



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. 75233		2. Name of Corporation MICHAEL A. MANSELLA, C.P.A., INC.			
3. Street Address Principal Business Office 50 DURHAM STREET		City PROVIDENCE	State RI	Zip 02908	
4. Business Phone No. (401) 861-7891		5. State of Incorporation RHODE ISLAND			6. SIC Code 7658
7. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN THE PROFESSIONAL EMPLOYMENT FOR PROFIT OF ACCOUNTING.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name MICHAEL A. MANSELLA			Vice President Name MICHAEL A. MANSELLA		
Street Address 50 DURHAM STREET			Street Address 50 DURHAM STREET		
City PROV.	State RI	Zip 02908	City PROV.	State RI	Zip 02908
Secretary Name MICHAEL A. MANSELLA			Treasurer Name MICHAEL A. MANSELLA		
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 COMM 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: 1-21-05
Check No.: ~~865~~ 865
By: J.C.
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: Michael Mansella Date: 1/19/05
Print or Type Name of Officer: MICHAEL A. MANSELLA
Title of Officer: PRESIDENT



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)

Form with sections: 1. Corporate ID No. (63189), 2. Name of Corporation (FRANK S. MANSELLA, C.P.A., INC.), 3. Street Address Principal Business Office (64 AIRPORT ROAD, WARWICK, RI, 02889), 4. Business Phone No. ((401) 737-7530), 5. State of Incorporation (RHODE ISLAND), 6. SIC Code (7658), 7. Brief Description of the Character of Business Conducted in Rhode Island (PROFESSIONAL SERVICES- ACCOUNTING AND TAXATION), 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) [] FILL IN SPACES BEFORE USING ATTACHMENTS. Officers listed: FRANK S. MANSELLA (President, Vice President, Secretary, Treasurer), 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) [] FILL IN SPACES BEFORE USING ATTACHMENTS. Directors listed: NONE, 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) [] AUTHORIZED SHARES: 1,000 COMM NO PAR VALUE, 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) [] ISSUED SHARES: 100 COMMON NO PAR.

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



FOR SECRETARY OF STATE USE ONLY
File Date: 1/6/05
Check No.: 1277
By: W.

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: [Handwritten Signature]
Date: 1/04/05
Print or Type Name of Officer: FRANK S. MANSELLA
Title of Officer: PRESIDENT



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. Corporate ID No. (75233), 2. Name of Corporation (MICHAEL A. MANSELLA, C.P.A., INC.), 3. Street Address (50 DURHAM STREET), 4. Business Phone No. ((401) 261-7891), 5. State of Incorporation (RHODE ISLAND), 6. SIC Code (7658), 7. Brief Description of the Character of Business (TO ENGAGE IN THE PROFESSIONAL EMPLOYMENT FOR PROFIT OF ACCOUNTING), 8. NAMES AND ADDRESSES OF THE OFFICERS (President: MICHAEL A. MANSELLA), 9. NAMES AND ADDRESSES OF THE DIRECTORS (NONE), 10. SHARES AUTHORIZED (1,000 COMM NO PAR VALUE), 11. SHARES ISSUED (100 COMMON NO PAR).

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



FILED

File Date FEB 19 2004
Check No By M 20978 GMM

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 (MICHAEL A. MANSELLA) Date (2/17/04)

Print or Type Name of Officer (MICHAEL A. MANSELLA)

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. 75233 2. Name of Corporation MICHAEL A. MANSELLA, C.P.A., INC.
3. Street Address Principal Business Office 141 POWER ROAD City PAWTUCKET State RI Zip 02860
4. Business Phone No. (401) 727-3171 5. State of Incorporation RHODE ISLAND 6. SIC Code 7658
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 MICHAEL A. MANSELLA Vice President Name MICHAEL A. MANSELLA
Street Address 44 JOSLIN STREET Street Address 44 JOSLIN STREET
City PROV. State RI Zip 02909 City PROV. State RI Zip 02909
Secretary Name MICHAEL A. MANSELLA Treasurer Name MICHAEL A. MANSELLA
Street Address SAME Street Address SAME
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 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
Number of Shares Class/Series Par Value
1,000 COMM NO PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)
ISSUED SHARES
Number of Shares Class/Series Par Value
100 COMMON NO PAR

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



* 7 5 2 3 3 *

File Date: FILED

Check No.: FEB 25 2003

By: BY GMA 313966

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.

