



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. 89732		2. Name of Corporation SMALL BUSINESS SOLUTIONS, INC.			
3. Street Address (Principal Business Office) 325 SOUTH MAIN STREET			City COVENTRY	State RI	Zip 02816
4. Business Phone No. 401-821-2586		5. State of Incorporation RHODE ISLAND		6. SIC Code 8388	
7. Brief Description of the Character of Business Conducted in Rhode Island TO PROVIDE FINANCIAL SERVICES TO THE SMALL BUSINESS OWNER.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name RICHARD E GERVAIS			Vice President Name JOSEPHINE A GERVAIS		
Street Address 272 PINE HILL ROAD			Street Address 272 PINE HILL ROAD		
City WAKEFIELD	State RI	Zip 02879	City WAKEFIELD	State RI	Zip 02879
Secretary Name JOSEPHINE GERVAIS			Treasurer Name RICHARD E GERVAIS		
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 RICHARD E GERVAIS			Director Name JOSEPHINE GERVAIS		
Street Address SAME			Street Address SAME		
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
100	NO PAR VALUE		100		NPV

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



FILED

File Date: MAY 02 2005 5:50

Check No. _____

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] 7-29-05
Signature of Officer Date

RICHARD E GERVAIS
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 1-11 containing corporate information for SMALL BUSINESS SOLUTIONS, INC. including officers (Richard E. Gervais, Josephine Gervais) and directors (Richard E. Gervais, Josephine Gervais).

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



* 8 9 7 3 2 *

Administrative box for Secretary of State use containing fields for File Date (4/28/04), Check No. (M31540), and By (GMA).

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: Richard E. Gervais, Date: 4/27/04

Print or Type Name of Officer: RICHARD E GERVAIS

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. **89732** 2. Name of Corporation **SMALL BUSINESS SOLUTIONS, INC.**
3. Street Address Principal Business Office
325 SOUTH MAIN ST
4. Business Phone No. **401-821-8586** 5. State of Incorporation **RHODE ISLAND**
7. Brief Description of the Character of Business Conducted in Rhode Island
BOOKKEEPING, PAYROLL & TAX SERVICES

City **COVENTRY** State **RI** Zip **02816**
6. SIC Code **7633 8088**

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

President Name **RICHARD E GERVAIS**
Street Address **272 PINE HILL ROAD**
City **WAKEFIELD RI** State **RI** Zip **02879**
Secretary Name

Vice President Name **JOSEPHINE A GERVAIS**
Street Address **272 PINE HILL ROAD**
City **WAKEFIELD RI** State **RI** Zip **02879**
Treasurer Name

JOSEPHINE A GERVAIS
Street Address **272 PINE HILL ROAD**
City **WAKEFIELD RI** State **RI** Zip **02879**

RICHARD E GERVAIS
Street Address **272 PINE HILL ROAD**
City **WAKEFIELD RI** State **RI** Zip **02879**

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

Director Name **RICHARD E GERVAIS**
Street Address **272 PINE HILL ROAD**
City **WAKEFIELD RI** State **RI** Zip **02879**
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
100 NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
100 NPV

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



* 8 9 7 3 2 *

File Date: 9.3.03
Check No.: 255
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.

Richard E Gervais 9.2.03
Signature of Officer Date

RICHARD E GERVAIS
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. **89732** 2. Name of Corporation **SMALL BUSINESS SOLUTIONS, INC.**
3. Street Address Principal Business Office **920 MAIN STREET** City **COVENTRY** State **RI** Zip **02816**
4. Business Phone No. **401-821-8586** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **8888**
7. Brief Description of the Character of Business Conducted in Rhode Island

BOOKKEEPING AND INDIVIDUAL & BUSINESS TAX PREPARATION
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name RICHARD E GERVAIS Street Address 272 PINE HILL ROAD City WAKEFIELD State RI Zip 02879	Vice President Name JOSEPHINE GERVAIS Street Address 272 PINE HILL RD City WAKEFIELD State RI Zip 02879
Secretary Name JOSEPHINE GERVAIS Street Address 272 PINE HILL RD City WAKEFIELD State RI Zip 02879	Treasurer Name RICHARD GERVAIS Street Address 272 PINE HILL RD City WAKEFIELD State RI Zip 02879

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

Director Name RICHARD E GERVAIS Street Address 272 PINE HILL RD City WAKEFIELD State RI Zip 02879	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
100 NO PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)
ISSUED SHARES
Number of Shares Class/Series Par Value
100

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



File Date: 8-30-02
Check No.: 534
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.
Richard E Gervais 8-8-02
Signature of Officer Date
RICHARD E GERVAIS
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. **89732** 2. Name of Corporation **SMALL BUSINESS SOLUTIONS, INC.**
3. Street Address Principal Business Office **920 MAIN STREET** City **COVENTRY** State **RI** Zip **02816**
4. Business Phone No. **821-8586** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **88887633**
7. Brief Description of the Character of Business Conducted in Rhode Island

ACCOUNTING & TAX PREPARATION

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

President Name RICHARD E GERVAIS Street Address 272 PINE HILL ROAD City WAKEFIELD State RI Zip 02879	Vice President Name RICHARD E GERVAIS Street Address 272 PINE HILL ROAD City WAKEFIELD State RI Zip 02879
Secretary Name JOSEPHINE A GERVAIS Street Address 272 PINE HILL ROAD City WAKEFIELD State RI Zip 02879	Treasurer Name RICHARD E GERVAIS Street Address 272 PINE HILL ROAD City WAKEFIELD State RI Zip 02879

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

Director Name RICHARD E GERVAIS Street Address 272 PINE HILL ROAD City WAKEFIELD State RI Zip 02879	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
100 NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
100 NPV

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



* 8 9 7 3 2 *

File Date: 10-16-01

Check No.: 372

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.

