



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

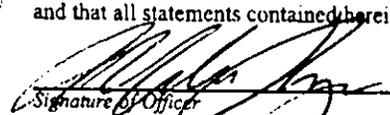
Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 58936		2. Name of Corporation MARK S. KRIEGER, ESQ., LTD.			
3. Street Address Principal Business Office 132 Old River Road, Suite #205			City Lincoln	State RI	Zip 02865
4. Business Phone No. (401) 333-6300		5. State of Incorporation RHODE ISLAND		6. SIC Code 7617	
7. Brief Description of the Character of Business Conducted in Rhode Island PRACTICE OF LAW					
8. NAMES AND ADDRESSES OF THE OFFICERS (SEE INSTRUCTIONS FOR ATTACHMENT 1) (SEE INSTRUCTIONS FOR FILING ATTACHMENT 2)					
President Name MARK S. KRIEGER, ESQ.			Vice President Name MARK S. KRIEGER, ESQ.		
Street Address 58 Wilbur Road			Street Address 58 Wilbur Road		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
Secretary Name MARK S. KRIEGER, ESQ.			Treasurer Name MARK S. KRIEGER, ESQ.		
Street Address 58 Wilbur Road			Street Address 58 Wilbur Road		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
9. NAMES AND ADDRESSES OF THE DIRECTORS (SEE INSTRUCTIONS FOR ATTACHMENT 2) (SEE INSTRUCTIONS FOR FILING ATTACHMENT 2)					
Director Name MARK S. KRIEGER, ESQ.			Director Name		
Street Address 58 Wilbur Road			Street Address		
City Lincoln	State RI	Zip 02865	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED (SEE INSTRUCTIONS FOR ATTACHMENT 2) (SEE INSTRUCTIONS FOR FILING ATTACHMENT 2)					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100 NO PAR VALUE			100	common	NO ParValue

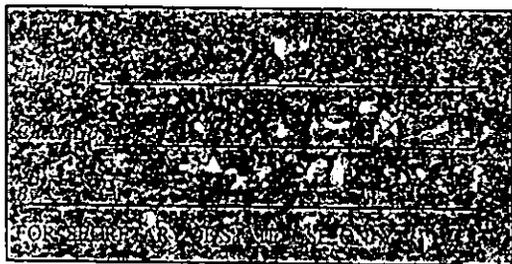
This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

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.

Signature of Officer  *Date* **2-8-05**

MARK S. KRIEGER, ESQ.
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. Corporate ID No (58936), 2. Name of Corporation (MARK S. KRIEGER, ESQ., LTD.), 3. Street Address Principal Business Office (132 Old River Road, Suite #205), 4. Business Phone No ((401) 333-6300), 5. State of Incorporation (RHODE ISLAND), 6. SIC Code (7617), 7. Brief Description of the Character of Business Conducted in Rhode Island (PRACTICE OF LAW), 8. NAMES AND ADDRESSES OF THE OFFICERS: (*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, 10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) [], 11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) [].

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



* 5 8 9 3 6 *

FILED
File Date
Check No FEB 11 2004
By: m1971
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 (Handwritten)
Date 1-9-04
MARK S. KRIEGER, ESQ.
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 OR PRINTED IN BLACK)

1. Corporate ID No. **58936** 2. Name of Corporation **MARK S. KRIEGER, ESQ., LTD.**

3. Street Address Principal Business Office **132 Old River Road, Suite #205** City **Lincoln** State **RI** Zip **02865**

4. Business Phone No. **(401) 333-6300** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7617**

7. Brief Description of the Character of Business Conducted in Rhode Island
Practice of Law

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

President Name Mark S. Krieger, Esq.	Vice President Name Mark S. Krieger, Esq.
Street Address 58 Wilbur Road	Street Address 58 Wilbur Road
City State Zip Lincoln RI 02865	City State Zip Lincoln RI 02865
Secretary Name Mark S. Krieger, Esq.	Treasurer Name Mark S. Krieger, Esq.
Street Address 58 Wilbur Road	Street Address 58 Wilbur Road
City State Zip Lincoln RI 02865	City State Zip Lincoln RI 02865

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
100 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



File Date: 3-5-03

Check No.: 6744

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 of Officer: [Signature] Date: _____

MARK S. KRIEGER, ESQ.
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. **58936** 2. Name of Corporation **MARK S. KRIEGER, ESQ., LTD.**

3. Street Address Principal Business Office **132 Old River Road, Suite #205** City **Lincoln** State **RI** Zip **02865**

