



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 143817		2. Name of Corporation ADAMS AND ASSOCIATES, INC.		
3. Street Address Principal Business Office 10395 Double R Blvd.		City Reno	State NV	Zip 89521
4. Business Phone No 775-348-0900		5. State of Incorporation NEVADA		6. SIC Code 8730
7. Brief Description of the Character of Business Conducted in Rhode Island OPERATE RESIDENTIAL YOUTH TRAINING FACILITIES FOR THE U.S. DEPARTMENT OF LABOR				
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Roy A. Adams		Vice President Name Leslie G. Adams		
Street Address 10395 Double R Blvd.		Street Address 10395 Double R Blvd.		
City Reno	State NV	Zip 89521	City Reno	State NV
Secretary Name William C. Thornton		Treasurer Name Daniel B. Norem		
Street Address 1 East First Street #1405		Street Address 10395 Double R Blvd.		
City Reno	State NV	Zip 89501	City Reno	State NV
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name Roy A. Adams		Director Name Leslie G. Adams		
Street Address 10395 Double R Blvd.		Street Address 10395 Double R Blvd.		
City Reno	State NV	Zip 89521	City Reno	State NV
Director Name William C. Thornton		Director Name Richard Ieri		
Street Address 1 East First Street #1405		Street Address 10395 Double R Blvd.		
City Reno	State NV	Zip 89501	City Reno	State NV
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
25,000	\$1.00 PAR VALUE		11,071	

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



143817

File Date **1/4/05**
Check No. **43476**
By: **W.**

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.

Daniel B. Norem **12/28/04**
Signature of Officer Date

Daniel B. Norem
Print or Type Name of Officer

Treasurer
Title of Officer