Michael A. Mansella 2/21/03
Signature of Officer Date

MICHAEL A. MANSELLA
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. **75233** 2. Name of Corporation **MICHAEL A. MANSELLA, C.P.A., INC.**

3. Street Address Principal Business Office **141 POWER ROAD** City **PAWTUCKET** State **RI** Zip **02860**
4. Business Phone No. **(401) 727-3171** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7658**

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 MICHAEL A. MANSELLA	Vice President Name MICHAEL A. MANSELLA
Street Address 44 JOSLIN STREET	Street Address SAME
City PROV. State RI Zip 02909	City SAME State RI Zip 02860
Secretary Name MICHAEL A. MANSELLA	Treasurer Name MICHAEL A. MANSELLA
Street Address SAME	Street Address SAME
City PROV. State RI Zip 02909	City SAME State RI Zip 02860

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 NONE	Street Address NONE
City NONE State RI Zip 02909	City NONE State RI Zip 02860
Director Name NONE	Director Name NONE
Street Address NONE	Street Address NONE
City NONE State RI Zip 02909	City NONE State RI Zip 02860

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
1,000	COMM NO PAR VALUE	

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
100	COMMON NO PAR	

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



* 7 5 2 3 3 *

File Date: 2-19-02
Check No.: 763
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] 2/15/02
Signature of Officer Date
MICHAEL A. MANSELLA
Print or Type Name 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. **63189** 2. Name of Corporation **FRANK S. MANSELLA, C.P.A., INC.**

3. Street Address Principal Business Office **64 AIRPORT ROAD** City **WARWICK** State **R.I.** Zip **02889**
4. Business Phone No. **401 737-7530** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7658**

7. Brief Description of the Character of Business Conducted in Rhode Island
PROFESSIONAL SERVICES - ACCOUNTING & TAXATION

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

President Name **FRANK S. MANSELLA** Vice President Name **FRANK S. MANSELLA**
Street Address **44 JOSLIN ST.** Street Address **SAME**
City **PROVIDENCE** State **RI** Zip **02909** City **SAME** State **RI** Zip **02909**

Secretary Name **FRANK S. MANSELLA** Treasurer Name **FRANK S. MANSELLA**
Street Address **SAME** Street Address **SAME**
City **SAME** State **RI** Zip **02909** City **SAME** State **RI** Zip **02909**

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

Director Name **NONE** 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
1,000 COMM NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
100 COMMON NO PAR

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



* 6 3 1 8 9 *

File Date: 1-9-02
Check No.: 2334
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] 1/05/02
Signature of Officer Date
FRANK S. MANSELLA
Print or Type Name of Officer
PRESIDENT
Title of Officer

FOR SECRETARY OF STATE USE ONLY



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. **75233** 2. Name of Corporation **MICHAEL A. MANSELLA, C.P.A., INC.**
3. Street Address Principal Business Office **509 Armistice Blvd.** City **Pawtucket** State **RI** Zip **02861**
4. Business Phone No. **(401) 727-3171** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7658**

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	Michael A. Mansella	Vice President Name	Michael A. Mansella
Street Address	44 Joslin Street	Street Address	44 Joslin Street
City	Prov. RI 02909	City	Prov. RI 02909
Secretary Name	Michael A. Mansella	Treasurer Name	Michael A. Mansella
Street Address	44 Joslin Street	Street Address	44 Joslin Street
City	Prov. RI 02909	City	Prov. RI 02909

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		City	
Director Name	NONE	Director Name	NONE
Street Address		Street Address	
City		City	

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
1,000 SHS COMM NO PAR VAL

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

ISSUED SHARES
Number of 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



* 7 5 2 3 3 *

File Date: 2/9
726

Check No.: _____
By: 2

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.