4. Business Phone No. **(401) 333-6300** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7617**

7. Brief Description of the Character of Business Conducted in Rhode Island
Practice of Law

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

<p>President Name Mark S. Krieger, Esq.</p> <p>Street Address 58 Wilbur Road</p> <p>City Lincoln State RI Zip 02865</p>	<p>Vice President Name Mark S. Krieger, Esq.</p> <p>Street Address 58 Wilbur Road</p> <p>City Lincoln State RI Zip 02865</p>
<p>Secretary Name Mark S. Krieger, Esq.</p> <p>Street Address 58 Wilbur Road</p> <p>City Lincoln State RI Zip 02865</p>	<p>Treasurer Name Mark S. Krieger, Esq.</p> <p>Street Address 58 Wilbur Road</p> <p>City Lincoln State RI Zip 02865</p>

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

<p>Director Name</p> <p>Street Address</p> <p>City State Zip</p>	<p>Director Name</p> <p>Street Address</p> <p>City State Zip</p>
<p>Director Name</p> <p>Street Address</p> <p>City State Zip</p>	<p>Director Name</p> <p>Street Address</p> <p>City State Zip</p>

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	common	No Par Value

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



* 5 8 9 3 6 *

File Date: 2-25-02

Check No.: 5325

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.

Signature of Officer: [Signature] Date: 1-17-02

MARK S. KRIEGER, ESQ.

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. **58936** 2. Name of Corporation **MARK S. KRIEGER, ESQ., LTD.**

3. Street Address Principal Business Office
132 Old River Road, Suite #205
City: Lincoln State: RI Zip: 02865
4. Business Phone No. (401) 333-6300 5. State of Incorporation **RHODE ISLAND** 6. **7817e**

7. Brief Description of the Character of Business Conducted in Rhode Island
Practice of Law

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

President Name MARK S. KRIEGER, ESQ.	Vice President Name MARK S. KRIEGER, ESQ.
Street Address 58 WILBUR ROAD	Street Address 58 WILBUR ROAD
City State Zip LINCOLN RI 02865	City State Zip LINCOLN RI 02865
Secretary Name MARK S. KRIEGER, ESQ.	Treasurer Name MARK S. KRIEGER, ESQ.
Street Address 58 WILBUR ROAD	Street Address 58 WILBUR ROAD
City State Zip LINCOLN RI 02865	City State Zip LINCOLN RI 02865

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
Number of Shares Class/Series Par Value
100 SHS NO PAR VAL

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



* 5 8 9 3 6 *

File Date: 2/15
Check No.: 4417
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] 1-11-01
Signature of Officer Date

MARK S. KRIEGER, ESQ.
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. **58936** 2. Name of Corporation **MARK S. KRIEGER, ESQ., LTD.**
3. Street Address Principal Business Office
132 OLD RIVER ROAD, SUITE #205 City **LINCOLN** State **RI** Zip **02865**
4. Business Phone No. **(401) 333-6300** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7617**
7. Brief Description of the Character of Business Conducted in Rhode Island
Practice of Law

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

President Name MARK S. KRIEGER, ESQ. Street Address 58 WILBUR ROAD City LINCOLN State RI Zip 02865	Vice President Name MARK S. KRIEGER, ESQ. Street Address 58 WILBUR ROAD City LINCOLN State RI Zip 02865
Secretary Name MARK S. KRIEGER, ESQ. Street Address 58 WILBUR ROAD City LINCOLN State RI Zip 02865	Treasurer Name MARK S. KRIEGER, ESQ. Street Address 58 WILBUR ROAD City LINCOLN State RI Zip 02865

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

Director Name Street Address City State Zip	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 SHS	NO PAR VAL	

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



File Date: **FILED**
Check No.: **FEB 0 2000**
By: **By Co 3149**
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 **MARK S. KRIEGER, ESQ.** Date **1-12-2000**
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 58936		2. Name of Corporation MARK S. KRIEGER, ESQ., LTD.					
3. Street Address Principal Business Office 132 Old River Road, Suite #205				City Lincoln	State RI	Zip 02865	
4. Business Phone No. (401) 333-6300			5. State of Incorporation RHODE ISLAND			6. SIC Code 7617	
7. Brief Description of the Character of Business Conducted in Rhode Island Practice of Law							
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS							
President Name Mark S. Krieger, Esq.				Vice President Name Mark S. Krieger, Esq.			
Street Address 58 Wilbur Road				Street Address 58 Wilbur Road			
City Lincoln	State RI	Zip 02865		City Lincoln	State RI	Zip 02865	
Secretary Name Mark S. Krieger, Esq.				Treasurer Name Mark S. Krieger, Esq.			
Street Address 58 Wilbur Road				Street Address 58 Wilbur Road			
City Lincoln	State RI	Zip 02865		City Lincoln	State RI	Zip 02865	
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	
100 SHS NO PAR VAL				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



