

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

. Corporate ID No. 98418	2. Name of Corpore S. PETER		COMPANY, INC. CERT	IFIED PUBLIC ACCO	UNTANTS	
Street Address Principal B 26 Albion Road	lusiness Office		City Lincoln	State RI	2ip 02865-0000	
Business Phone No. (401) 334-9099 5. State of Incorporation R1			itlon	1		
Bucf Description of the Cl Professional Serv	baracter of Business Conducted vices as Certified Publ	in Rhode Island ic Accountants	-	-		
. NAMES AND ADDR	ESSES OF THE OFFICE	RS: ("X" BOX FOR		N SPACES BEFORE USIN	G ATTACHMENTS	
S. Peter Marcovi	ch		Vice President Name S. Peter Marcov	ich		
reet Address 26 Albion Road	<u> </u>		Street Address 26 Albion Road			
Lincoln	State RI	^{Zip} 02865-	City: Lincoln	State RI	^{Zφ} 02865-	
S. Peter Marcovich		Treasurer Name S. Peter Marcov				
Street Address 26 Albion Road		Street Address 26 Albion Road				
Lincoln	State RI	^{Zip} 02865-	City Lincoln	State R1	^{Zip} 02865-	
. NAMES AND ADDR Director Name S. Peter Marcov	vich	ORS: ("X" BOX FOR	RATTACHMENT) [FILL Director Name none	IN SPACES BEFORE US		
Street Address 26 Albion Road		Street Address none				
Lincoln	State RI	^{Zip} 02865-	City none	State none	<i>Zip</i> попе	
Nrector Name N ONE			Director Name none			
reci Address none	<u> </u>		Street Address none			
none	State none	Zip none	City none	State none	Zíp none	
0. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)		11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)				
UTHORIZED SHARES fumber of Shares	Class/Scries	Par Value	ISSUED SHARES Number of Shares	Class/Series	Par Value	
600	Common	No Par	100	Common	No Par	
		 				
This report mu	ust be signed in ink by e	either the President, Vi	ice President, Secretary, Assi	stant Secretary, Treasurer,	Receiver or Trustee	

2.23-05 File Date _ 2080 Check No. FOR SECRETARY OF STATE USE ONLY

under penalty of perjury, I declare and afterm the including any accompanying schedules and state	,
contained hereily are true and correct	ements, and that an statement
J. P. Marcon	1/03/05
Signature of Officer	Date
S. Peter Marcovich	
Print or Type Name of Officer President	_
Title of Officer	

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 OR PRINTED IN BLACK)

I. Corporate ID No.

2. Name of Corporation

98418 Street Address Principal Business	omce G. I DI ER	MARCOVICH & COM	Chy	State	ZIp .
26 Albion Road		5. State of Incorporation	Lincoln	RI	02865-0000 6. SIC Code
(401) 334-9099 thef Description of the Character	of Business Conducted in	RI Rhode Island			7658
Professional Services : NAMES AND ADDRES: Ident Name		: Accountants CERS ("X" BOX FOR ATTACH	MENT) FILL IN SPACES B Vice President Name	EFORE USING ATTAC	THMENTS:
S. Reter Marcovich			Street Radies Marcovich		•
26 Albion Road	State	Zip	26 Albion Road	State	Zip
Lincoln etary Name	RI ·	02865-	Lincoln Treasurer Name	RI	02865-
S. Peter Marcovich			S. Peter Marcovich		
26 Albion Road	State	Zip	26 Albion Road	State	Jan R.
Lincoln NAMES AND ADDRES ctor Name	RI SES OF THE DIRE	02865- CTORS (*x* BOX FOR ATTA	Lincoln CHMENT) FILL IN SPACES Director Name	RI BEFORE USING ATT	ر المراجع التي المراجع التي المراجع التي التي التي التي التي التي التي التي
S. Peter Marcovich			none Street Address		I PH
26 Albion Road	State	Zip	none City	State	210 Te
Lincoln	RI	02865-	none Director Name	none	none
NONE et Address			none Street Address		
none	State	Zip	none City	State	Zip
none	none D (*x* box for atta	none CHMENT)	none 11. SHARES ISSUED (*) ISSUED SHARES	none S'BOX FOR ATTACHMEN	none none
			Number of Shares	Class/Series	Par Value
. SHARES AUTHORIZE THORIZED SHARES mber of Shares	Class/Series	Par Value	Number of Shutes		•

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

File Date:	FILED	_
Sheek No.:	JAN 1 6 2004	<u>. </u>
By:	By M17923	CAB

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.

