



# 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. 113428		2. Name of Corporation Robert's Musical Instruments, Inc.	
3. Street Address Principal Business Office 263 QUAKER LANE		City WEST WARWICK	State RI
4. Business Phone No. (401) 823-5459		5. State of Incorporation RHODE ISLAND	
		6. SIC Code 4333	

7. Brief Description of the Character of Business Conducted in Rhode Island  
TO ENGAGE IN THE BUSINESS OF RETAILING, SELLING AND RENTING OF MUSICAL INSTRUMENTS

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

President Name Therese B. Viveiros		Vice President Name Robert Viveiros	
Street Address 263 Quaker Lane		Street Address 263 Quaker Lane	
City West Warwick	State RI	Zip 02893	City West Warwick
			State RI
			Zip 02893
Secretary Name Robert Viveiros		Treasurer Name Therese B. Viveiros	
Street Address 263 Quaker Lane		Street Address 263 Quaker Lane	
City West Warwick	State RI	Zip 02893	City West Warwick
			State RI
			Zip 02893

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)  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)

AUTHORIZED SHARES	Class/Series	Par Value
8,000 COMM NO PAR VALUE		

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

ISSUED 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



1 1 3 4 2 8

\*113428 DBC 01/11/05 01:50:11 PM\*

File Date 2/15/05

Check No. 2456

By: V.

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.

Therese B. Viveiros 2/12/05

Signature of Officer Date

Therese B. Viveiros

Print or Type Name of Officer

President

Title of Officer



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3. Street Address Principal Business Office 263 QUAKER LANE			City WEST WARWICK	State RI	Zip 02893-
4. Business Phone No. (401) 823-5459		5. State of Incorporation RHODE ISLAND			6. SIC Code 4333
7. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN THE BUSINESS OF RETAILING, SELLING AND RENTING OF MUSICAL INSTRUMENTS					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name THERESE B. VIVEIROS			Vice President Name ROBERT VIVEIROS		
Street Address 263 QUAKER LANE			Street Address 263 QUAKER LANE		
City WEST WARWICK	State RI	Zip 02893	City WEST WARWICK	State RI	Zip 02893
Secretary Name ROBERT VIVEIROS			Treasurer Name THERESE B. VIVEIROS		
Street Address 263 QUAKER LANE			Street Address 263 QUAKER LANE		
City WEST WARWICK	State RI	Zip 02893	City WEST WARWICK	State RI	Zip 02893
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
8,000	COMM NO 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



1 1 3 4 2 8

\*113428 DBC 01/13/04 03:35:32 PM\*

File Date **FILED**

Check No. **FEB 10 2004**

By: Matthew A. Brown

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.

Therese B. Viveiros 2/9/04  
Signature of Officer Date

**THERESE B. VIVEIROS**  
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 IN BLACK)

1. Corporate ID No. *113428*		2. Name of Corporation Robert's Musical Instruments, Inc.	
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4. Business Phone No. (401) 823-5459		5. State of Incorporation RHODE ISLAND	
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President Name Therese B. Viveiros			Vice President Name Robert Viveiros		
Street Address 263 Quaker Lane			Street Address 263 Quaker Lane		
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893
Secretary Name Robert Viveiros			Treasurer Name Therese B. Viveiros		
Street Address 263 Quaker Lane			Street Address 263 Quaker Lane		
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893

**9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)  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)**

**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
8,000	COMM NO 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



\*113428 DBC1/28/032 18:21 PM  
File Date 2-11-03  
Check No. 1483  
By: AMF  
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: Therese B. Viveiros Date: 2-7-03  
Print or Type Name of Officer: Therese B. Viveiros  
Title 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. **113428** 2. Name of Corporation **Robert's Musical Instruments, Inc.**  
3. Street Address Principal Business Office **263 Quaker Lane** City **West Warwick** State **RI** Zip **02893**  
4. Business Phone No. **(401) 823-5459** 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 business of retailing, selling and renting of musical instruments.**

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

President Name <b>Therese B. Viveiros</b> Street Address <b>263 Quaker Lane</b> City <b>West Warwick</b> State <b>RI</b> Zip <b>02893</b>	Vice President Name <b>Robert Viveiros</b> Street Address <b>263 Quaker Lane</b> City <b>West Warwick</b> State <b>RI</b> Zip <b>02893</b>
Secretary Name <b>Robert Viveiros</b> Street Address <b>263 Quaker Lane</b> City <b>West Warwick</b> State <b>RI</b> Zip <b>02893</b>	Treasurer Name <b>Therese B. Viveiros</b> Street Address <b>263 Quaker Lane</b> City <b>West Warwick</b> State <b>RI</b> Zip <b>02893</b>

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

Director Name <b>None</b> Street Address <b>None</b> City <b>None</b> State <b>None</b> Zip <b>None</b>	Director Name <b>None</b> Street Address <b>None</b> City <b>None</b> State <b>None</b> Zip <b>None</b>
Director Name <b>None</b> Street Address <b>None</b> City <b>None</b> State <b>None</b> Zip <b>None</b>	Director Name <b>None</b> Street Address <b>None</b> City <b>None</b> State <b>None</b> Zip <b>None</b>

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

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
**8,000 COMM NO 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



\* 1 1 3 4 2 8 \*

File Date: 3-15-02  
Check No.: 1050  
By: AMF

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.

Therese B. Viveiros 1-15-02  
Signature of Officer Date

**Therese B. Viveiros**  
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. **113428** 2. Name of Corporation **Robert's Musical Instruments, Inc.**  
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4. Business Phone No. **(401) 823-5459** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **4333**  
7. Brief Description of the Character of Business Conducted in Rhode Island

To engage in the business of retailing, selling and renting of musical instruments.

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

President Name			Vice President Name		
Therese B. Viveiros			Robert Viveiros		
Street Address			Street Address		
263 Quaker Lane			263 Quaker Lane		
City	State	Zip	City	State	Zip
West Warwick	RI	02893	West Warwick	RI	02893
Secretary Name			Treasurer Name		
Robert Viveiros			Therese B. Viveiros		
Street Address			Street Address		
263 Quaker Lane			263 Quaker Lane		
City	State	Zip	City	State	Zip
West Warwick	RI	02893	West Warwick	RI	02893

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

Director Name			Director Name		
None			None		
Street Address			Street Address		
None			None		
City	State	Zip	City	State	Zip
Director Name			Director Name		
None			None		
Street Address			Street Address		
None			None		
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 NO PAR VALUE	

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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



\* 1 1 3 4 2 8 \*

**FILED**

File Date: \_\_\_\_\_

**FEB 08 2001**

Check No.: \_\_\_\_\_

By: Therese B. Viveiros

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.

Therese B. Viveiros 2/6/01  
Signature of Officer Date

Therese B. Viveiros  
Print or Type Name of Officer

President  
Title of Officer