Michael A. Mansella 2/07/01
Signature of Officer Date
Michael A. Mansella

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. **75233** 2. Name of Corporation **MICHAEL A. MANSELLA, C.P.A., INC.**
3. Street Address Principal Business Office **509 Armistice Blvd.** City **Pawtucket** State **RI** Zip **02861**
4. Business Phone No. **(401) 727-3171** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7658**
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 Michael A. Mansella	Vice President Name Michael A. ManSELLA
Street Address 44 Joslin Street	Street Address 44 Joslin Street
City State Zip Prov. RI 02909	City State Zip Prov. RI 02909
Secretary Name Michael A. Mansella	Treasurer Name Michael A. Mansella
Street Address 44 Joslin Street	Street Address 44 Joslin Street
City State Zip Prov. RI 02909	City State Zip Prov. RI 02909

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 NONE	Street Address NONE
City State Zip NONE	City State Zip NONE
Director Name NONE	Director Name NONE
Street Address NONE	Street Address NONE
City State Zip NONE	City State Zip NONE

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)	11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)
AUTHORIZED SHARES	ISSUED SHARES
Number of Shares	Number of Shares
Class/Series	Class/Series
Par Value	Par Value
1,000 SHS COMM NO PAR VAL	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: 1/12/00
Check No.: 513
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] 1/10/00
Signature of Officer Date
Michael A. Mansella
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. 75233		2. Name of Corporation MICHAEL A. MANSELLA, C.P.A., INC.	
3. Street Address Principal Business Office 509 Armistice Blvd.		City Pawtucket	State RI
		Zip 02861	
4. Business Phone No. (401) 727-3171	5. State of Incorporation RHODE ISLAND		6. SIC Code 7658
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 Michael A. Mansella		Vice President Name Michael A. Mansella	
Street Address 44 Joslin Street		Street Address 44 Joslin Street	
City Prov.	State RI	Zip 02909	City Prov.
Secretary Name Michael A. Mansella		Treasurer Name Michael A. Mansella	
Street Address 44 Joslin Street		Street Address 44 Joslin Street	
City Prov.	State RI	Zip 02909	City prov.
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS		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	City	State
Director Name NONE		Director Name NONE	
Street Address		Street Address	
City	State	City	State
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)			
11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)			
AUTHORIZED SHARES		ISSUED SHARES	
Number of Shares	Class/Series	Number of Shares	Class/Series
1,000 SHS COMM NO PAR VAL		100	COMMON
Par Value		Par Value	NO PAR

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



File Date: 1-11-99
473
Check No.: _____
By: AMF / JCV

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.

Michael A. Mansella 1/8/99
Signature of Officer Date

Michael A. Mansella

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. **75233** 2. Name of Corporation **Michael A. Mansella, CPA INC.**
3. Street Address Principal Business Office **509 Armistice Blvd.** City **Pawtucket** State **RI** Zip **02861**
4. Business Phone No. **(401) 727-3171** 5. State of Incorporation **Rhode Island** 6. SIC Code **7658**
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)

President Name Michael A. Mansella Street Address 44 Joslin Street City Prov. State RI Zip 02909	Vice President Name Michael A. Mansella Street Address 44 Joslin Street City Prov. State RI Zip 02909
Secretary Name Michael A. Mansella Street Address 44 Joslin Street City Prov. State RI Zip 02909	Treasurer Name Michael A. Mansella Street Address 44 Joslin Street City Prov. State RI Zip 02909

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

Director Name NONE Street Address NONE City NONE State NONE Zip NONE	Director Name NONE Street Address NONE City NONE State NONE Zip NONE
Director Name NONE Street Address NONE City NONE State NONE Zip NONE	Director Name NONE Street Address NONE City NONE State NONE Zip NONE

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

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	1000	SHS COMM	NO PAR VALUE

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

ISSUED SHARES	Number of 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

File Date: 1-22-98
Check No.: 449
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.

Michael A. Mansella 1/21/98
Signature of Officer Date

Michael A. Mansella

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. 75233
2. Name of Corporation Michael A. Mansella, CPA INC.
3. Street Address Principal Business Office 509 Armistice Blvd. City Pawtucket State RI Zip 02861
4. Business Phone No. (401) 727-3171 5. State of Incorporation Rhode Island 6. SIC Code 7658
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)

President Name	Michael A. Mansella	Vice President Name	Michael A. Mansella
Street Address	44 Joslin Street	Street Address	44 Joslin Street
City	Prov. RI Zip 02909	City	Prov. RI Zip 02909
Secretary Name	Michael A. Mansella	Treasurer Name	Michael A. Mansella
Street Address	44 Joslin Street	Street Address	44 Joslin Street
City	Prov. RI Zip 02909	City	Prov. RI Zip 02909

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

Director Name	NONE	Director Name	NONE
Street Address		Street Address	
City		City	
Director Name	NONE	Director Name	NONE
Street Address		Street Address	
City		City	

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
1000 SHS	COMM	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

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.

