



**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. 68917		2. Name of Corporation TOM ROSE ASSOCIATES, INC.			
3. Street Address Principal Business Office 89 Martingale Drive			City Warwick	State RI	Zip 02886
4. Business Phone No. (401) 884-9340		5. State of Incorporation RHODE ISLAND			6. SIC Code 8888
7. Brief Description of the Character of Business Conducted in Rhode Island BUYING, SELLING AND BROKERING METALS, MACHINERY, EQUIPMENT, ARRANGING, BROKERING AND SCHEDULING ALL TYPES OF ENTERTAINMENT FOR PRIVATE AND PUBLIC FUNCTIONS					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Thomas E. Rose			Vice President Name Thomas E. Rose		
Street Address 89 Martingale Drive			Street Address 89 Martingale Drive		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
Secretary Name Joyce A. Rose			Treasurer Name Thomas E. Rose		
Street Address 89 Martingale Drive			Street Address same as above		
City Warwick	State RI	Zip 02886	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			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) <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
600 NO PAR VALUE			50	common	no par value

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



File Date 2-22-05  
Check No. 3458  
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.

Thomas E. Rose 2-2-14-05  
Signature of Officer Date  
Thomas E. Rose  
Print or Type Name of Officer  
President  
Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 2004

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(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 68917		2. Name of Corporation TOM ROSE ASSOCIATES, INC.			
3. Street Address Principal Business Office 89 Martingale Drive			City Warwick	State RI	Zip 02886
4. Business Phone No. (401) 884-9340		5. State of Incorporation RHODE ISLAND			6. SIC Code 8888
7. Brief Description of the Character of Business Conducted in Rhode Island Buying, selling and brokering metals, machinery, equipment, arranging, brokering and scheduling all types of entertainment for private and public functions					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Thomas E. Rose			Vice President Name Thomas E. Rose		
Street Address 89 Martingale Drive			Street Address 89 Martingale Drive		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
Secretary Name Joyce A. Rose			Treasurer Name Thomas E. Rose		
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) <input type="checkbox"/> 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) <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
600	common	no par value	50	common	no par value

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.

Thomas E. Rose 2-5-04  
Signature of Officer Date

Thomas E. Rose  
Print or Type Name of Officer

President  
Title of Officer

File Date 2-10-04  
3240  
Check No.                       
By:                       
FOR SECRETARY OF STATE USE ONLY



**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. **68917** 2. Name of Corporation **TOM ROSE ASSOCIATES, INC.**  
3. Street Address Principal Business Office **89 Martingale Drive** City **Warwick** State **RI** Zip **02886**  
4. Business Phone No. **(401) 884-9340** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **8888**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Buying, selling and brokering metals, machinery and equipment**

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

President Name <b>Thomas E. Rose</b>	Vice President Name <b>Thomas E. Rose</b>
Street Address <b>89 Martingale Drive</b>	Street Address <b>89 Martingale Drive</b>
City <b>Warwick</b> State <b>RI</b> Zip <b>02886</b>	City <b>Warwick</b> State <b>RI</b> Zip <b>02886</b>
Secretary Name <b>Joyce A. Rose</b>	Treasurer Name <b>Thomas E. Rose</b>
Street Address <b>same as above</b>	Street Address <b>same as above</b>
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 <b>NONE</b>	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  
**600 NO PAR VALUE**

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

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**50 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 8 9 1 7 \*

File Date: 2/14/03

Check No.: 3090

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.

Thomas E. Rose 2-12-2003  
Signature of Officer Date

**Thomas E. Rose**

Print or Type Name of Officer

**President**

Title of Officer



**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. **68917** 2. Name of Corporation **TOM ROSE ASSOCIATES, INC.**  
3. Street Address Principal Business Office **89 Martingale Drive** City **Warwick** State **RI** Zip **02886**  
4. Business Phone No. **(401) 884-9340** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **8888**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Buying, selling and brokering metals, machinery and equipment**

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

President Name <b>Thomas E. Rose</b>			Vice President Name <b>Thomas E. Rose</b>		
Street Address <b>89 Martingale Drive</b>			Street Address <b>89 Martingale Drive</b>		
City <b>Warwick</b>	State <b>RI</b>	Zip <b>02886</b>	City <b>Warwick</b>	State <b>RI</b>	Zip <b>02886</b>
Secretary Name <b>Joyce A. Rose</b>			Treasurer Name <b>Thomas E. Rose</b>		
Street Address <b>same as above</b>			Street Address <b>same as above</b>		
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 <b>NONE</b>			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  
**600 NO PAR VALUE**

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

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**50 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 8 9 1 7 \*

File Date: 2-21-02  
Check No.: 2911  
By: [Signature]