File Date: **FILED**
Check No.: **FEB 03 1999**
By: **cc 2074**

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: *[Signature]* Date: **1-11-99**
MARK S. KRIEGER, ESQ.
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. 58936		2. Name of Corporation MARK S. KRIEGER, ESQ., LTD.	
3. Street Address Principal Business Office 132 Old River Road, Suite 205		City Lincoln	State RI
4. Business Phone No. (401) 333-6300		5. State of Incorporation RHODE ISLAND	6. SIC Code 7617
7. Brief Description of the Character of Business Conducted in Rhode Island PRACTICE OF LAW			
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)			
President Name Mark S. Krieger, Esq.		Vice President Name Mark S. Krieger, Esq.	
Street Address 58 Wilbur Road		Street Address 58 Wilbur Road	
City Lincoln	State RI	City Lincoln	State RI
Zip 02865		Zip 02865	
Secretary Name Mark S. Krieger, Esq.		Treasurer Name Mark S. Krieger, Esq.	
Street Address 58 Wilbur Road		Street Address 58 Wilbur Road	
City Lincoln	State RI	City Lincoln	State RI
Zip 02865		Zip 02865	
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)			
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)			
AUTHORIZED SHARES			
Number of Shares	Class/Series	Par Value	
100 SHS NO PAR VAL			
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



File Date: 1/13/98
Check No.: 1022
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] 1-13-98
Signature of Officer Date
MARK S. KRIEGER, ESQ.
Print or Type Name of Officer
PRESIDENT
Title of Officer

PROFIT CORPORATION ANNUAL REPORT 1997

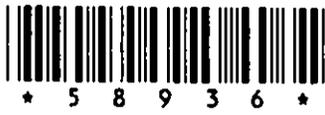
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)



1. Corporate ID No. 58936		2. Name of Corporation MARK S. KRIEGER, ESQ., LTD.			
3. Street Address Principal Business Office 132 Old River Road, Suite 205		City Lincoln	State RI		
		Zip 02865			
4. Business Phone No. (401) 333-6300	5. State of Incorporation RHODE ISLAND		6. SIC Code 7617		
7. Brief Description of the Character of Business Conducted in Rhode Island PRACTICE OF LAW					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)					
President Name Mark S. Krieger, Esq.		Vice President Name Mark S. Krieger, Esq.			
Street Address 58 Wilbur Road		Street Address 58 Wilbur Road			
City Lincoln	State RI	City Lincoln	State RI		
Zip 02865		Zip 02865			
Secretary Name Mark S. Krieger, Esq.		Treasurer Name Mark S. Krieger, Esq.			
Street Address 58 Wilbur Road		Street Address 58 Wilbur Road			
City Lincoln	State RI	City Lincoln	State RI		
Zip 02865		Zip 02865			
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)					
Director Name		Director Name			
Street Address		Street Address			
City	State	City	State		
Zip		Zip			
Director Name		Director Name			
Street Address		Street Address			
City	State	City	State		
Zip		Zip			
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 VAL			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



File Date: 1/29/97
Check No.: 14428
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 of Officer: [Signature] Date: 1-29-97
Print or Type Name of Officer: MARK S. KRIEGER, ESQ.
Title of Officer: PRESIDENT

PROFIT CORPORATION ANNUAL REPORT

1996



State of Rhode Island and Providence Plantations
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. 58936		2. NAME OF CORPORATION MARK S. KRIEGER, ESQ., LTD.						
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 132 OLD RIVER ROAD, SUITE 205				CITY LINCOLN		STATE RI	ZIP CODE 02865	
4. BUSINESS PHONE NO. 333-6300		5. STATE OF INCORPORATION RHODE ISLAND				6. SIC CODE 7617		
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND PRACTICE OF LAW								
8. NAMES AND ADDRESSES OF THE OFFICERS								
PRESIDENT NAME MARK S. KRIEGER, ESQ.				VICE PRESIDENT NAME MARK S. KRIEGER, ESQ.				
STREET ADDRESS 53 WILBUR ROAD				STREET ADDRESS 53 WILBUR ROAD				
CITY LINCOLN		STATE RI	ZIP CODE 02865		CITY LINCOLN		STATE RI	ZIP CODE 02865
SECRETARY NAME MARK S. KRIEGER, ESQ.				TREASURER NAME MARK S. KRIEGER, ESQ.				
STREET ADDRESS 53 WILBUR ROAD				STREET ADDRESS 53 WILBUR ROAD				
CITY LINCOLN		STATE RI	ZIP CODE 02865		CITY LINCOLN		STATE RI	ZIP CODE 02865
9. NAMES AND ADDRESSES OF THE DIRECTORS								
DIRECTOR NAME				DIRECTOR NAME				
STREET ADDRESS				STREET ADDRESS				
CITY		STATE	ZIP CODE		CITY		STATE	ZIP CODE
DIRECTOR NAME				DIRECTOR NAME				
STREET ADDRESS				STREET ADDRESS				
CITY		STATE	ZIP CODE		CITY		STATE	ZIP CODE
10. SHARES AUTHORIZED AND ISSUED								
AUTHORIZED SHARES				ISSUED SHARES				
NUMBER OF SHARES	CLASS / SERIES		PAR VALUE	NUMBER OF SHARES	CLASS / SERIES		PAR VALUE	
100 SHS	NO PAR VAL			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

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.