May to n

Signature of Officer Date

S. Peter Marcovich
Print or Type Name of Officer

President

Title of Officer

Form 630 12/02

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

2003

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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

FORM	MUST	BE,	TYPED	IN	BLACK)
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1. Corporate 1D No.

2. Name of Corporation

98418

3. Street Address Principal Business Office

S. PETER MARCOVICH & COMPANY, INC. GERTIFIED PUBLIC ACCOUNTANTS City

Lincoln

640 George Washington Highway 4. Business Phone No.

5. State of Incorporation

RI

02865-0000

(401) 334-9099

RI

6. SIC Code 7658

7. Brief Description of the Character of Business Conducted in Rhode Island Professional Services as Certified Public Accountants

8. NAMES AND ADDRESSES OF THE OFFICERS (*x* box for attachment) FILL IN SPACES BEFORE USING ATTACHMENT
--

President Name

Vice President Name

S. Peter Marcovich

640 George Washington Highway

S. Peter Marcovich

Street Address

640 George Washington Highway

Lincoln

RI

02865-

Lincoln

State RI ZIp 02865-

Secretary Name

S. Peter Marcovich

Treasurer Name S. Peter Marcovich

Street Address

640 George Washington Highway

640 George Washington Highway

City Lincoln State RI

02865-

City Lincoln State RI

02865-

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

Director Name

Director Name

S. Peter Marcovich Street Address

640 George Washington Highway

none Street Address

none

Lincoln

RI

City

State

Zip

Director Name

none

02865-

none

none

none

Street Address

none

none

ALITHORIZED GHARES

Director Name

none

Street Address

попе

City

none

State

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

Zio none

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

Par Value

none

Zip

ISSUED SHARES Number of Shares

Class/Series

none

Par Value

Number of Shares 600

Class/Series Common

none

No Par

100

Common

No Par

1/06/03

Date

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

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 gentained herein are true and correct.

