



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. 103928		2. Name of Corporation Sandra C. Cutting & Associates, Inc.			
3. Street Address Principal Business Office 24 Salt Pond Road D5			City Wakefield	State RI	Zip 02879
4. Business Phone No. 401 789 7986		5. State of Incorporation RHODE ISLAND		6. SIC Code 7633	
7. Brief Description of the Character of Business Conducted in Rhode Island TO PROVIDE ACCOUNTING SERVICES, TAX PREPARATION SERVICES, TAX PLANNING SERVICES, FINANCIAL PLANNING AND ADVISING SERVICES, SECURITIES AND INSURANCE SALES AND BROKERING SERVICES					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Sandra C. Cutting			Vice President Name		
Street Address 14 Robinson St.			Street Address		
City Narragansett	State RI	Zip 02862	City	State	Zip
Secretary Name			Treasurer Name		
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
1,000 NO PAR VALUE			1,000		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 1-14-05
Check No. 6101
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.

Sandra C Cutting
Signature of Officer
Sandra C Cutting
Print or Type Name of Officer
President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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3. Street Address Principal Business Office 24 Salt Pond Road D5			City Wakefield	State RI	Zip 02879
4. Business Phone No. 401 789-7986		5. State of Incorporation RHODE ISLAND		6. SIC Code 7633	
7. Brief Description of the Character of Business Conducted in Rhode Island TO PROVIDE ACCOUNTING SERVICES, TAX PREPARATION SERVICES, TAX PLANNING SERVICES, FINANCIAL PLANNING AND ADVISING SERVICES, SECURITIES AND INSURANCE SALES AND BROKERING SERVICES.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Sandra C Cutting			Vice President Name NONE		
Street Address 24 Salt Pond Road D5			Street Address		
City Wakefield	State RI	Zip 02879	City	State	Zip
Secretary Name Sandra C Cutting			Treasurer Name Sandra C Cutting		
Street Address Same			Street Address Same		
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 NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name NONE			Director Name NONE		
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		1000		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 8 *

File Date: 1-13-04
Check No.: 5853
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.

Signature of Officer: Date: 1/9/04
Print or Type Name of Officer: Sandra C Cutting
Title of Officer: President



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. 103928 2. Name of Corporation Sandra C. Cutting & Associates, Inc.

3. Street Address Principal Business Office 24 Salt Pond Road Suite D5 City Waketfield State RI Zip 02879

4. Business Phone No. 401 789 7986 5. State of Incorporation RHODE ISLAND 6. SIC Code 7633

7. Brief Description of the Character of Business Conducted in Rhode Island
Tax Preparation & Financial Services

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

President Name <u>Sandra C. Cutting</u>	Vice President Name <u>NONE</u>
Street Address <u>14 Robinson St.</u>	Street Address <u></u>
City <u>Narragansett</u> State <u>RI</u> Zip <u>02882</u>	City <u></u> State <u></u> Zip <u></u>
Secretary Name <u>SAME</u>	Treasurer Name <u>SAME</u>
Street Address <u></u>	Street Address <u></u>
City <u></u> State <u></u> Zip <u></u>	City <u></u> State <u></u> Zip <u></u>

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

Director Name <u>NONE</u>	Director Name <u></u>
Street Address <u></u>	Street Address <u></u>
City <u></u> State <u></u> Zip <u></u>	City <u></u> State <u></u> Zip <u></u>
Director Name <u></u>	Director Name <u></u>
Street Address <u></u>	Street Address <u></u>
City <u></u> State <u></u> Zip <u></u>	City <u></u> State <u></u> Zip <u></u>

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

AUTHORIZED SHARES	Class/Series	Par Value
<u>1,000</u>	<u>NO</u>	<u>PAR VALUE</u>

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

ISSUED SHARES	Class/Series	Par Value
<u>0</u>	<u>NONE</u>	<u>NO PAR VALUE</u>

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 8 *

File Date: 3-11-03

Check No.: 5535

By: IUP

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.

Sandra C. Cutting 1-30-03
Signature of Officer Date

Sandra C. Cutting
Print or Type Name of Officer

President
Title of Officer



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. 103928 2. Name of Corporation Sandra C. Cutting & Associates, Inc.
3. Street Address Principal Business Office 24 Salt Pond Road Suite D-5 City Wakefield State RI Zip 02882
4. Business Phone No. 401 789-7986 5. State of Incorporation RHODE ISLAND 6. SIC Code 7633

7. Brief Description of the Character of Business Conducted in Rhode Island
Tax Preparation, Financial Services and Business Consulting

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

President Name <u>Sandra C Cutting</u>	Vice President Name <u>Same as Pres.</u>
Street Address <u>14 Robinson Street</u>	Street Address
City <u>Narragansett</u> State <u>RI</u> Zip <u>02882</u>	City State Zip
Secretary Name <u>Same as Pres.</u>	Treasurer Name <u>Same as Pres</u>
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 <u>NONE</u>	Director Name <u>NONE</u>
Street Address	Street Address
City State Zip	City State Zip
Director Name <u>NONE</u>	Director Name <u>NONE</u>
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
1000 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 8 *

File Date: 1-17-02
Check No.: 5269
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] 1/15/01
Signature of Officer Date
President - Sandra C. Cutting
Print or Type Name 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. **103928** 2. Name of Corporation **Sandra C. Cutting & Associates, Inc.**
 3. Street Address Principal Business Office **24 Salt Pond Rd D-5** City **Wakefield** State **RI** Zip **02879**
 4. Business Phone No. **401 789 7986** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7633**
 7. Brief Description of the Character of Business Conducted in Rhode Island
TAX Preparation

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

President Name Sandra C Cutting	Vice President Name Same as Pres
Street Address 14 Robinson St	Street Address Same as Pres
City Narragansett State RI Zip 02882	City State Zip
Secretary Name SAME	Treasurer Name Same
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 Same as Pres.	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
1,000 NO par value 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 8 *

File Date: 2/21
 Check No.: 5031
 By: SC

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: Sandra C Cutting Date: 1/31/01
 Print or Type Name of Officer: Sandra C Cutting
 Title of Officer: Pres.



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. **103928** 2. Name of Corporation **Sandra C. Cutting & Associates, Inc.**
3. Street Address Principal Business Office **24 Salt Pond Rd D-5** City **RI** State **RI** Zip **02879**
4. Business Phone No. **401 789 7986** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7633**
7. Brief Description of the Character of Business Conducted in Rhode Island
Tax Preparation + Financial Services

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

President Name Sandra C. Cutting	Vice President Name None
Street Address 14 Robinson St.	Street Address
City Narrag. State RI Zip 02882	City State Zip
Secretary Name SAME AS Pres.	Treasurer Name SAME as Pres
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 same as Pres.	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
1,000 NO PAR VALUE		

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

ISSUED SHARES	Class/Series	Par Value
1600		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 8 *

File Date: 3/28/00

Check No.: 2796

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.

Sandra C. Cutting 2.28.2000
Signature of Officer Date

President - Sandra C. Cutting
Print or Type Name of Officer

President
Title of Officer