



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. 64717	2. Name of Corporation Barbara Sokoloff Associates, Inc.		
3. Street Address Principal Business Office 101 A DYER STREET	City PROVIDENCE	State RI	Zip 02903
4. Business Phone No. 4014550550	5. State of Incorporation RHODE ISLAND	6. SIC Code 7286	

7. Brief Description of the Character of Business Conducted in Rhode Island
TO ENGAGE IN THE BUSINESS OF PLANNING, CONSULTING AND OTHER ADVISORY SERVICES.

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

President Name Barbara Sokoloff	Vice President Name Herbert Rakatansky, M.D.				
Street Address 101A Dyer Street	Street Address 101A Dyer Street				
City Providence	City Providence	State RI	State RI	Zip 02903	Zip 02903
Secretary Name Barbara Sokoloff	Treasurer Name Barbara Sokoloff				
Street Address 101A Dyer Street	Street Address 101A Dyer Street				
City Providence	City Providence	State RI	State RI	Zip 02903	Zip 02903

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

Director Name NONE	Director Name				
Street Address	Street Address				
City	City	State	State	Zip	Zip
Director Name	Director Name				
Street Address	Street Address				
City	City	State	State	Zip	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	100	COMMON	NO PAR VALUE		

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



6 4 7 1 7

64717 DBC 01/10/05 12:45:00 PM

File Date 3/29/05

Check No. 2146

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.

Barbara Sokoloff 3/18/05
Signature of Officer Date

Barbara Sokoloff

Print or Type Name of Officer

President

Title of Officer

Form 630 12/01



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 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 64717		2. Name of Corporation Barbara Sokoloff Associates, Inc.	
3. Street Address Principal Business Office 101 A DYER STREET		City PROVIDENCE	State RI
4. Business Phone No. 4014550550		5. State of Incorporation RHODE ISLAND	
		6. SIC Code 7286	

7. Brief Description of the Character of Business Conducted in Rhode Island
TO ENGAGE IN THE BUSINESS OF PLANNING, CONSULTING AND OTHER ADVISORY SERVICES.

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

President Name Barbara Sokoloff			Vice President Name Herbert Rakatansky, M.D.		
Street Address 101A Dyer Street			Street Address 101A Dyer Street		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Secretary Name Barbara Sokoloff			Treasurer Name		
Street Address 101A Dyer Street			Street Address		
City Providence	State RI	Zip 02903	City	State	Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS (X) BOX FOR ATTACHMENT () FILE 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 () 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
8,000 COMM \$1.00 PAR VALUE			100	COMMON	NO PAR VALUE

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



6 4 7 1 7

64717 DBC 01/20/04 10:13:55 AM
FILED
JUL 07 2004
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.

Barbara Sokoloff 7/1/04
Signature of Officer Date
Barbara Sokoloff
Print or Type Name of Officer
President
Title of Officer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. *64717*		2. Name of Corporation Barbara Sokoloff Associates, Inc.			
3. Street Address Principal Business Office 101 A DYER STREET		City PROVIDENCE	State RI	Zip 02903	
4. Business Phone No 4014550550		5. State of Incorporation RHODE ISLAND			6. SIC Code 7286
7. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN THE BUSINESS OF PLANNING, CONSULTING AND OTHER ADVISORY SERVICES.					
8. NAMES AND ADDRESSES OF THE OFFICERS. (X) BOX FOR ATTACHMENT () FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Barbara Sokoloff		Vice President Name Herbert Rakatansky, M.D.			
Street Address 101A Dyer Street		Street Address 101A Dyer Street			
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Secretary Name Barbara Sokoloff		Treasurer Name			
Street Address 101A Dyer Street		Street Address			
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
9. NAMES AND ADDRESSES OF THE DIRECTORS. (X) BOX FOR ATTACHMENT () 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 () FILL IN SPACES BEFORE USING ATTACHMENTS					
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			100	COMMON	\$1.00

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



* 6 4 7 1 7 *

**64717* 11/5/02 12:01:49 PM*

File Date 2/6/03

Check No. 1538

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.

Barbara Sokoloff 1/31/03
Signature of Officer Date
Barbara Sokoloff
Print or Type Name of Officer
President
Title of Officer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



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.

64717

2. Name of Corporation

Barbara Sokoloff Associates, Inc.

3. Street Address Principal Business Office

101A Dyer Street

City

Providence

State

RI

Zip

02903

4. Business Phone No.

(401) 455-0550

5. State of Incorporation

RHODE ISLAND

6. SIC Code

7286

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

To engage in the business of planning, consulting and other advisory services.

