/> CHIEF EXECUTIVE OFFICER OR <input checked="" type="checkbox"/> PRESIDENT (Check one)	NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
	Ronald J. Resmini, Esq.	155 South Main St., Prov., RI 02903		
<input type="checkbox"/> CHIEF OPERATING OFFICER OR <input checked="" type="checkbox"/> VICE PRESIDENT (Check one)	NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
	Timothy D. O'Hara, Esq.	155 South Main St., Prov., RI 02903		
<input type="checkbox"/> CLERK OF RECORDS OR <input checked="" type="checkbox"/> SECRETARY (Check one)	NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
	Timothy D. O'Hara, Esq.	155 South Main St., Prov., RI 02903		
<input type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input checked="" type="checkbox"/> TREASURER (Check one)	NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
	Ronald J. Resmini, Esq.	155 South Main St., Prov., RI 02903		

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
	N/A		
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED (If Applicable) <u>20,000</u>		NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)	
NUMBER	<u>20,000</u>	NUMBER	<u>20,000</u>
CLASS	<u>Common</u>	CLASS	<u>Common</u>
SERIES		SERIES	
PAR VALUE OR WITHOUT PAR	<u>No Par Value</u>	PAR VALUE OR WITHOUT PAR	<u>No Par Value</u>

Date February 3, 1994 By: [Signature]

FILED

RONALD J. RESMINI, ESQ. Timothy D. O'HARA  
PRINT OR TYPE NAME OF OFFICER SIGNING  
President Vice President  
TITLE OF OFFICER SIGNING

Form 31 1994 Ex. 2332

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form I.L.C. 3 must be filed.

TIMOTHY D. O'HARA, ESQ.  
155 SOUTH MAIN STREET, SUITE 400  
PROVIDENCE RI 02903

Filing Fee \$50.00

342896 To be filed annually between January 1st and March 1st

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0057115 Annual Report for the year 1993

FIRST: The name of the corporation is TIMOTHY D. O'HARA LAW ASSOCIATES, LTD.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is The practice of law and any and all other related services. A professional corporation pursuant to RIGL 7-5-1 et seq.

FOURTH: If foreign corporation, address of its principal office N/A

FIFTH: Business address in Rhode Island 155 South Main Street, Suite 400, Providence, Rhode Island 02903

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
Timothy D. O'Hara, Esq.	President	84 Seymour St., Warren, Rhode Island
Timothy D. O'Hara, Esq.	Vice President	" " "
Timothy D. O'Hara, Esq.	Secretary	" " "
Timothy D. O'Hara, Esq.	Treasurer	" " "

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1000		PAID	No Par Value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1000			No par Value

Dated 1/26 1993

Timothy D. O'Hara Law Associates, Ltd.  
(Name of Corporation)

By Timothy D. O'Hara  
Title President

(Report must be signed by an officer)