Michael A. Mansella 2/1/97
Signature of Officer Date

Michael A. Mansella

Print or Type Name of Officer

PRESIDENT

Title of Officer

File Date: 2-3-97
Check No: 385
By: WP/Dec

FOR SECRETARY OF STATE USE ONLY

ANNUAL REPORT

1996



STATE OF RHODE ISLAND BUREAU OF CORPORATIONS & REGISTRATIONS
 James R. Langevin, Secretary of State
 Corporations Division
 100 North Main Street
 Providence, Rhode Island 02903-1335 • (401) 277-3040

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

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. 75233		2. NAME OF CORPORATION MICHAEL A. MANSELLA, C.P.A., INC.	
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 509 ARMISTICE BLVD.		CITY PAWTUCKET	STATE RI
4. BUSINESS PHONE NO. (401) 727-3171		5. STATE OF INCORPORATION RHODE ISLAND	6. SIC CODE 7658
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND ACCOUNTING & TAX SERVICES			

8. NAMES AND ADDRESSES OF THE OFFICERS			
PRESIDENT NAME MICHAEL A. MANSELLA		VICE PRESIDENT NAME MICHAEL A. MANSELLA	
STREET ADDRESS 2 REGENCY PLAZA #506		STREET ADDRESS 2 REGENCY PLAZA #506	
CITY PROV.	STATE RI	ZIP CODE 02903	ZIP CODE 02903
SECRETARY NAME MICHAEL A. MANSELLA		TREASURER NAME MICHAEL A. MANSELLA	
STREET ADDRESS 2 REGENCY PLAZA #506		STREET ADDRESS 2 REGENCY PLAZA #506	
CITY PROV.	STATE RI	ZIP CODE 02903	ZIP CODE 02903

9. NAMES AND ADDRESSES OF THE DIRECTORS			
DIRECTOR NAME		DIRECTOR NAME	
STREET ADDRESS		STREET ADDRESS	
CITY	STATE	ZIP CODE	ZIP CODE
DIRECTOR NAME		DIRECTOR NAME	
STREET ADDRESS		STREET ADDRESS	
CITY	STATE	ZIP CODE	ZIP CODE

NONE

10. SHARES AUTHORIZED AND ISSUED					
AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
1,000 SHS	COMM NO PAR VAL		100	Common	NO PAR

This report must be SIGNED IN INK by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

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.

Michael A. Mansella
 Signature of Officer

MICHAEL A. MANSELLA
 Print or Type Name of Officer

PRESIDENT
 Title of Officer

1/12/96
 Date

File Date: 1/17/96

Check No: 291

By: KID/CP

For Secretary of State Use Only

DETACH BOTTOM BEFORE RETURNING

ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.

Corporate ID: 0075233 Annual Report for the year: 1995

Name of Corporation: MICHAEL A. MANSELLA, C.P.A., INC.

Business entity organized under the laws of the State of: R.I.
 For foreign entity, address and telephone number of principal office:

Business Entity is (check one):
 Business Corporation (See RIGL Chapter 7-1.1)
 Professional Service Corporation (See RIGL Chapter 7-5.1)

Phone: ()
 Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):
509 ARMISTICE BLVD. - SUITE G
PAWTUCKET, RI 02861

Brief statement of the character of business conducted in Rhode Island:
ACCOUNTING AND
TAX SERVICES

Phone: (401) 727-3171

THE NAMES OF THE OFFICERS ARE:

