



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. 103923		2. Name of Corporation BARRETT VALUATION SERVICES, INC.			
3. Street Address Principal Business Office 771 Reservoir Avenue			City Cranston	State RI	Zip 02910
4. Business Phone No. (401) 942-0900		5. State of Incorporation RHODE ISLAND		6. SIC Code 7286	
7. Brief Description of the Character of Business Conducted in Rhode Island BUSINESS VALUATION SERVICES, BUSINESS CONSULTING.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name John J. Barrett, Jr.			Vice President Name None.		
Street Address 771 Reservoir Avenue			Street Address		
City Cranston	State RI	Zip 02910	City	State	Zip
Secretary Name John J. Barrett, Jr.			Treasurer Name John J. Barrett, Jr.		
Street Address 771 Reservoir Avenue			Street Address 771 Reservoir Avenue		
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02910
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
1,000 NO PAR VALUE			100	N/A	No Par Value

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



103923

File Date **FILED**
Check No. **MAR 07 2005** 1605
By: **By UB**
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: *John J. Barrett, Jr.* Date: 3-1-05
John J. Barrett, Jr.
Print or Type Name of Officer
President
Title of Officer



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8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name John J. Barrett, Jr.			Vice President Name None		
Street Address 771 Reservoir Avenue			Street Address		
City Cranston	State RI	Zip 02910	City	State	Zip
Secretary Name John J. Barrett, Jr.			Treasurer Name John J. Barrett, Jr.		
Street Address 771 Reservoir Avenue			Street Address 771 Reservoir Avenue		
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02910
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
1,000 NO PAR VALUE			100	N/A	No Par Value

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



* 1 0 3 9 2 3 *

File Date 2/17/04
Check No. 1460
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] 2-17-04
Signature of Officer Date

John J. Barrett, Jr.
Print or Type Name of Officer
President
Title of Officer



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. **103923** 2. Name of Corporation **BARRETT VALUATION SERVICES, INC.**
3. Street Address Principal Business Office **771 RESERVOIR AVENUE** City **CRANSTON** State **RI** Zip **02910**
4. Business Phone No. **(401) 942-0900** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7286**
7. Brief Description of the Character of Business Conducted in Rhode Island **BUSINESS VALUATION SERVICES AND CONSULTING, AND TRANSACTION OF ANY/ALL LAWFUL BUSINESS PERMITTED UNDER INCORPORATION STATUTES.**

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

President Name JOHN J. BARRETT, JR.	Vice President Name NONE,
Street Address 771 RESERVOIR AVENUE	Street Address
City State Zip CRANSTON RI 02910	City State Zip
Secretary Name JOHN J. BARRETT, JR.	Treasurer Name JOHN J. BARRETT, JR.
Street Address 771 RESERVOIR AVENUE	Street Address 771 RESERVOIR AVENUE
City State Zip CRANSTON RI 02910	City State Zip CRANSTON RI 02910

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	Class/Series	Par Value
Number of Shares		
1,000 NO PAR VALUE		

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

ISSUED SHARES	Class/Series	Par Value
Number of Shares		
100	N/A	NO PAR VALUE

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



* 1 0 3 9 2 3 *

File Date: 5-8-03
1356
Check No. _____
By: _____

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.

John J. Barrett, Jr. 3-26-03
Signature of Officer Date
JOHN J. BARRETT, JR.
Print or Type Name of Officer
PRESIDENT



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. **103923** 2. Name of Corporation **BARRETT VALUATION SERVICES, INC.**
 3. Street Address Principal Business Office **771 Reservoir Avenue** City **Cranston** State **RI** Zip **02910**
 4. Business Phone No. **(401) 942-0900** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7286**
 7. Brief Description of the Character of Business Conducted in Rhode Island **Business Valuation services and consulting, and transaction of any/all lawful business permitted under incorporation statutes.**

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

President Name John E. Barrett, Jr.	Vice President Name None.
Street Address 771 Reservoir Avenue	Street Address
City Cranston State RI Zip 02910	City State Zip
Secretary Name John E. Barrett, Jr.	Treasurer Name John E. Barrett, Jr.
Street Address 771 Reservoir Avenue	Street Address 771 Reservoir Avenue
City Cranston State RI Zip 02910	City Cranston State RI Zip 02910

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
1,000 NO PAR VALUE

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

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

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



* 1 0 3 9 2 3 *

File Date: 2-28-02
 Check No.: 1239
 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.
John E. Barrett, Jr. 3-20-02
 Signature of Officer Date
John E. Barrett, Jr.
 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. **103923** 2. Name of Corporation **BARRETT VALUATION SERVICES, INC.**
 3. Street Address Principal Business Office **771 Reservoir Avenue** City **Cranston** State **RI** Zip **02910**
 4. Business Phone No. **(401) 942-0900** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7286**
 7. Brief Description of the Character of Business Conducted in Rhode Island **Business valuation services and consulting, and the transaction of any/all lawful business permitted under incorporation statutes.**

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

President Name John E. Barrett, Jr.	Vice President Name None.
Street Address 771 Reservoir Avenue	Street Address
City Cranston State RI Zip 02910	City State Zip
Secretary Name John E. Barrett, Jr.	Treasurer Name John E. Barrett, Jr.
Street Address 771 Reservoir Avenue	Street Address 771 Reservoir Avenue
City Cranston State RI Zip 02910	City Cranston State RI Zip 02910

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	Class/Series	Par Value
Number of Shares		
1,000 NO PAR VALUE		

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

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

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



* 1 0 3 9 2 3 *

File Date: 3-28-01
 Check No.: 1149
 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] 3-25-01
 Signature of Officer Date

John E. Barrett, Jr.
 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. **103923** 2. Name of Corporation **BARRETT VALUATION SERVICES, INC.**
3. Street Address Principal Business Office **771 Reservoir Avenue** City **Cranston** State **RI** Zip **02910**
4. Business Phone No. **(401) 942-0900** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7286**
7. Brief Description of the Character of Business Conducted in Rhode Island **Business valuation services and consulting, and the transaction of any/all lawful business permitted under incorporation statutes**

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**
President Name **John E. Barrett, Jr.** Vice President Name **None.**
Street Address **771 Reservoir Avenue** Street Address
City **Cranston** State **RI** Zip **02910** City **Cranston** State **RI** Zip **02910**

Secretary Name **John E. Barrett, Jr.** Treasurer Name **John E. Barrett, Jr.**
Street Address **771 Reservoir Avenue** Street Address **771 Reservoir Avenue**
City **Cranston** State **RI** Zip **02910** City **Cranston** State **RI** Zip **02910**

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)			11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000	NO PAR VALUE		100	N/A	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: PAID
Check No.: FEB 14 2001 KJA 248
By: SECY OF STATE
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: John E. Barrett, Jr. Date: 2-3-00
Print or Type Name of Officer: John E. Barrett, Jr.
Title of Officer: President