Richard E Gervais 10-10-01
Signature of Officer Date

RICHARD E GERVAIS
Print or Type Name of Officer

PRESIDENT
Title of Officer



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. **89732** 2. Name of Corporation **SMALL BUSINESS SOLUTIONS, INC.**
3. Street Address Principal Business Office **920 MAIN STREET** City **COVENTRY** State **RI** Zip **02816**
4. Business Phone No. **401-821-8586** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7658**
7. Brief Description of the Character of Business Conducted in Rhode Island

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

President Name RICHARD E GERVAIS Street Address 272 PINE HILL ROAD City WAKEFIELD State RI Zip 02879 Secretary Name JOSEPHINE GERVAIS Street Address 272 PINE HILL ROAD City WAKEFIELD State RI Zip 02879	Vice President Name JOSEPHINE GERVAIS Street Address 272 PINE HILL ROAD City WAKEFIELD State RI Zip 02879 Treasurer Name RICHARD GERVAIS Street Address 272 PINE HILL ROAD City WAKEFIELD State RI Zip 02879
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9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name RICHARD GERVAIS Street Address 272 PINE HILL ROAD City WAKEFIELD State RI Zip 02879	Director Name JOSEPHINE GERVAIS Street Address 272 PINE HILL ROAD City WAKEFIELD State RI Zip 02879
--	--

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
100 SHS NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
100 NPV

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



* 8 9 7 3 2 *

File Date: 9/5/00
Check No.: 130
By: COMA

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.

Richard E Gervais 9-1-00
Signature of Officer Date
RICHARD E GERVAIS
Print or Type Name of Officer
PRESIDENT
Title of Officer

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999
Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **89732** 2. Name of Corporation **SMALL BUSINESS SOLUTIONS, INC.**
3. Street Address Principal Business Office City **COVENTRY** State **RI** Zip **02816**
920 MAIN STREET
4. Business Phone No. **401-821-8586** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **0000**

7. Brief Description of the Character of Business Conducted in Rhode Island
BUSINESS CONSULTING & TAX PREPARATIONS

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

President Name RICHARD E. GERVAIS	Vice President Name SAME
Street Address 25 WATER STREET	Street Address
City State Zip EAST GREENWICH RI 02818	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 RICHARD E. GERVAIS	Director Name
Street Address 25 WATER STREET	Street Address
City State Zip EAST GREENWICH RI 02818	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
100 SHS NO PAR VALUE		

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

ISSUED SHARES	Class/Series	Par Value
100		

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



File Date: 7/21/99
Check No.: 549
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.

Richard E. Gervais 7/18/99
Signature of Officer Date
RICHARD E. GERVAIS
Print or Type Name of Officer
PRESIDENT
Title of Officer

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **1998**
Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **89732** 2. Name of Corporation **SMALL BUSINESS SOLUTIONS, INC.**

3. Street Address Principal Business Office **920 MAIN STREET** City **COVENTRY** State **RI** Zip **02816**

4. Business Phone No. **401-821-8586** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **8888**

7. Brief Description of the Character of Business Conducted in Rhode Island
BUSINESS CONSULTING TAX PREPARATIONS

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name RICHARD E GERVAIS	Vice President Name SAME
Street Address 25 WATER STREET	Street Address
City State Zip EAST GREENWICH RI 02818	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)

Director Name RICHARD E GERVAIS	Director Name
Street Address 25 WATER STREET	Street Address
City State Zip EAST GREENWICH RI 02818	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
100 SHS NO PAR VALUE			

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
0			

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



File Date: 6/12/98
Check No.: 376
By: ICW
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.
X Richard E Gervais 6-10-98
Signature of Officer Date
RICHARD E. GERVAIS
Print or Type Name of Officer
PRESIDENT
Title of Officer



PROFIT CORPORATION ANNUAL REPORT 1997

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **89732** 2. Name of Corporation **SMALL BUSINESS SOLUTIONS, INC.**
3. Street Address Principal Business Office **920 MAIN STREET** City **COVENTRY** State **RI** Zip **02816**
4. Business Phone No. **401-821-8586** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7633**

7. Brief Description of the Character of Business Conducted in Rhode Island
BUSINESS CONSULTING TAX PREPARATION

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name RICHARD E GERVAIS Street Address 25 WATER STREET City E. GREENWICH State RI Zip 02818	Vice President Name SAME Street Address SAME City SAME State SAME Zip SAME
Treasurer Name SAME Street Address SAME City SAME State SAME Zip SAME	

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

Director Name RICHARD E GERVAIS Street Address SAME City SAME State SAME Zip SAME	Director Name SAME Street Address SAME City SAME State SAME Zip SAME
Director Name SAME Street Address SAME City SAME State SAME Zip SAME	Director Name SAME Street Address SAME City SAME State SAME Zip SAME

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

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100 SHS	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: **8.29.97**

Check No.: **164**

By: **ICP**

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.

Richard E Gervais 8-26-97
Signature of Officer Date

RICHARD E GERVAIS
Print or Type Name of Officer

PRESIDENT
Title of Officer