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

President Name

Barbara Sokoloff

Vice President Name

Patricia K. Walker

Street Address

101A Dyer Street

Street Address

101A Dyer Street

City

Providence

State

RI

Zip

02903

City

Providence

State

RI

Zip

02903

Secretary Name

Barbara Sokoloff

Treasurer Name

Barbara Sokoloff

Street Address

Same as above

Street Address

Same as above

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

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)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

8,000 COMM \$1.00 PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

100

Common

\$1.00

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



* 6 4 7 1 7 *

File Date: 4/3/02

Check No.: 1249

By: SA

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.

Barbara Sokoloff 3/1/02
Signature of Officer Date
Barbara Sokoloff

Print or Type Name of Officer

President

Title of Officer

5

Form 630 12/01



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



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. **64717** 2. Name of Corporation **Barbara Sokoloff Associates, Inc.**

3. Street Address Principal Business Office **101A Dyer Street** City **Providence** State **RI** Zip **02903**
4. Business Phone No. **(401) 455-0550** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7288**

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

To engage in the business of planning, consulting and other advisory services.

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

President Name Barbara Sokoloff Street Address 101A Dyer Street City Providence State RI Zip 02903 Secretary Name Barbara Sokoloff Street Address Same as above City Providence State RI Zip 02903	Vice President Name Patricia K. Walker Street Address 101A Dyer Street City Providence State RI Zip 02903 Treasurer Name Barbara Sokoloff Street Address Same as above City Providence State RI Zip 02903
---	--

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

Director Name None Street Address None City None State None Zip None	Director Name None Street Address None City None State None Zip None
---	---

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
8,000 COMM	\$1.00	PAR VALUE

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
100	Common	\$1.00

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



* 6 4 7 1 7 *

FILED

File Date: **SEP 04 2001**

Check No.: **By Ce 1107**

By: **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.

Barbara Sokoloff 8/31/01
Signature of Officer Date

Barbara Sokoloff
Print or Type Name of Officer

President
Title of Officer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



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.

2. Name of Corporation

64717

Barbara Sokoloff Associates, Inc.

3. Street Address Principal Business Office

101A Dyer Street

City

Providence

State

RI

Zip

02903

4. Business Phone No.

(401) 455-0550

5. State of Incorporation

RHODE ISLAND

6. SIC Code

7286

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

To engage in the business of planning, consulting and other advisory services.

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

President Name

Barbara Sokoloff

Vice President Name

Patricia K. Walker

Street Address

101A Dyer Street

Street Address

101A Dyer Street

City

State

Zip

Providence

RI

02903

City

State

Zip

Providence

RI

02903

Secretary Name

Barbara Sokoloff

Treasurer Name

Barbara Sokoloff

Street Address

Same as above

Street Address

Same as above

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

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)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

8,000 SHS COM \$1.00 PAR V

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

100

Common

\$1.00

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



* 6 4 7 1 7 *

File Date: 7/31/2000

Check No.: 4811

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.

Barbara Sokoloff 7/25/00
Signature of Officer Date

Barbara Sokoloff
Print or Type Name of Officer

President
Title of Officer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **1999**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

64717

2. Name of Corporation

Barbara Sokoloff Associates, Inc.

3. Street Address Principal Business Office

101 A Dyer Street

City

Providence

State

RI

Zip

02903

4. Business Phone No.

(401) 455-0550

5. State of Incorporation

RHODE ISLAND

6. SIC Code

7286

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

To engage in the business of planning, consulting and other advisory services

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

President Name

Barbara Sokoloff

Vice President Name

Patricia K. Walker

Street Address

101 A Dyer Street

Street Address

101 A Dyer Street

City

Providence

State

RI

Zip

02903

City

Providence

State

RI

Zip

02903

Secretary Name

Barbara Sokoloff

Treasurer Name

Barbara Sokoloff

Street Address

101 A Dyer Street

Street Address

101 A Dyer Street

City

Providence

State

RI

Zip

02903

City

Providence

State

RI

Zip

02903

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) **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)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

8,000 SHS COM \$1.00 PAR V

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

100

Common

\$1.00

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



* 6 4 7 1 7 *

File Date: **FILED**

Check No.: **JUN 30 1999**

By: **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.

Barbara Sokoloff 6/28/99
Signature of Officer Date

Barbara Sokoloff

Print or Type Name of Officer

President

Title of Officer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

64717

2. Name of Corporation

Barbara Sokoloff Associates, Inc.