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] 2/19/02  
Signature of Officer Date  
**Thomas E. Rose**  
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. **68917** 2. Name of Corporation **TOM ROSE ASSOCIATES, INC.**

3. Street Address Principal Business Office **89 Martingale Drive** City **Warwick** State **RI** Zip **02886**

4. Business Phone No. **(401) 884-9340** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **8888**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Buying, selling and brokering metals, machinery and equipment**

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

President Name <b>Thomas E. Rose</b>	Vice President Name <b>Thomas E. Rose</b>
Street Address <b>89 Martingale Drive</b>	Street Address <b>89 Martingale Drive</b>
City State Zip <b>Warwick RI 02886</b>	City State Zip <b>Warwick RI 02886</b>

Secretary Name <b>Joyce A. Rose</b>	Treasurer Name <b>Thomas E. Rose</b>
Street Address <b>89 Martingale Drive</b>	Street Address <b>same as above</b>
City State Zip <b>Warwick RI 02886</b>	City State Zip

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

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

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

AUTHORIZED SHARES	Class/Series	Par Value
<b>600 SHS NO PAR VALUE</b>		

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

ISSUED SHARES	Class/Series	Par Value
<b>50</b>	<b>common</b>	<b>no par value</b>

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



File Date: 2/6/2001  
Check No.: 2725  
By: TRB

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.

Thomas E. Rose 2-1-2001  
Signature of Officer Date  
**Thomas E. Rose**  
Print or Type Name of Officer  
**President**  
Title of Officer

**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. **68917**      2. Name of Corporation **TOM ROSE ASSOCIATES, INC.**  
3. Street Address Principal Business Office      City      State      Zip  
**89 Martingale Drive**      **Warwick**      **RI**      **02886**  
4. Business Phone No.      5. State of Incorporation      6. SIC Code  
**(401) 884-9340**      **RHODE ISLAND**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Buying, selling and brokering metals, machinery, equipment**

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

<b>President Name</b> Thomas E. Rose	<b>Vice President Name</b> Thomas E. Rose
<b>Street Address</b> 89 Martingale Drive	<b>Street Address</b> 89 Martingale Drive
<b>City</b> <b>State</b> <b>Zip</b> Warwick      RI      02886	<b>City</b> <b>State</b> <b>Zip</b> Warwick      RI      02886
<b>Secretary Name</b> Joyce A. Rose	<b>Treasurer Name</b> Thomas E. Rose
<b>Street Address</b> same as above	<b>Street Address</b> same as above
<b>City</b> <b>State</b> <b>Zip</b>	<b>City</b> <b>State</b> <b>Zip</b>

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

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

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

**AUTHORIZED SHARES**  
Number of Shares      Class/Series      Par Value  
**600 SHS NO PAR VALUE**

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

**ISSUED SHARES**  
Number of Shares      Class/Series      Par Value  
**50      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 8 9 1 7 \*

File Date: 2/17/00  
Check No.: 2515  
By: ce  
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.

Thomas E. Rose      2-9-2000  
Signature of Officer      Date  
**Thomas E. Rose**  
Print or Type Name of Officer  
**President**  
Title of Officer



**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. **68917** 2. Name of Corporation **TOM ROSE ASSOCIATES, INC.**

3. Street Address Principal Business Office **89 Martingale Drive** City **Warwick** State **RI** Zip **02886**

4. Business Phone No. **4401) 884-9340** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **0000**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Buying, selling and brokering metals, machinery, equipment**

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

President Name **Thomas E. Rose** Vice President Name **Thomas E. Rose**

Street Address **89 Martingale Drive** Street Address **89 Martingale Drive**  
City **Warwick** State **RI** Zip **02886** City **Warwick** State **RI** Zip **02886**

Secretary Name **Joyce A. Rose** Treasurer Name **Thomas E. Rose**

Street Address **89 Martingale Drive** Street Address **same as above**  
City **Warwick** State **RI** Zip **02886** City **Warwick** State **RI** Zip **02886**

**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  
**600 SHS NO PAR VALUE**

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

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**50 common no par value**

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



File Date: Feb 19 99  
Check No.: 2089  
By: [Signature]

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: Thomas E. Rose Date: 2/17/99  
Print or Type Name of Officer: Thomas E. Rose  
Title of Officer: President



**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. **68917** 2. Name of Corporation **TOM ROSE ASSOCIATES, INC.**  
3. Street Address Principal Business Office **89 Martingale Drive** City **Warwick** State **RI** Zip **02886**  
4. Business Phone No. **(401) 884-9340** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Buying, selling and brokering metals, machinery, equipment**

