



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. 128031		2. Name of Corporation Ralph M. Ciunci & Co.			
3. Street Address Principal Business Office 875 Centerville Road UNIT 7			City Warwick	State RI	Zip 02886
4. Business Phone No. 401-826-1900		5. State of Incorporation RHODE ISLAND		6. SIC Code	
7. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN, MANAGE, CONDUCT AND OPERATE THE BUSINESS OF PROVIDING CERTIFIED PUBLIC ACCOUNTING SERVICES FOR CLIENTS EITHER PERSONAL OR BUSINESS.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Ralph M Ciunci			Vice President Name None		
Street Address 130 Village Ave			Street Address		
City Cranston	State RI	Zip 02920	City	State	Zip
Secretary Name None			Treasurer Name None		
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			100	Common	No Par

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



File Date 1-11-05
Check No. 1307
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] 1/7/05
Signature of Officer Date
Ralph M Ciunci
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 OR PRINTED IN BLACK)

Form with sections for Corporate ID No., Name of Corporation, Business Address, Officers (President, Vice President, Secretary, Treasurer), Directors, and Shares Authorized/Issued.

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



FILED 3 1

Box for Secretary of State use containing File Date (JAN 05 2004), Check No., and By (1103 EMA).

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 and Title section for the President, Ralph M. Ciunci, dated 1/2/2004.



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. **128031** 2. Name of Corporation **Ralph M. Ciunci & Co.**
3. Street Address Principal Business Office **875 Centerville Road Unit 10B** City **Warwick** State **RI** Zip **02886**
4. Business Phone No. **401-826-1900** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code

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

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

President Name Ralph M. Ciunci	Vice President Name None
Street Address 130 Village Ave	Street Address None
City Cranston State RI Zip 02920	City None State None Zip None
Secretary Name None	Treasurer Name None
Street Address None	Street Address None
City None State None Zip None	City None State None Zip None

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)

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

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

ISSUED SHARES	Class/Series	Par Value
100	Common	No Par

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



* 1 2 8 0 3 1 *

File Date: 1-16-03
Check No.: 1035
By: UP

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.

Ralph M. Ciunci President 1/16/03
Signature of Officer Date
Ralph M. Ciunci
Print or Type Name of Officer
President
Title of Officer