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.	2. Name of Corporation			
132224	Jennifer Neves Photograohy, Inc.			
3. Street Address Principal Business Office		City	State	Zip
578 Wood Street		Bristol	RI	02809
4. Business Phone No.	5. State of Incorporation			6. SIC Code
410-253-0010	Rhode Island			8334

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

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

President Name			Vice President Name		
Jennifer Neves Ferreira			Michael Ferreira		
Street Address			Street Address		
9 Chilton Street			9 Chilton Street		
City	State	Zip	City	State	Zip
Brstol	RI	02809	Bristol	RI	02809
Secretary Name			Treasurer Name		
Maria Neves			Jennifer Neves Ferreira		
Street Address			Street Address		
9 Chilton Sttreet			9 Chilton Street		
City	State	Zip	City	State	Zip
Bristol	RI	002809	Bristol	RI	02809

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

Director Name			Director Name		
No directors					
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
600	Common	No par value	600	Common	No par value

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

1 3 2 2 2 4

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.

Jennifer Neves Ferreira 1-5-04
Signature of Officer *Date*

Jennifer Neves Ferreira
Print or Type Name of Officer

President
Title of Officer

Form 630 12/01

File Date 1-11-05
Check No. 3648
By: Dc
FOR SECRETARY OF STATE USE ONLY

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AND PROVIDENCE PLANTATIONS
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100 North Main Street, Providence, RI 02903-1335
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578 Wood Street	Bristol	RI	02809

4. Business Phone No.	*5. State of Incorporation*	*6. SIC Code*
401-253-0010	Rhode Island	8334

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President Name	*Vice President Name*
Jennifer Neves Ferreira	Michael Ferreira
Street Address	*Street Address*
96 Chilton Street	96 Chilton Street
City / *State* / *Zip*	Bristol / RI / 02809
Bristol / RI / 02809	Bristol / RI / 02809
Secretary Name	*Treasurer Name*
Maria Neves	Jennifer Neves Ferreira
Street Address	*Street Address*
96 Chilton Street	96 Chilton Street
Bristol / RI / 02809	Bristol / RI / 02809

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

Director Name	*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*
600	No Par Value		600	No Par Value	

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

[redacted] [redacted]

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 — *Date* 2-3-04

Jennifer Neves Ferreira
Print or Type Name of Officer

[redacted] President
Title of Officer

File Date 2/6/04
Check No 3311
By VS.
FOR SECRETARY OF STATE USE ONLY

Form 630 12/01