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

President Name <b>Thomas E. Rose</b>	Vice President Name <b>Thomas E. Rose</b>
Street Address <b>89 Martingale Drive</b>	Street Address <b>89 Martingale Drive</b>
City <b>Warwick</b> State <b>RI</b> Zip <b>02886</b>	City <b>Warwick</b> State <b>RI</b> Zip <b>02886</b>
Secretary Name <b>Joyce A. Rose</b>	Treasurer Name <b>Thomas E. Rose</b>
Street Address <b>89 Martingale Drive</b>	Street Address <b>same as above</b>
City <b>Warwick,</b> State <b>RI</b> Zip <b>02886</b>	City _____ State _____ Zip _____

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

Director Name <b>NONE</b>	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	Class/Series	Par Value
<b>600 SHS NO PAR VALUE</b>		

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

ISSUED SHARES	Class/Series	Par Value
<b>50</b>	<b>common</b>	<b>no par value</b>

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



\* 6 8 9 1 7 \*

File Date: 2-10-98  
Check No.: 2025  
By: ICP

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.

Thomas E. Rose 2-2-97  
Signature of Officer Date

Thomas E. Rose

Print or Type Name of Officer

President

Title of Officer



**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. **68917**      2. Name of Corporation **TOM ROSE ASSOCIATES, INC.**

3. Street Address Principal Business Office      City      State      Zip  
**89 Martingale Drive**      **Warwick**      **RI**      **02886**

4. Business Phone No.      5. State of Incorporation      6. SIC Code  
**(401) 884-9340**      **RHODE ISLAND**      **8888**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**buying, selling, and brokering metals, machinery, equipment**

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

President Name <b>Thomas E. Rose</b>	Vice President Name <b>Thomas E. Rose</b>
Street Address <b>89 Martingale Drive</b>	Street Address <b>same as above</b>
City      State      Zip <b>Warwick      RI      02886</b>	City      State      Zip <b>Warwick      RI      02886</b>

Secretary Name <b>Joyce A. Rose</b>	Treasurer Name <b>Thomas E. Rose</b>
Street Address <b>89 Martingale Drive</b>	Street Address <b>same as above</b>
City      State      Zip <b>Warwick      RI      02886</b>	City      State      Zip <b>Warwick      RI      02886</b>

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

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

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

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>600 SHS NO PAR VALUE</b>			<b>50</b>	<b>common</b>	<b>no par value</b>

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



File Date: 2/12/97  
Check No.: 1835  
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]      1-29-97  
Signature of Officer      Date

**Thomas E. Rose**  
Print or Type Name of Officer

**President**  
Title of Officer

# PRCFIT 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. 68917 2. NAME OF CORPORATION TOM ROSE ASSOCIATES, INC.

3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 89 Martingale Drive CITY Warwick STATE RI ZIP CODE 02886

4. BUSINESS PHONE NO. (401) 884-9340 5. STATE OF INCORPORATION RHODE ISLAND 6. SIC CODE 8888

7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND  
buying, selling and brokering metals, machinery, equipment

8. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME <u>Thomas E. Rose</u>	VICE PRESIDENT NAME <u>Thomas E. Rose</u>
STREET ADDRESS <u>89 Martingale Drive</u>	STREET ADDRESS <u>Same as Above</u>
CITY STATE ZIP CODE <u>Warwick RI 02886</u>	CITY STATE ZIP CODE <u>Same as Above</u>
SECRETARY NAME <u>Joyce A. Rose</u>	TREASURER NAME <u>Thomas E. Rose</u>
STREET ADDRESS <u>89 Martingale Drive</u>	STREET ADDRESS <u>Same as Above</u>
CITY STATE ZIP CODE <u>Warwick RI 02886</u>	CITY STATE ZIP CODE <u>Same as Above</u>

9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME <u>None</u>	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
600 SHS	NO PAR VALUE		50	Common	No Par Value

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.

File Date: 2/28/96  
Check No: 1595  
By: [Signature]  
For Secretary of State Use Only

[Signature]  
Signature of Officer  
Thomas E. Rose  
Print or Type Name of Officer  
President  
Title of Officer  
2/28/96  
Date



FILED

FEB 23 1995

By Th. E. Rose 1400

**ANNUAL REPORT**

Please Type or Print  
 File Annually - Jan. 1 - March 1  
 Filing Fee \$50.00  
 Make Checks Payable to: Secretary of State

**ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.**

Corporate ID: 0068917 Annual Report for the year: 1995

Name of Corporation: TOM ROSE ASSOCIATES, INC.

