



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. 98418		2. Name of Corporation S. PETER MARCOVICH & COMPANY, INC. CERTIFIED PUBLIC ACCOUNTANTS			
3. Street Address Principal Business Office 26 Albion Road		City Lincoln	State RI	Zip 02865-0000	
4. Business Phone No. (401) 334-9099		5. State of Incorporation 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) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name S. Peter Marcovich			Vice President Name S. Peter Marcovich		
Street Address 26 Albion Road			Street Address 26 Albion Road		
City Lincoln	State RI	Zip 02865-	City Lincoln	State RI	Zip 02865-
Secretary Name S. Peter Marcovich			Treasurer Name S. Peter Marcovich		
Street Address 26 Albion Road			Street Address 26 Albion Road		
City Lincoln	State RI	Zip 02865-	City Lincoln	State RI	Zip 02865-
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name S. Peter Marcovich			Director Name none		
Street Address 26 Albion Road			Street Address none		
City Lincoln	State RI	Zip 02865-	City none	State none	Zip none
Director Name none			Director Name none		
Street Address none			Street Address none		
City none	State none	Zip none	City none	State none	Zip none
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	100	Common	No Par

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

File Date 2.23.05
Check No. 2080
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] 1/03/05
Signature of Officer Date
S. Peter Marcovich
Print or Type Name of Officer
President
Title of Officer



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 2004

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 2. Name of Corporation

3. Street Address Principal Business Office 98418 S. PETER MARCOVICH & COMPANY, INC. CPA State RI Zip 02865-0000
4. Business Phone No. 26 Albion Road City Lincoln State RI Zip 02865-0000
5. State of Incorporation RI 6. SIC Code 7658
7. Brief Description of the Character of Business Conducted in Rhode Island (401) 334-9099

Professional Services as Certified Public Accountants

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

President Name

Vice President Name

S. Peter Marcovich

S. Peter Marcovich

26 Albion Road
City State Zip
Lincoln RI 02865-

26 Albion Road
City State Zip
Lincoln RI 02865-

S. Peter Marcovich

S. Peter Marcovich

26 Albion Road
City State Zip
Lincoln RI 02865-

26 Albion Road
City State Zip
Lincoln 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

none

26 Albion Road
City State Zip
Lincoln RI 02865-

26 Albion Road
City State Zip
Lincoln RI 02865-

none

none

none

none

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
600 Common No Par

Number of Shares Class/Series Par Value
100 Common No Par

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

FILED

File Date: JAN 16 2004

Check No.: By M-7923 GAD

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.

S. P. Marcovich 1/05/04
Signature of Officer Date

S. Peter Marcovich
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. **98418** 2. Name of Corporation **S. PETER MARCOVICH & COMPANY, INC. CERTIFIED PUBLIC ACCOUNTANTS**
3. Street Address Principal Business Office **640 George Washington Highway** City **Lincoln** State **RI** Zip **02865-0000**
4. Business Phone No. **(401) 334-9099** 5. State of Incorporation **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 ATTACHMENTS

President Name S. Peter Marcovich			Vice President Name S. Peter Marcovich		
Street Address 640 George Washington Highway			Street Address 640 George Washington Highway		
City Lincoln	State RI	Zip 02865-	City Lincoln	State RI	Zip 02865-
Secretary Name S. Peter Marcovich			Treasurer Name S. Peter Marcovich		
Street Address 640 George Washington Highway			Street Address 640 George Washington Highway		
City Lincoln	State RI	Zip 02865-	City Lincoln	State RI	Zip 02865-

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

Director Name S. Peter Marcovich			Director Name none		
Street Address 640 George Washington Highway			Street Address none		
City Lincoln	State RI	Zip 02865-	City none	State none	Zip none
Director Name none			Director Name none		
Street Address none			Street Address none		
City none	State none	Zip none	City none	State none	Zip none

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
600 Common No Par

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

ISSUED SHARES
Number of Shares Class/Series Par Value
100 Common No Par

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

File Date: 1.30.03

Check No.: 1204

By: UP

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.

S. P. Marcovich 1/06/03
Signature of Officer Date

S. Peter Marcovich

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. **98418** 2. Name of Corporation **S. PETER MARCOVICH & COMPANY, INC. CERTIFIED PUBLIC ACCOUNTANTS**
3. Street Address Principal Business Office City State Zip
640 George Washington Highway Lincoln RI 02865-0000
4. Business Phone No. 5. State of Incorporation 6. SIC Code
(401) 334-9099 RI 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 ATTACHMENTS

President Name

S. Peter Marcovich

Street Address

640 George Washington Highway

City State Zip
Lincoln RI 02865-

Secretary Name

S. Peter Marcovich

Street Address

640 George Washington Highway

City State Zip
Lincoln RI 02865-

Vice President Name

S. Peter Marcovich

Street Address

640 George Washington Highway

City State Zip
Lincoln RI 02865-

Treasurer Name

S. Peter Marcovich

Street Address

640 George Washington Highway

City State Zip
Lincoln RI 02865-

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

Director Name

S. Peter Marcovich

Street Address

640 George Washington Highway

City State Zip
Lincoln RI 02865-

Director Name

none

Street Address

none

City State Zip
none none none

Director Name

none

Street Address

none

City State Zip
none none none

Director Name

none

Street Address

none

City State Zip
none none none

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

AUTHORIZED SHARES

Number of Shares Class/Series Par Value
600 Common No Par

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

ISSUED SHARES

Number of Shares Class/Series Par Value
100 Common No Par

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

File Date: 1/31/02

Check No.: 001133

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] 1/7/02
Signature of Officer Date

