

## 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. 2. Name of Corporation 3. Street Address Principal Business Office 02906 6. SIC Code 3888 7. Brief Description of the Character of Business Conducted in Rhode Island and Private Mortgage Lending Real Estate Investing 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name Street Address ZΙρ Treasurer Name 5ame Street Address Sirect Address City State City FILL IN SPACES BEFORE USING OTTACHMENTS 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) Director Name Director Name Street Address Strect Address State Zψ City City Director Name Director Name Street Address Street Address City State Zφ City ("X" BOX FOR ATTACHMENT) 10. SHARES AUTHORIZED 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Par Value Number of Shares Par Value Number of Shares Class/Series Class/Series 100 Par Value No 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.

FOR SECRETARY OF STATE USE ONLY



## 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

Matthew A. Brown, Secretary of State

ROFIT CORPORATION ANNUAL	REPORT FOR THE YEAR	2004

Filing Fee: \$50.00 Filing Period: January 1 - March 1 (FORM MUST BE TYPED OR PRINTED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 117527 Search Associates, Inc. Providence 3. Street Address Principal Business Office 02906 5. State of Incorporation RHODE ISLAND 7. Brief Description of the Character of Business Conducted in Rhode Island
THE EXECUTION OF THE PERSONNEL RECRUITING SERVICE KNOWN AS EXECUTIVE SEARCH FILL IN SPACES BEFORE USING ATTACHMENTS 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) President Name Vice President Name Since Address ZIp Some / None Street Address State Zίρ City Ζф FILL IN SPACES BEFORE USING ATTACHMENTS OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) Director Name Director Name Street Address Street Address ZΦ State City City Director Name Sirect Address Street Address ZIp State C(ŋ State Zıp City 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT ISSUED SHARES AUTHORIZED SHARES Par Value Number of Shares Class/Scrics Number of Shares Class/Series Par Value 0 **100 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 FOR SECRETARY OF STATE USE ONLY



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

Class/Series

Par Value

AUTHORIZED SHARES

fame 100

Number of Shares

Corporations Division 100 North Main Street, Providence, RI 02903-1335

401-222-3040

PROFIT CORPO	ORATION A	NNUAL REP ling Fee: \$50.00	ORT FOR THE	YEAR <u>2003</u>	PLEASE BLAD INSTRUCTIONS
FORM MUST BE TYPED OR PRINTE	خواد ومحورا والمحدودة	·			
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3. Street Address Principal Business O 155 William	nc St.		Providence	RI	DZ 906
4. Austress Phone No. 401/861-255		5. State of Incorporation	PI		6. SIC Code
7. Brief Description of the Character $G$	of Business Conducted in Rho	ode Island		<del></del>	<u>.l</u>
EXECUTAL OF NAMES AND ADDRESS	search	/ Property	MENT) L FILL IN SPACES BEF	OPE USING ATTACHME	ANTO
President Name			· Vice President Name	ORE USING ATTACHME	
John	Schagian		None	· 	
street Addiess 155 Willi	¥		Street Address		
Providence	State RI	02906	City	State	Zip
Secretary Name			Treasurer Name	••••••	• • • • • • • • • • • • • • • • • • • •
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Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESS	ES OF THE DIRECT	ORS ("X" BOX FOR ATTAC	CHMENT) FILL IN SPACES BI	EFORE USING ATTACHI	MENTS
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City	State	Zip	City	State	Zip
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ISSUED SHARES

Number of Shares

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

Class/Series

Par Value

nis report must be <b>signed in ink</b> by either the President	, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Truste
FILED  Check No.: OCT 01 2003  By M7539  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.



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

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(FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 117527 Search Associates, Inc. Providence 3. Street Address Principal Business Office RI 155 Williams 02906 Street 4. Business Phone No. 5. State of Incorporation 6. SIC Code **RHODE ISLAND** 401/861 - 2550 R

7. Brief Description of the Character of Business Conducted in Rhode Island Executive Search 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name John Street Address Street Address State Zip Treasurer Name Street Address Street Address ÇIty Zip State CITY State ZIb 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) LIFLL IN SPACES BEFORE USING ATTACHMENTS Director Name **Director Name** Street Address Street Address State Zip  $T_{ij} = B_{ij} \cap \mathcal{F}_{ij}$ Director Name Street Address Street Address

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his report must be signed in ink by either	the President, Vice President, Secretary, Assistan	t Secretary, Treasurer, Receiver or Trustee

City

ISSUED SHARES

Number of Shares

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File Date:	4-9-02	•
Check No.:	1068	٠
Ву:	BMF	:
FOR SECRETA	RY OF STATE USE ONLY	

State

Class/Series

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

Zip

Par Value

City

AUTHORIZED SHARES

Number of Shares

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.

State

Class/Series

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

Zip

Par Value

Signature of Officer Pales Sahagian

Polar ar Type Name of Officer

Polar ar Type Name of Officer

Print or Type Name of Officer

Title of Officer