Business entity organized under the laws of the State of: Rhode Island  
 For foreign entity, address and telephone number of principal office:

Business Entity is (check one):  
 Business Corporation (See RIGL Chapter 7-1.1)  
 Professional Service Corporation (See RIGL Chapter 7-5.1)

Phone: ( ) \_\_\_\_\_  
 Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):  
89 Martingale Drive  
Warwick, RI 02886  
 Phone: ( 401 ) 884-9340

Brief statement of the character of business conducted in Rhode Island:  
buying, selling and brokering metals,  
machinery, equipment

**THE NAMES OF THE OFFICERS ARE:**

PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>Thomas E. Rose</u>	<u>89 Martingale Drive, Warwick, RI</u>	<u>02886</u>	
VICE PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>Thomas E. Rose</u>	<u>Same as Above</u>		
SECRETARY	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>Joyce A. Rose</u>	<u>89 Martingale Drive, Warwick, RI</u>	<u>02886</u>	
TREASURER	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>Thomas E. Rose</u>	<u>Same as Above</u>		

**THE NAMES OF THE DIRECTORS ARE:**

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>None</u>			
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED (Rider may be attached)		NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)	
Number of Shares	Class / Series	Number of Shares	Class / Series
<u>600</u>	<u>Common, Without Par Value</u>	<u>50</u>	<u>Common, Without Par Value</u>

Date January 2, 1995  
 By: Thomas E. Rose  
 Thomas E. Rose  
 PRINT OR TYPE NAME OF OFFICER SIGNING  
 President  
 TITLE OF OFFICER SIGNING

**DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:**

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

JOHN C. REVENS, JR.  
 946 CENTERVILLE ROAD  
 WARWICK RI 02886

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 31

Corporate ID: 0068917 Annual Report for the year: 1994

Name of Business Entity: TOM ROSE 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).  
39 Martingale Drive  
Warwick, RI 02886  
Phone: 401 ) 884-9340

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:  
Revens, Ianni, Revens & St. Pierre  
946 Centerville Rd.  
Warwick, RI 02886  
Brief statement of the character of business conducted in Rhode Island:  
buying, selling and brokering metals,  
machinery, equipment  
Date of Organization: 7/8/92  
Date of Qualification to do business in Rhode Island (if foreign entity): \_\_\_\_\_

THE NAMES OF THE OFFICERS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<input checked="" type="checkbox"/> CHIEF EXECUTIVE OFFICER OR <input checked="" type="checkbox"/> PRESIDENT (INCORP) <u>Thomas E. Rose</u>	<u>89 Martingale Drive, Warwick, RI</u>	<u>RI</u>	<u>02836</u>
<input type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input checked="" type="checkbox"/> VICE PRESIDENT (INCORP) <u>Thomas E. Rose</u>	<u>Same as Above</u>		
<input type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input checked="" type="checkbox"/> SECRETARY (INCORP) <u>Joyce A. Rose</u>	<u>Same as Above</u>		
<input type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input checked="" type="checkbox"/> TREASURER (INCORP) <u>Thomas E. Rose</u>	<u>Same as Above</u>		

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>NONE</u>			

NUMBER OF SHARES AUTHORIZED (if Applicable)		NUMBER OF SHARES ISSUED AND OUTSTANDING (if Applicable)	
NUMBER	<u>600</u>	NUMBER	<u>50</u>
CLASS	<u>Common</u>	CLASS	<u>Common</u>
SERIES		SERIES	<u>By 12/18/94</u>
PAR VALUE OR WITHOUT PAR	<u>Without Par Value</u>	PAR VALUE OR WITHOUT PAR	<u>Without Par Value</u>

TOM ROSE ASSOCIATES, INC.  
By: Thomas E. Rose  
Thomas E. Rose  
FIRST OR TYPE NAME OF OFFICER SIGNING  
President  
TITLE OF OFFICER SIGNING

Date: January 3, 1994

Form 311 1-94  
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.

JOHN C. REVENS, JR.  
946 CENTERVILLE ROAD  
WARWICK RI 02886

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

1064

Corporate ID 0058917 Annual Report for the year 1993

FIRST: The name of the corporation is TOM ROSE ASSOCIATES, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is buying, selling and brokering metals,  
machinery, equipment and all other lawful activities

FOURTH: If foreign corporation, address of its principal office.....

FIFTH: Business address in Rhode Island 946 Centerville Road, Warwick, RI 02886

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

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
Thomas E. Rose	President	89 Martingale Drive Warwick, RI 02886
Thomas E. Rose	Vice President	Same as Above
Thomas E. Rose	Secretary	Same as Above
Thomas E. Rose	Treasurer	Same as Above

SEVENTH: Number of Shares authorized:

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

EIGHTH: Number of Shares issued:

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

PAID  
MAR 01 1993  
SECY OF STATE

Dated January 4 19 93

TOM ROSE ASSOCIATES, INC.  
(Name of Corporation)  
By Thomas E. Rose  
THOMAS E. ROSE  
Title President

(Report must be signed by an officer)