S. Peter Marcovich

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

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 BLACK)

1. Corporate ID No. 98418 2. Name of Corporation S. PETER MARCOVICH & COMPANY, INC. CERTIFIED PUBLIC ACCOUNTANT
3. Street Address Principal Business Office 640 George Washington Highway City Lincoln State RI Zip 02865-0000
4. Business Phone No. (401) 334-9099 5. State of Incorporation 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 ATTACHMENTS

President Name S. Peter Marcovich Vice President Name S. Peter Marcovich
Street Address 640 George Washington Highway Street Address 640 George Washington Highway
City Lincoln State RI Zip 02865- City Lincoln State RI Zip 02865-
Secretary Name S. Peter Marcovich Treasurer Name S. Peter Marcovich
Street Address 640 George Washington Highway Street Address 640 George Washington Highway
City Lincoln State RI Zip 02865- City Lincoln State RI Zip 02865-

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

Director Name S. Peter Marcovich Director Name none
Street Address 640 George Washington Highway Street Address none
City Lincoln State RI Zip 02865- City none State none Zip none
Director Name none Director Name none
Street Address none Street Address none
City none State none Zip none City none State none Zip none

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
600 Common No Par

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

ISSUED SHARES
Number of Shares Class/Series Par Value
100 Common No Par

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

File Date: 1/16/01
Check No.: 66669
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 of Officer S. Peter Marcovich Date 1/2/01
Print or Type Name of Officer S. Peter Marcovich
Title of Officer President



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. 98418		2. Name of Corporation S. PETER MARCOVICH & COMPANY, INC. CERTIFIED PUBLIC ACCOUNTANTS			
3. Street Address Principal Business Office 640 George Washington Highway		City Lincoln	State RI	Zip 02865-0000	
4. Business Phone No. (401) 334-9099		5. State of Incorporation 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 ATTACHMENTS					
President Name S. Peter Marcovich		Vice President Name S. Peter Marcovich			
Street Address 640 George Washington Highway		Street Address 640 George Washington Highway			
City Lincoln	State RI	Zip 02865-	City Lincoln	State RI	Zip 02865-
Secretary Name S. Peter Marcovich		Treasurer Name S. Peter Marcovich			
Street Address 640 George Washington Highway		Street Address 640 George Washington Highway			
City Lincoln	State RI	Zip 02865-	City Lincoln	State RI	Zip 02865-
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name S. Peter Marcovich		Director Name none			
Street Address 640 George Washington Highway		Street Address none			
City Lincoln	State RI	Zip 02865-	City none	State none	Zip none
Director Name none		Director Name none			
Street Address none		Street Address none			
City none	State none	Zip none	City none	State none	Zip none
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
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

File Date: 1/10/00

Check No.: 25

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] 1/3/00
Signature of Officer Date

S. Peter Marcovich

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 1999

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **98418** 2. Name of Corporation **S. PETER MARCOVICH & COMPANY, INC. CERTIFIED PUBLIC ACCOUNTANTS**
3. Street Address Principal Business Office **640 George Washington Highway** City **Lincoln** State **RI** Zip **02865-0000**
4. Business Phone No. **(401) 334-9099** 5. State of Incorporation **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)

President Name S. Peter Marcovich	Vice President Name S. Peter Marcovich
Street Address 640 George Washington Highway	Street Address 640 George Washington Highway
City Lincoln State RI Zip 02865-	City Lincoln State RI Zip 02865-
Secretary Name S. Peter Marcovich	Treasurer Name S. Peter Marcovich
Street Address 640 George Washington Highway	Street Address 640 George Washington Highway
City Lincoln State RI Zip 02865-	City Lincoln State RI Zip 02865-

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

Director Name S. Peter Marcovich	Director Name none
Street Address 640 George Washington Highway	Street Address none
City Lincoln State RI Zip 02865-	City none State none Zip none
Director Name none	Director Name none
Street Address none	Street Address none
City none State none Zip none	City none State none Zip none

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
600	Common	No Par

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
100	Common	No Par

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

File Date: 1-13-99

Check No.: 164

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] 1/4/99
Signature of Officer Date

S. Peter Marcovich

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. 98418 2. Name of Corporation S. PETER MARCOVICH & CO., INC. Certified Public Accountants
3. Street Address Principal Business Office 353 ARMISTICE BLVD City PAWTUCKET State RI Zip 02861
4. Business Phone No. 401-728-2765 5. State of Incorporation RI 6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island
CPA FIRM - PRACTICING PUBLIC ACCOUNTING

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

President Name SHLOMO P. MARCOVICH Vice President Name SHLOMO P. MARCOVICH
Street Address 142 COLE AVE Street Address SAME
City PROVIDENCE State RI Zip 02906 City SAME State RI Zip 02861
Secretary Name SHLOMO P. MARCOVICH Treasurer Name
Street Address SAME Street Address
City PROVIDENCE State RI Zip 02906 City SAME State RI Zip 02861

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

Director Name SHLOMO P. MARCOVICH Director Name
Street Address SAME Street Address
City PROVIDENCE State RI Zip 02906 City SAME State RI Zip 02861
Director Name
Street Address
City State Zip

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

AUTHORIZED SHARES	Class/Series	Par Value
600	A Common	NO PAR

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

ISSUED SHARES	Class/Series	Par Value
100	COMMON A	10,000.00

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

File Date: 7.28.98

Check No.: 245

1UP

RY 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.

S. P. Marcovitch 7/7/98
Signature of Officer Date

PRESIDENT
Print or Type Name of Officer

SHLOMO P. MARCOVICH
Title of Officer