3. Street Address Principal Business Office

101 A Dyer Street

City

Providence

State

RI

Zip

02903

4. Business Phone No.

401-455-0550

5. State of Incorporation

RHODE ISLAND

6. SIC Code

7286

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

To engage in the business of planning, consulting and other advisory services.

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name

Barbara Sokoloff

Vice President Name

Street Address

101 A Dyer Street

Street Address

City

Providence

State

RI

Zip

02903

City

State

Zip

Secretary Name

Barbara Sokoloff

Treasurer Name

Barbara Sokoloff

Street Address

101 A Dyer Street

Street Address

101 A Dyer Street

City

Providence

State

RI

Zip

02903

City

State

Zip

02903

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

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)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

8,000 SHS COM \$1.00 PAR V

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

100

Common

\$1.00

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



* 6 4 7 1 7 *

File Date: 3/24/98

Check No.: 4058

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.

Barbara Sokoloff 3/19/98
Signature of Officer Date

Barbara Sokoloff
Print or Type Name of Officer

Pres.
Title of Officer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040



PROFIT CORPORATION ANNUAL REPORT 1997

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **64717** 2. Name of Corporation **Barbara Sokoloff Associates, Inc.**

3. Street Address Principal Business Office

101 A Dyer Street

City

Providence

State

RI

Zip

02903

4. Business Phone No.

401-455-0550

5. State of Incorporation

RHODE ISLAND

6. SIC Code

7286

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

To engage in the business of planning, consulting and other advisory services

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name

Barbara Sokoloff

Vice President Name

Street Address

101 A Dyer Street

Street Address

City State Zip

Providence, Rhode Island 02903

City State Zip

Secretary Name

Barbara Sokoloff

Treasurer Name

Barbara Sokoloff

Street Address

101 A Dyer Street

Street Address

City State Zip

Providence Rhode Island 02903

City State Zip

Providence Rhode Island 02903

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

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 AND ISSUED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares Class/Series Par Value

8,000 SHS COM \$1.00 PAR V

ISSUED SHARES

Number of Shares Class/Series Par Value

100 Common \$1.00

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



* 6 4 7 1 7 *

File Date: 6/2/97

Check No.: 2304

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.

Barbara Sokoloff 5/30/97
Signature of Officer Date

Barbara Sokoloff, President
Print or Type Name of Officer

Title of Officer

PROFIT CORPORATION
ANNUAL REPORT

1996



State of Rhode Island and Providence Plantations
James R. Langevin, Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335 • (401) 277-3040

Filing Period: January 1-March 1
Filing Fee: \$50.00

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. 064717 2. NAME OF CORPORATION Barbara Sokoloff Associates, Inc.
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 101 A Dyer St., CITY Providence STATE RI ZIP CODE 02903
4. BUSINESS PHONE NO. 401-455-0550 5. STATE OF INCORPORATION Rhode Island 6. SIC CODE 7286

To engage in the business of planning, consulting and advisory services

8. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME Barbara Sokoloff VICE PRESIDENT NAME
STREET ADDRESS 99 Orange Street 101 A Dyer St. STREET ADDRESS
CITY Providence STATE RI ZIP CODE 02903 CITY Providence STATE RI ZIP CODE
SECRETARY NAME Barbara Sokoloff TREASURER NAME Barbara Sokoloff
STREET ADDRESS 99 Orange Street 101 A Dyer St. STREET ADDRESS 99 Orange Street 101 A Dyer Street
CITY Providence STATE RI ZIP CODE 02903 CITY Providence STATE RI ZIP CODE 02903

9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME None DIRECTOR NAME
STREET ADDRESS STREET ADDRESS
CITY STATE ZIP CODE CITY STATE ZIP CODE
DIRECTOR NAME DIRECTOR NAME
STREET ADDRESS STREET ADDRESS
CITY STATE ZIP CODE CITY STATE ZIP CODE

10. SHARES AUTHORIZED AND ISSUED

AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
8,000	Common	\$1.00	100	Common	\$1.00

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.

Barbara Sokoloff
Signature of Officer

Barbara Sokoloff
Print or Type Name of Officer

President
Title of Officer

2-12-96
Date

File Date: 2-21-96

Check No: 1854

By: *JS*
For Secretary of State Use Only

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
LLC Sept. 1 - Nov. 1
CORP. Jan. 1 - March 1

Corporate ID: 0064717 Annual Report for the year 1994

Name of Business Entity: Barbara Sokoloff Associates, Inc.

