



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 OR PRINTED IN BLACK)

1. Corporate ID No. 130717		2. Name of Corporation CREATIVE PHOTOGRAPHY BY JEANNE HAUSER INCORPORATED													
3. Street Address Principal Business Office 82 Kennedy Lane		City Harrisville	State RI	Zip 02830											
4. Business Phone No. 401-568-0191		5. State of Incorporation RHODE ISLAND		6. SIC Code 8334											
7. Brief Description of the Character of Business Conducted in Rhode Island FOR ALL TYPES OF PHOTOGRAPHY															
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS															
President Name Jeanne Hauser		Vice President Name NONE													
Street Address 82 Kennedy Lane		Street Address NONE													
City Harrisville	State RI	Zip 02830	City	State											
Secretary Name NONE		Treasurer Name NONE													
Street Address NONE		Street Address NONE													
City	State	Zip	City	State											
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS															
Director Name		Director Name													
Street Address NONE		Street Address NONE													
City	State	Zip	City	State											
Director Name		Director Name													
Street Address		Street Address													
City	State	Zip	City	State											
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐ AUTHORIZED SHARES					11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐ ISSUED SHARES										
Number of Shares			Class/Series		Par Value			Number of Shares			Class/Series		Par Value		
3 NO PAR VALUE								NONE							

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



File Date	2-3-05
Check No.	243
By:	2c
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.

Jeanne E. Hauser 2-1-05
Signature of Officer Date
Jeanne E. Hauser
Print or Type Name of Officer
Owner
Title of Officer



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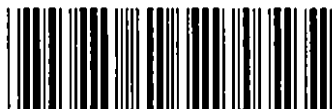
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3. Street Address Principal Business Office 82 Kennedy Lane			City Harrisville	State RI	Zip 02830
4. Business Phone No 401-568-0191		5. State of Incorporation RHODE ISLAND			6. SIC Code 812920
7. Brief Description of the Character of Business Conducted in Rhode Island FOR ALL TYPES OF PHOTOGRAPHY					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Jeanne Hauser			Vice President Name None		
Street Address 82 Kennedy Lane			Street Address		
City Harrisville	State RI	Zip 02830	City	State	Zip
Secretary Name			Treasurer Name		
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 None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name None			Director Name None		
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
3 NO PAR VALUE			3		

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



* 1 3 0 7 1 7 *

File Date 3/15/04
Check No. 116
By: 18

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.

Jeanne E. Hauser 3/11/04
Signature of Officer Date
JEANNE E. HAUSER
Print or Type Name of Officer
OWNER / PHOTOGRAPHER
Title of Officer