Signature of Officer

S. Peter Marcovich

Print or Type Name of Officer President

Title of Officer **₹**> 5

Form 630 12/01



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

2002

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LACK/				
2. Name of Corpora	tlan	•		
S. PETER	MARCOVICH & C	COMPANY, INC. CERTI	FIED PUBLIC ACCOU	NTANTS
as Office		City	State	ZIp
ton Highway		Lincoln	RI	02865-0000
	5. State of Incorpora	ition		6. SIC Code
	RI			7658
as Certified Public	c Accountants			
SSES OF THE OFFI	ICERS ("X" BOX FOR A	ITACHMENT) FILL IN SPAC Vice President Name	ES BEFORE USING ATTAC	CHMENTS
		S. Peter Marcovi	ch	
ton Highway		640 George Wash	ington Highway	
State	Zip	City	State	Zip
RI	02865-	Lincoln	RI	02865-
,		Treasurer Name		
		S. Peter Marcovi	ch	
		Street Address		
ton Highway		640 George Wash	ington Highway	
State	ZIp	City	State	Zip
RI	02865-	Lincoln	RI	02865-
SSES OF THE DIRE	ECTORS (*x* box for	ATTACHMENT) FILL IN SPA Director Name	ACES BEFORE USING ATT	ACHMENTS
		NONC Street Address		
gton Highway		none		
State	Zip	City	State	Zip
RI	02865-	none	none	none
		Director Name	• •	•••
		none		
		Street Address		
		none		
State	Zip	City	State	Zip
none	попе	none	none	none
ED ("X" BOX FOR ATTA	ACHMENT)	11. SHARES ISSUEI) (*X* BOX FOR ATTACHMENT	")
Class/Series	Par Value	Number of Shares	Class/Series	Par Value
Common	No Par	100	Common	No Par
	S. PETER 1035 Office 1000 Highway 1101 OFFI 1102 SSES OF THE OFFI 1103 Highway 1104 State 1105 RI 1105 RI 1106 SSES OF THE DIRI 1107 State 1108 RI 1109 State 1109 RI 1109	s. State of Incorpore R1 ter of Business Conducted in Rhode Island as Certified Public Accountants SSSES OF THE OFFICERS ("X" BOX FOR A ton Highway State Zip R1 02865- SSSES OF THE DIRECTORS ("X" BOX FOR State Zip R1 02865- SSSES OF THE DIRECTORS ("X" BOX FOR State Zip R1 02865- SSSES OF THE DIRECTORS ("X" BOX FOR State Zip R1 02865- State Zip R2 02865- State Zip R3 02865- State Zip R4 02865- State Zip R5 02865- State Zip R6 02865- State Zip R7 02865- State Zip R7 02865- State Zip R8 02865-	S. PETER MARCOVICH & COMPANY, INC. CERTICAL COMPANY, INC. CITY Iter of Business Conducted in Rhode Island SESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACE CITY IN IN INTERCED IN INSPECTOR CITY IN INSPECT Address IN INDICATOR CITY IN IN INCIPATOR CITY IN IN IN IN INCIPATOR CITY IN IN IN INCIPATOR CITY IN IN INCIPATOR CIT	S. PETER MARCOVICH & COMPANY, INC. CERTIFIED PUBLIC ACCOUNTS Office City State State State of Incorporation RI See of Rusiness Conducted in Rhode Island See of Rusiness Conducted In Rhode Isl

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

	1 1 -
File Date:	1/31/02
, Dun:	1133
Check No.:	<u> </u>
Ву:	46
FOR SECRETA	RY OF STATE USE ONLY

	:
Under penalty of perjury, I declare an	d affirm that have examined
this report, including any accompany	ing schedules and statements, and
that all statements consaiged herein a	re true and correct.
S. Pl///akcou	1/7/02
Signature of Officer	Dute
S. Peter Marcovich	
Print or Type Name of Officer	





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 2001 Filing Period: January 1-March 1 • Filing Fee: \$50.00



FORM MUST BE TYPED IN . Corporate ID No.	BLACK) 2. Name of Corpo	ration			
98418	• •		OMBANV INC. CEPTE	PÍPO DIDITO ACCO	JERIT A RIT
. Streef Address Principal Busi		M MARCOVICII & C	OMPANY, INC. CERTI	State	UN I AIN I Zip
640 George Washin	• •		Lincoln	RI	
. Business Phone No. (401) 334-9099	6 · · · · · · · · · · · · · · · · · · ·	5. State of Incorporati		Ki	02865-0000 6. SIC Code
Brief Description of the Char Professional Service					7658
. NAMES AND ADDE resident Name S. Peter Marcovich	RESSES OF THE OF	FICERS (*X* BOX FOR ATT	TACHMENT) FILL IN SPACE Vice President Name S. Peter Marcovich	S BEFORE USING ATTAC	CHMENTS
rreet Address 640 George Washing	gton Highway		Street Address 640 George Washin		
ity	State	Zip	City	State	Zip
Lincoln	RI	02865-	Lincoln	RI	02865-
ecretary Name S. Peter Marcovich	•		Treasurer Name S. Peter Marcovich	•••	
rreet Address 640 George Washing	gton Highway		Street Address 640 George Washin	gton Highway	
ity Lincoln	State R1	zip 02865-	City Lincoln	State RI	zip 02865-
. NAMES AND ADDR frector Name S. Peter Marcovich	RESSES OF THE DIE	RECTORS (*X* BOX FOR A	ATTACHMENT) FILL IN SPAC Director Name NONE	CES BEFORE USING ATT	
reet Address 640 George Washing	ıton Highway		Street Address	•	
ity	State	Zip	City	State	Zip
Lincoln	RI	02865-	none	none	none
lrector Name NONE			Director Name	•	•
reet Address NONE			Street Address none		
lty	State	Zip	City	State	Zip
none	none	none	none	поле	none
O. SHARES AUTHORI	ZED (*X* BOX FOR AT	TACHMENT)	11. SHARES ISSUED	("X" BOX FOR ATTACHMENT	
umber of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600	Common	No Par	100	Common	No Par