Business entity organized under the laws of the State of Rhode Island

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)

99 Orange Street

Providence, Rhode Island 02903

Phone: (401) 455-0550

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:

Constance A. Howes

One Old Stone Square
Providence, Rhode Island 02903

Brief statement of the character of business conducted in Rhode Island

To engage in the business of planning,
consulting and advisory services

Date of Organization June 20, 1991

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

THE NAMES OF THE OFFICERS ARE:

☐ CHIEF EXECUTIVE OFFICER OR ☒ PRESIDENT (Check One) STREET ADDRESS CITY/STATE ZIP CODE
Barbara Sokoloff 99 Orange Street, Providence, Rhode Island 02903

☐ CHIEF OPERATING OFFICER OR ☐ VICE PRESIDENT (Check One) STREET ADDRESS CITY/STATE ZIP CODE

☐ CUSTODIAN OF RECORDS OR ☒ SECRETARY (Check One) STREET ADDRESS CITY/STATE ZIP CODE

Barbara Sokoloff 99 Orange Street, Providence, Rhode Island 02903

☐ CHIEF FINANCIAL OFFICER OR ☒ TREASURER (Check One) STREET ADDRESS CITY/STATE ZIP CODE

Barbara Sokoloff 99 Orange Street, Providence, Rhode Island 02903

THE NAMES OF THE DIRECTORS ARE:

NAME STREET ADDRESS CITY/STATE ZIP CODE

NAME STREET ADDRESS CITY/STATE ZIP CODE

NAME STREET ADDRESS CITY/STATE ZIP CODE

NUMBER OF SHARES AUTHORIZED (If Applicable)

NUMBER 8,000

CLASS Common

SERIES

PAR VALUE OR \$1.00

WITHOUT PAR

NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)

NUMBER 100

CLASS Common

SERIES

PAR VALUE OR \$1.00

WITHOUT PAR

Date 3/7 19 94

By Barbara Sokoloff

Barbara Sokoloff
PRINT OR TYPE NAME OF OFFICER SIGNING

President
TITLE OF OFFICER SIGNING

Form 31 1994

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 LLC 3 must be filed

CONSTANCE A. HOWES
ONE OLD STONE SQUARE
PROVIDENCE RI 02903

FILED

MAR 10 1994

By AMH-29
14/19

Filing Fee \$50.00

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 0064717

Annual Report for year 1993

FIRST: The name of the corporation is Barbara Sokoloff Associates, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is to engage in the business of planning, consulting and advisory services.

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

FIFTH: Business address in Rhode Island 99 Orange Street, 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)
<u>None</u>	Director	
	Director	
	Director	
<u>Barbara Sokoloff</u>	President	<u>99 Orange Street, Providence, RI 02903</u>
<u>Barbara Sokoloff</u>	Secretary	<u>99 Orange Street, Providence, RI 02903</u>
<u>Barbara Sokoloff</u>	Treasurer	<u>99 Orange Street, Providence, RI 02903</u>

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par value or statement that shares are without par value
8,000	Common	--	\$1.00 Par Value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par value or statement that shares are without par value
100	Common	--	\$1.00 Par Value

Dated April 1 1993

Barbara Sokoloff Associates, Inc.
(Name of Corporation)

By Barbara Sokoloff
Barbara Sokoloff

(Report must be signed by officer)

Title President

WPPAR/96

Rec'd & Filed

APR 8 1993

AMT#29
1272

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
CORPORATIONS DIVISION
100 North Main Street
Providence, Rhode Island 02903

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

FIFTH: Business address in Rhode Island 66 Pavillion Avenue, Providence, Rhode Island 02905

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

Name	Office	Address (including number, street, zip co
<u>None</u>	<u>Director</u>	<u></u>
<u></u>	<u>Director</u>	<u></u>
<u></u>	<u>Director</u>	<u></u>
<u>Barbara Sokoloff</u>	<u>President</u>	<u>66 Pavillion Ave., Providence, RI 02905</u>
<u>Barbara Sokoloff</u>	<u>Secretary</u>	<u>66 Pavillion Ave., Providence, RI 02905</u>
<u>Barbara Sokoloff</u>	<u>Treasurer</u>	<u>66 Pavillion Ave., Providence, RI 02905</u>

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EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par value or statement that shares are without par value
100	Common	--	\$1.00 Par Value

Dated March May 7 1992

Barbara Sokoloff Associates, Inc.
(Name of Corporation)

By Barbara Sokoloff
Barbara Sokoloff

(Report must be signed by officer)

Title President

2210F

Rec'd & Filed MAY 11 1992

AMT 1135