



**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. 94427
2. Name of Corporation Thomas J. McAndrew, Esq., Ltd.
3. Street Address Principal Business Office ONE TURKS HEAD PLACE, SUITE 250
City PROVIDENCE State RI Zip 02903-
4. Business Phone No. 4014550350
5. State of Incorporation RHODE ISLAND
6. SIC Code 8888
7. Brief Description of the Character of Business Conducted in Rhode Island
TO ENGAGE IN THE PRACTICE OF LAW.

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

President Name Thomas J. McAndrew Street Address 6 Wingate Road City Providence State RI Zip 02906	Vice President Name N/A Street Address City State Zip
Secretary Name N/A Street Address City State Zip	Treasurer Name N/A Street Address City State Zip

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

Director Name Street Address City State Zip	Director Name Street Address City State Zip
Director Name Street Address City State Zip	Director Name Street Address City State Zip

10. SHARES AUTHORIZED (X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Class/Series	Par Value
Number of Shares		
8,000 COMM \$1.00 PAR VALUE		

11. SHARES ISSUED (X" BOX FOR ATTACHMENT)

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

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



9 4 4 2 7

94427 DBC 02/03/05 04:32:38 PM

File Date 2/14/05

Check No 6189

By D.

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 J. McAndrew 2-5-05
Signature of Officer Date
Thomas J. McAndrew
Print or Type Name of Officer
President
Title of Officer



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 2004

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 94427		2. Name of Corporation Thomas J. McAndrew, Esq., Ltd.			
3. Street Address Principal Business Office ONE TURKS HEAD PLACE, SUITE 205			City PROVIDENCE	State RI	Zip 02903
4. Business Phone No. (401) 455-0350		5. State of Incorporation RHODE ISLAND			6. SIC Code 8888
7. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN THE PRACTICE OF LAW.					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Thomas J. McAndrew			Vice President Name N/A		
Street Address One Turks Head Place, Suite 205			Street Address		
City Providence,	State RI	Zip 02903	City	State	Zip
Secretary Name N/A			Treasurer Name N/A		
Street Address			Street Address		
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			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
8,000 COMM	\$1.00 PAR VALUE		100	common	no par value

05 JAN - 4:10 PM 2:40

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



9 4 4 2 7

94427 DBC 1 18 04 11:33:00 PM

FILED

File Date: JAN 04 2005

Check No. _____

By: By M 21524

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 J. McAndrew 11-18-04
Signature of Officer Date

Thomas J. McAndrew
Print or Type Name of Officer

President
Title of Officer



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 2003

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. *94427* 2. Name of Corporation Thomas J. McAndrew, Esq., Ltd.
3. Street Address Principal Business Office ONE TURKS HEAD PLACE, SUITE 250 City PROVIDENCE State RI Zip 02903-
4. Business Phone No. 4014550350 5. State of Incorporation RHODE ISLAND 6. SIC Code 8888
7. Brief Description of the Character of Business Conducted in Rhode Island
TO ENGAGE IN THE PRACTICE OF LAW.

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS
President Name Thomas J. McAndrew Vice President Name N/A
Street Address 6 Wingate Road Street Address
City Providence State RI Zip 02906 City State Zip
Secretary Name N/A Treasurer Name N/A
Street Address Street Address
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 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"/>		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000	COMM	\$1.00 PAR VALUE	100	common	no par value

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



**94427* 2/12/033:11:05 PM*
File Date 2-19-03
Check No. 7056
By: km
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 Thomas J. McAndrew Date _____
Print or Type Name of Officer Thomas J. McAndrew
President
Title of Officer
Form 630 12/01



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. **94427** 2. Name of Corporation **Thomas J. McAndrew, Esq., Ltd.**
3. Street Address Principal Business Office **One Turks Head Place, Suite 205** City **Providence** State **RI** Zip **02903**
4. Business Phone No. _____ 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **8888**

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

Engage in the practice of law

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

President Name Thomas J. McAndrew	Vice President Name N/A
Street Address 6 Wingate Road	Street Address _____
City State Zip Providence RI 02906	City State Zip _____
Secretary Name N/A	Treasurer Name N/A
Street Address _____	Street Address _____
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 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
8,000 COMM \$1.00 PAR VALUE