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

	, /	Under penz this report,
File Date:	1/16	that all sta
Glast Ma	66669	Signature of C
Gheck No.:	- Zu	S. Pet
FOR SECRETARY OF	STATE USE ONLY	President Office

alty of perjury, I declare and affirm that I have examined including any accompanying schedules and statements, and tements contained herein are true and correct.

Date

1/2/01

ler Marcovich

Name of Officer

dent



2. Name of Corporation

(FORM MUST BE TYPED IN BLACK)

1. Carporate ID No.

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-272-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000 Filing Period: January 1-March 1 • Filing Fee: \$50.00

401-222-3040

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STUT' PITASE READ
INSTRUCTIONS

98418	3. FE 1 E	R MARCOVICH & CO	Jim Airi, inc. ob.	KIIIIED IODEIO MOO	CONTANTS
Street Address Principal Bush 640 George Wash			City Lincoln	State RI	zıp 02865-0000
Business Phone No. (401) 334-9099		S. State of Incorporation	•		6. SIC Code 7658
Brief Description of the Char. Professional Servi	acter of Business Conducted in ces as Certified Publ		,		
. NAMES AND ADDR resident Name S. Peter Marcovic		CERS (*X* BOX FOR ATTAC	HMENT) (FILL IN SPAC Vice President Name S. Peter Marco	CES BEFORE USING ATTAC	HMENTS -
reet Address 640 George Wash	ington Highway		Street Address 640 George Wa	shington Highway	سيدر بنصب ، م
Lincoln	State RI	Zip 02865-	- city - Lincoln	State R1	2ip 02865-
ecretary Name S. Peter Marcovic	h	•••	Treasurer Name S. Peter Marco	vich	• ••••
Street Address 640 George Washington Highway			Street Address 640 George Washington Highway		
City Lincoln	State R1	^{Zip} 02865-	City Lincoln	State RI	02865-
D. NAMES AND ADDI Director Name S. Peter Marcovic		ECTORS (*X* BOX FOR ATT	ACHMENT) FILL IN SP Director Name none	ACES BEFORE USING ATTA	ACHMENTS _
treet Address 640 George Wash	ington Highway		Street Address none	-	•
City Lincoln	State RI	Zip 02865-	T City Tone	State none	none
Director Name	****	************	Director Name none	••••••	
ireet Address none			Street Address none		-
City none	State none	z _{ip} none	rone	state — — — none	none
O. SHARES AUTHOR	IZED ("X" BOX FOR ATT	ACHMENT) +	11. SHARES ISSUE	D (*x* box for attachmen	n
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Serles -	Par Value
600	Common	No Par	100	Common	No Par
			4		

Under penalty of perjury, I declare and affirm that I have examined this report, Including any accompanying schedules and statements, and



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 1999 Filing Period: January 1-March 1 • Filing Fee: \$50.00