	STREET ADDRESS	CITY/STATE	ZIP CODE
PRESIDENT <u>MICHAEL A. MANSELLA</u>	<u>15 JOSLIN ST.</u>	<u>PROV., RI</u>	<u>02909</u>
VICE PRESIDENT <u>MICHAEL A. MANSELLA</u>	<u>15 JOSLIN ST.</u>	<u>PROV., RI</u>	<u>02909</u>
SECRETARY <u>MICHAEL A. MANSELLA</u>	<u>15 JOSLIN ST.</u>	<u>PROV., RI</u>	<u>02909</u>
TREASURER <u>MICHAEL A. MANSELLA</u>	<u>15 JOSLIN ST.</u>	<u>PROV., RI</u>	<u>02909</u>

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>NONE</u>			

NUMBER OF SHARES AUTHORIZED (Rider may be attached)		NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)	
Number of Shares	Class / Series	Number of Shares	Class / Series
<u>1000</u>	<u>COMMON (NO PAR)</u>	<u>100</u>	<u>COMMON (NO PAR)</u>

Date: 1/9/95 By: Michael A. Mansella

Form 31 1/95 PRINT OR TYPE NAME OF OFFICER SIGNING: MICHAEL A. MANSELLA
 TITLE OF OFFICER SIGNING: PRESIDENT

DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

MICHAEL A. MANSELLA
15 JOSLIN STREET
PROVIDENCE RI 02909

FILED

JAN 11 1995

By: [Signature]
173

1. Prior to submitting the statement for filing, it is recommended that you call the Corporations Division at (401) 222-3040 to verify that the information required in items 2 and 4 of the preceding form currently appears in the corporate records of the Secretary of State. If the information is inconsistent with the records of this office, the statement will be returned.
2. It is required by law to provide a street address in item 3 of the preceding form in order to provide the public with notice of a physical location at which process, notice or demand required or permitted by law may be served on the registered agent. A statement submitted with a post office box address only will not be accepted for filing.
3. The effective date of the statement shall be the date of filing with the Secretary of State or upon such later date not more than thirty (30) days after such filing, as may be set forth in item 6 of the statement.
4. The statement must be signed on behalf of the corporation by its president or vice president. The president's or vice president's signature must be notarized.
5. The fee for filing the Statement of Change of Registered Agent by the Corporation is \$20.00, and payment should be made payable to the Rhode Island Secretary of State.

NOTE: If a registered agent changes the agent's business address to another place within the state, the agent may change the address and the address of the registered office of any corporation of which the agent is a registered agent by completing the statement below instead of the preceding form, and submitting same for filing, without fee. Again, it is recommended that you call the Corporations Division prior to submitting the statement to verify that the information required in item 2 below currently appears in the corporate records of the Secretary of State. As required by law, you must provide a street address in item 3 below.

No Filing Fee

ID Number: 25033

STATEMENT OF CHANGE OF REGISTERED OFFICE BY THE REGISTERED AGENT

Pursuant to the provisions of Sections 7-1.1-12(d) or 7-1.1-107(d) of the General Laws, 1956, as amended, the undersigned registered agent submits the following statement for the purpose of changing the agent's business address and the address of the registered office of the corporation named herein to another place within the state:

1. The name of the corporation is MICHAEL A. MANFREGA, CPA INC.
2. The address of the registered office as PRESENTLY shown in the corporate records on file with the Rhode Island Secretary of State is:
141 POWER ROAD, PAWTUCKET, RI 02861
3. The address of the NEW registered office is:
50 PURHAM STREET, PROV., RI 02908
4. The change of address of the registered office shall become effective upon the filing of this statement, or on UPON FILING
(a date not prior to, nor more than 30 days after, filing this statement)
5. A copy of this Statement has been mailed to the corporation.

Date: 2/17/03

MICHAEL A. MANFREGA
Print Name of Registered Agent

Michael Manfrega
Signature of Registered Agent

FILED
FEB 19 2004
By GMA

NO. 11 66 71

INSTRUCTIONS FOR FILING

1. Prior to submitting the statement for filing, it is recommended that you call the Corporations Division at (401) 222-3040 to verify that the information required in items 2 and 4 of the preceding form currently appears in the corporate records of the Secretary of State. If the information is inconsistent with the records of this office, the statement will be returned.
2. It is required by law to provide a street address in item 3 of the preceding form in order to provide the public with notice of a physical location at which process, notice or demand required or permitted by law may be served on the registered agent. A statement submitted with a post office box address only will not be accepted for filing.
3. The effective date of the statement shall be the date of filing with the Secretary of State or upon such later date not more than thirty (30) days after such filing, as may be set forth in item 6 of the statement.
4. The statement must be signed on behalf of the corporation by its president or vice president. The president's or vice president's signature must be notarized.
5. The fee for filing the Statement of Change of Registered Agent by the Corporation is \$20.00. and payment should be made payable to the Rhode Island Secretary of State.

