



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. 110832		2. Name of Corporation Ronald F. DiMauro Architects, Inc.			
3. Street Address Principal Business Office 24 Bellevue Avenue		City Newport		State RI	Zip 02840
4. Business Phone No.		5. State of Incorporation RHODE ISLAND			6. SIC Code 7582
7. Brief Description of the Character of Business Conducted in Rhode Island TO PROVIDE ARCHITECTURE SERVICES.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Ronald F. DiMauro			Vice President Name Ronald F. DiMauro		
Street Address 24 Bellevue Avenue			Street Address 24 Bellevue Avenue		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
Secretary Name Ronald F. DiMauro			Treasurer Name Ronald F. DiMauro		
Street Address 24 Bellevue Avenue			Street Address 24 Bellevue Avenue		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Ronald F. DiMauro			Director Name		
Street Address 24 Bellevue Avenue			Street Address		
City Newport	State RI	Zip 02840	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 \$0.01 PAR VALUE			100	Common	\$.01 Par Value

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



File Date	1/10/05
Check No.	5285
By:	W.
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 Ronald F. DiMauro Date 1/10/05  
Print or Type Name of Officer Ronald F. DiMauro  
Title of Officer President



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**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)

1. Corporate ID No <b>110832</b>		2. Name of Corporation <b>Ronald E. DiMauro Architects, Inc.</b>			
3. Street Address Principal Business Office <b>24 Bellevue Avenue</b>			City <b>Newport</b>	State <b>RI</b>	Zip <b>02840</b>
4. Business Phone No. <b>401-846-6868</b>		5. State of Incorporation <b>RHODE ISLAND</b>			6. SIC Code <b>7682</b>
7. Brief Description of the Character of Business Conducted in Rhode Island <b>TO PROVIDE ARCHITECTURE SERVICES.</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>Ronald F. DiMauro</b>			Vice President Name <b>Ronald F. DiMauro</b>		
Street Address <b>24 Bellevue Avenue</b>			Street Address <b>24 Bellevue Ave</b>		
City <b>Newport</b>	State <b>RI</b>	Zip <b>02840</b>	City <b>Newport</b>	State <b>RI</b>	Zip <b>02840</b>
Secretary Name <b>Ronald F. DiMauro</b>			Treasurer Name <b>Ronald F. DiMauro</b>		
Street Address <b>24 Bellevue Avenue</b>			Street Address <b>24 Bellevue Avenue</b>		
City <b>Newport</b>	State <b>RI</b>	Zip <b>02840</b>	City <b>Newport</b>	State <b>RI</b>	Zip <b>02840</b>
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <b>Ronald F. DiMauro</b>			Director Name		
Street Address <b>24 Bellevue Avenue</b>			Street Address		
City <b>Newport</b>	State <b>RI</b>	Zip <b>02840</b>	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"/> AUTHORIZED SHARES			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>8,000 COMM \$0.01 PAR VALUE</b>			<b>100</b>	<b>Common</b>	<b>\$0.01 Par Value</b>

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



\* 1 1 0 8 3 2 \*

File Date **1-13-04**  
Check No. **4896**  
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 of Officer

Date

**Ronald F. DiMauro**

Print or Type Name of Officer

**President**

Title of Officer



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

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 2003**

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No *110832*		2. Name of Corporation Ronald F. DiMauro Architects, Inc.			
3. Street Address Principal Business Office 24 BELLEVUE AVENUE			City NEWPORT	State RI	Zip 02840-
4. Business Phone No. 4018466868		5. State of Incorporation RHODE ISLAND			6. SIC Code 7682
7. Brief Description of the Character of Business Conducted in Rhode Island TO PROVIDE ARCHITECTURE SERVICES.					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Ronald F. DiMauro			Vice President Name		
Street Address 24 Bellevue Avenue			Street Address		
City Newport	State RI	Zip 02840	City	State	Zip
Secretary Name Ronald F. DiMauro			Treasurer Name Ronald F. DiMauro		
Street Address 24 Bellevue Avenue			Street Address 24 Bellevue Avenue		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Ronald F. DiMauro			Director Name		
Street Address 24 Bellevue Avenue			Street Address		
City Newport	State RI	Zip 02840	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 \$0.01 PAR VALUE			100	Common	\$0.01 par value

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



\* 1 1 0 8 3 2 \*

\*\*110832\* 1/17/03 12:06:57 PM\*

File Date 1-31-03

Check No 7719

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.

Ronald F. DiMauro pres 1/27/03  
Signature of Officer Date  
Ronald F. DiMauro  
Print or Type Name of Officer  
President  
Title of Officer



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Office of the Secretary of State

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **110832**  
2. Name of Corporation **Ronald F. DiMauro Architects, Inc.**  
3. Street Address Principal Business Office  
**24 Bellevue Avenue**  
4. Business Phone No. **(401) 846-6868**  
5. State of Incorporation **RHODE ISLAND**

City **Newport** State **RI** Zip **02840**  
6. SIC Code **7682**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**To provide architectural services**

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

President Name **Ronald F. DiMauro**  
Street Address **24 Bellevue Avenue**  
City **Newport** State **RI** Zip **02840**

Vice President Name  
Street Address  
City State Zip  
Treasurer Name **Ronald F. DiMauro**  
Street Address **24 Bellevue Avenue**  
City **Newport** State **RI** Zip **02840**

Secretary Name **Ronald F. DiMauro**  
Street Address **24 Bellevue Avenue**  
City **Newport** State **RI** Zip **02840**

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

Director Name **Ronald F. DiMauro**  
Street Address **24 Bellevue Avenue**  
City **Newport** State **RI** Zip **02840**

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

Number of Shares	Class/Series	Par Value
8,000	COMM	\$0.01 PAR VALUE

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
100	Common	\$0.01 Par

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



\* 1 1 0 8 3 2 \*

File Date: 2-12-02

Check No.: 3949

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] Date FEB 10TH, 2002

**Ronald F. DiMauro**

**President**

Title of Officer



STATE OF RHODE ISLAND  
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Office of the Secretary of State

Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040



**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. 110832		2. Name of Corporation Ronald F. DiMauro Architects, Inc.									
3. Street Address Principal Business Office 28 Bellevue Avenue		City Newport		State RI	Zip 02840						
4. Business Phone No. (401) 846-6868		5. State of Incorporation Rhode Island			6. SIC Code 7682						
7. Brief Description of the Character of Business Conducted in Rhode Island To provide architecture services											
<b>8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS</b>											
President Name Ronald F. DiMauro			Vice President Name								
Street Address 28 Bellevue Avenue			Street Address								
City Newport	State RI	Zip 02840	City	State	Zip						
Secretary Name Ronald F. DiMauro			Treasurer Name Ronald F. DiMauro								
Street Address 28 Bellevue Avenue			Street Address 28 Bellevue Avenue								
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840						
<b>9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS</b>											
Director Name Ronald F. DiMauro			Director Name								
Street Address 28 Bellevue Avenue			Street Address								
City Newport	State RI	Zip 02840	City	State	Zip						
Director Name			Director Name								
Street Address			Street Address								
City	State	Zip	City	State	Zip						
<b>10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/></b>						<b>11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/></b>					
AUTHORIZED SHARES						ISSUED SHARES					
Number of Shares		Class/Series		Par Value		Number of Shares		Class/Series		Par Value	
8,000		Common		\$.01 Par		100		Common		\$.01 Par	

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

File Date: 4/9/2001  
Check No.: 3498  
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] 4/6/01  
Signature of Officer Date  
Ronald F. DiMauro  
Print or Type Name of Officer  
President  
Title of Officer