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

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

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



* 9 4 4 2 7 *

File Date: 4/5/2003
Check No.: 2753
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] 3-30-02
Signature of Officer Date
Thomas J. McAndrew
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. **94427** 2. Name of Corporation **Thomas J. McAndrew, Esq., Ltd.**
3. Street Address Principal Business Office **1800 Bank Boston Plaza** City **Providence** State **RI** Zip **02903**
4. Business Phone No. **401-455-0350** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **8888**

7. Brief Description of the Character of Business Conducted in Rhode Island
To engage in teh practice of law and all related services and activitiéss
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name Thomas J. McAndrew	Vice President Name N/A
Street Address 6 Wingate Road	Street Address
City State Zip Providence RI 02906	City State Zip
Secretary Name N/A	Treasurer Name N/A
Street Address	Street Address
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 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
8,000 COMM \$1.00 PAR VAL

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)
ISSUED SHARES
Number of Shares Class/Series Par Value
100 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: 2-16-01
Check No.: 1382
By: TMF
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: Thomas J. McAndrew Date: 2-15-01
Print or Type Name of Officer: Thomas J. McAndrew
Title of Officer: President



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. **94427** 2. Name of Corporation **Thomas J. McAndrew, Esq., Ltd.**
3. Street Address Principal Business Office **1800 Bank Boston Plaza** City **Providence** State **RI** Zip **02903**
4. Business Phone No. **401-455-0350** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island
To engage in the practice of law and all related services and activities

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

President Name Thomas J. McAndrew	Vice President Name N/A
Street Address 6 Wingate Road	Street Address
City State Zip Providence RI 02906	City State Zip
Secretary Name N/A	Treasurer Name N/A
Street Address	Street Address
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 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
8,000 COMM \$1.00 PAR VAL

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

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

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



* 9 4 4 2 7 *

File Date: 2/7/2000

Check No.: 9390

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] 2.2.2000
Signature of Officer Date

Thomas J. McAndrew
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. 94427		2. Name of Corporation Thomas J. McAndrew, Esq., Ltd.			
3. Street Address Principal Business Office 1800 Bank Boston Plaza			City Providence	State RI	Zip 02903
4. Business Phone No. (401) 455-0350		5. State of Incorporation RHODE ISLAND		6. SIC Code 0000	
7. Brief Description of the Character of Business Conducted in Rhode Island To engage in the practice of law and all related services and activities					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Thomas J. McAndrew			Vice President Name N/A		
Street Address 6 Wingate Road			Street Address		
City Providence	State RI	Zip 02906	City	State	Zip
Secretary Name N/A			Treasurer Name N/A		
Street Address			Street Address		
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
8,000	COMM	\$1.00 PAR VAL	100	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: **FILED**

Check No.: **FEB 08 1999**

By: **By [Signature] 9437**

FOR SECRETARY OF STATE USE ONLY

[Signature] 1-27-99
Signature of Officer Date

Thomas J. McAndrew
Print or Type Name of Officer

President
Title of Officer



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. 94427		2. Name of Corporation Thomas J. McAndrew, Esq., Ltd.		
3. Street Address Principal Business Office 1800 Hospital Trust Tower		City Providence	State Rhode Island	Zip 02903
4. Business Phone No. (401) 455-0350		5. State of Incorporation RHODE ISLAND		6. SIC Code 8989
7. Brief Description of the Character of Business Conducted in Rhode Island To engage in the practice of law and all related services and activities				
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>				
President Name Thomas J. McAndrew		Vice President Name None		
Street Address 6 Wingate Road		Street Address		
City Providence	State RI	Zip 02906	City	State
Secretary Name None		Treasurer Name None		
Street Address		Street Address		
City	State	Zip	City	State
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>				
Director Name None		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>		11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>		
AUTHORIZED SHARES		ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series
8,000 COMM \$1.00 PAR VAL			100	common
				no par value

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



* 9 4 4 2 7 *

File Date: 3/6/98

Check No.: 7639

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 J. McAndrew 3-2-98
Signature of Officer Date

Thomas J. McAndrew, Esq.
Print or Type Name of Officer

President
Title of Officer