NOTE: If a registered agent changes the agent's business address to another place within the state, the agent may change the address and the address of the registered office of any corporation of which the agent is a registered agent by completing the statement below instead of the preceding form, and submitting same for filing, without fee. Again, it is recommended that you call the Corporations Division prior to submitting the statement to verify that the information required in item 2 below currently appears in the corporate records of the Secretary of State. As required by law, you must provide a street address in item 3 below.

No Filing Fee

ID Number: 75233

STATEMENT OF CHANGE OF REGISTERED OFFICE BY THE REGISTERED AGENT

Pursuant to the provisions of Sections 7-1.1-12(d) or 7-1.1-107(d) of the General Laws, 1956, as amended, the undersigned registered agent submits the following statement for the purpose of changing the agent's business address and the address of the registered office of the corporation named herein to another place within the state:

1. The name of the corporation is MICHAEL A. MANSELLA, CPA INC.
2. The address of the registered office as PRESENTLY shown in the corporate records on file with the Rhode Island Secretary of State is:
509 ARMISTICE BOULEVARD, PAWTUCKET, RI 02861
3. The address of the NEW registered office is:
141 POWER ROAD, PAWTUCKET, RI 02860
4. The change of address of the registered office shall become effective upon the filing of this statement, or on UPON FILING
(a date not prior to, nor more than 30 days after, filing this statement)
5. A copy of this Statement has been mailed to the corporation.

Date:

2/21/03

FILED

FEB 25 2003

GMA

MICHAEL A. MANSELLA

Print Name of Registered Agent

[Signature]

Signature of Registered Agent



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

Matthew A. Brown
Secretary of State

January 21, 2003

MICHAEL A. MANSELLA, C.P.A., INC.
141 POWER ROAD
PAWTUCKET, RI 02860-

RE: Corporation ID # 75233
MICHAEL A. MANSELLA, C.P.A., INC.

Dear Sir or Madam:

Your corporation has failed to maintain a Registered Office in this state as evidenced by undeliverable and returned correspondence which was sent to the Registered Agent, MICHAEL A. MANSELLA at the Registered Office, 509 ARMISTICE BOULEVARD, PAWTUCKET, RI 02861.

Pursuant to the provisions set forth in Sections 7-1.1-87 and 7-1.1-114 of the General Laws of the State of Rhode Island, the Certificate of Incorporation/Authority of the above named entity will be revoked after 60 days from the date of this notice for failure to maintain a registered office within this state.

Please file a Change of Registered Office form with the Corporations Division within the next sixty days so that your authority to conduct business will remain intact. If you have any questions, or if we can be of any assistance, please do not hesitate to call the Corporations Division at (401) 222-3040.

Sincerely,

Matthew Brown
Secretary of State



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. 63189		2. Name of Corporation FRANK S. MANSELLA, C.P.A., INC.	
3. Street Address Principal Business Office		City	State
4. Business Phone No.	5. State of Incorporation RHODE ISLAND		6. SIC Code 7658
7. Brief Description of the Character of Business Conducted in Rhode Island			

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

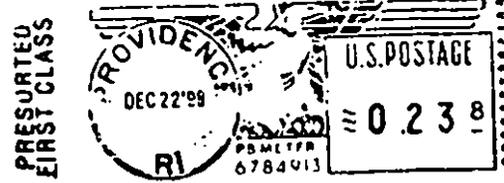
President Name			Vice President Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

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

Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		

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

**RETURN SERVICE
REQUESTED**



James R. Langevin, Secretary of State

DEC 22 1999 PROVIDENCE RI 02903

MANS100 029203085 1898 09 12/24/98
RETURN TO SENDER
FRANK S MANSELLA INC
64 AIRPORT RD
WARWICK RI 02889-1036
RETURN TO SENDER

AUTO 02820