STOP PLJ ASE READ INSTRUCTIONS

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1. Corporate ID No. 98418	2. Name of Corporation S. PETER MARCOVICH & COMPANY, INC. CERTIFIED PUBLIC ACCOUNTANTS				
3. Street Address Principal Bus 640 George Was			City Lincoln	State RI	zip 02865-0000
4. Business Phone No. (401) 334-9099	•	5. State of Incorporal RI	tion		6. SIC Code 7658
7. Brief Description of the Cha. Professional Serv	racter of Business Conducted vices as Certifical Pul	in Rhode Island Disc Accountants			
8. NAMES AND ADD	RESSES OF THE OFF	ICERS ("X" BOX FOR AT	TACHMENT)	-	
President Name S. Peter Marcovi	ch		Vice President Name S. Peter Marcov	ich	
Street Address 640 George Wasi	hington Highway		Street Address 640 George Was	hington Highway	
Lincoln	State RI	02865-	^{City} Lincoln	State RI	zip 02865 -
Secretary Name S. Peter Marcovi	ch	•	Treasurer Name S. Peter Marcov	ich	
Street Address , 640 George Wasi	nington Highway		Street Address 640 George Was	hington Highway	
Lincoln	State RI	^{Zip} 02865-	City Lincoln	State RI	Zip 02865 -
9. NAMES AND ADD	RESSES OF THE DIR	ECTORS ("x" BOX FOR	ATTACHMENT)		
Director Name S. Peter Marcovi	ch		Director Name none		
Street Address 640 George Wasl	nington Highway		Street Address NONC		•
Lincoln Lincoln	State R1	^z 02865-	City none	State NONE	zip none
Director Name NONE		•	Director Name NONC	•	
Street Address none			Street Address BONE		
City none	State NONC	z _{ip} none	City none	State none	Zip none
10. SHARES AUTHOR	IZED (*X* BOX FOR ATT	ACHMENT)	11. SHARES ISSUED	("X" BOX FOR ATTACHMEN	(דו)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value

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

No Par

'lle Date:	1-13-99		
Check No.:	164		
y:(Se	/ 6	
OR SECRETARY	Y OF STATE USE ONLY		

Common

600

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.

Common

No Par

A Parker - W

Signature of Officer Date

S. Peter Marcovich

Print or Type Name of Officer
President

100

Title of Officer



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 1997 Filing Period: January 1-March 1 • Filing Fee: \$50.00



City Director Name Street Address City	State State ORIZED (*X* BOX FOR ATTAC	Zip Zip CHMENT) Pos Value	City Director Name Street Address City 11. SHARES ISSUED SQUED SHARES Number of Shares	State State Class/Series Commin 4	Zip Zip Par Value XO
City Director Name Street Address	State		Director Name Street Address		,
City Director Name		Zip	Director Name	State	Zip
City		Zip	•	State	Zip
•		Zip	City	State	Zip
Street Address	• · · · · —				
SHOM	OP. ISARC	OVICH-	Street Address		
	DDRESSES OF THE DIREC		ACHMENT) Director Name	. ·	
City	State	Zip	City	State	Zip
Street Address	ne-		Street Address		
Secretary Name SHONO	P. ISARCOVIC		,		
PRONING.	NCE "EI	2102906	Treasurer Name		
142 Co	NCE STATE	7(0	City	NA State	Zip
- / · · · · · · · · · · · · · · · · · ·	P. MARCOVICO	•	SHOMO Street Address	P. MARCOVICA	~
8. NAMES AND AD	DRESSES OF THE OFFICE	CRS ("X" BOX FOR ATTACE	IMENI/ Vice President Name		
COPA 7	haracter of Business Conducted in RI	TICING PU	iblic A ccou	INTING-	
4. Business Phone No. 401.728	-2765	RI			
JJO A RI	JUSTICE BLVD	5. State of Incorporation	PANITUCKET	- R2	6. SIC Code
3. Street Adaress Principal n	Lielman Office	`	City	State	Zip = 0.204
05-049	IN BLACK) 9 1 82. Name of Corporation 7110 S'. PET Justiness Office 015711 BLACK 10110 S'. PET	ER MARCO	، روسی بحے الکالمان	Mc Carlohan.	Mielo Cin Acces

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
7.28.98	that all statements contained herein are true and correct. 1. 1. Novecau 7/7/98
File Date:	Signature of Officer Date
Check No.:	Print or Type Name of Officer SHLOND P. MKRCOVICH
100	Frint or Type Name of Officer SHICHO 7. THE KIE COV. ST
TY OF STATE USE ONLY	Title of Officer