File Date:

2/13/96

Check No:

13508

By:

Mark S. Krieger

Signature of Officer

MARK S. KRIEGER

Print or Type Name of Officer

PRESIDENT

Title of Officer

2/7/96
Date

For Secretary of State Use Only



OK # 12656

ANNUAL REPORT

Please Type or Print
 File Annually - Jan. 1 - March 1
 Filing Fee \$50.00
 Make Checks Payable to: Secretary of State

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

0058936

1995

Corporate ID: _____ Annual Report for the year: _____

MARK S. KRIEGER, ESQ., LTD.

Name of Corporation: _____

Business entity organized under the laws of the State of: RI

Business Entity is (check one):

For foreign entity, address and telephone number of principal office: _____

Business Corporation (See RIGL Chapter 7-1.1)

Professional Service Corporation (See RIGL Chapter 7-5.1)

Phone: () _____

Brief statement of the character of business conducted in Rhode Island:
Practice of law.

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

132 OLD RIVER ROAD, SUITE 205
LINCOLN, RHODE ISLAND 02865

Phone: (401) 333-6300

THE NAMES OF THE OFFICERS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
PRESIDENT <u>MARK S. KRIEGER, ESQ.</u>	<u>53 WILBUR ROAD, LINCOLN, RHODE ISLAND</u>	<u>02865</u>	

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
VICE-PRESIDENT <u>MARK S. KRIEGER, ESQ.</u>	<u>53 WILBUR ROAD, LINCOLN, RHODE ISLAND</u>	<u>02865</u>	

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
SECRETARY <u>MARK S. KRIEGER, ESQ.</u>	<u>53 WILBUR ROAD, LINCOLN, RHODE ISLAND</u>	<u>02865</u>	

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
TREASURER <u>MARK S. KRIEGER, ESQ.</u>	<u>53 WILBUR ROAD, LINCOLN, RHODE ISLAND</u>	<u>02865</u>	

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
_____ NAME	_____ STREET ADDRESS	_____ CITY/STATE	_____ ZIP CODE

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
_____ NAME	_____ STREET ADDRESS	_____ CITY/STATE	_____ ZIP CODE

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
_____ NAME	_____ STREET ADDRESS	_____ CITY/STATE	_____ ZIP CODE

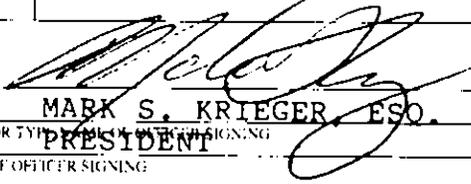
NUMBER OF SHARES AUTHORIZED (Rider may be attached)

NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)

Number of Shares	Class / Series
100	COMMON NO PAR VALUE

Number of Shares	Class / Series
100	common no par value

Date JANUARY 1, 19 95

By: 
MARK S. KRIEGER, ESQ.

PRINT OR TYPE NAME OF OFFICER SIGNING
PRESIDENT

Form 31 '95

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.

MARK S. KRIEGER, ESQ.
 132 OLD RIVER ROAD, SUITE 205
 LINCOLN RI 02865

PAID
 FEB 06 1995
 SECY OF STATE

Filing Fee \$50.00
Payable to
Secretary of State

PLEASE TYPE or PRINT

State of Rhode Island and Providence Plantations
Office of The Secretary of State
100 North Main Street
Providence, Rhode Island 02903 1335
401 277 3040

File Annually
LLC Sep. 1 - Nov. 1
CORP Jan. 1 - March 1

Corporate ID: 0058936 Annual Report for the year: 1994

Name of Business Entity: Mark S. Krieger, Esq., Ltd. **MARK S. KRIEGER, ESQ., LTD.**

Business entity organized under the laws of the State of Rhode Island

Business Entity is (check one)

- Business Corporation (See RIGL Chapter 7-1.1)
- Professional Service Corporation (See RIGL Chapter 7-5.1)
- Limited Liability Company (See RIGL 7-16)

Federal Taxpayer Identification Number [REDACTED]

For foreign entity, address and telephone number of principal office

Name, title and mailing address of contact person to whom communications may be directed

Mark S. Krieger, Esq.
132 Old River Rd., Suite 205
Lincoln, RI 02865

Phone (401) 333-6300

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box)

Mark S. Krieger, Esq.
132 Old River Rd., Suite 205
Lincoln, RI 02865

Brief statement of the character of business conducted in Rhode Island:

Date of Organization: JANUARY 24, 1990

Date of Qualification to do business in Rhode Island (if foreign entity):

Phone (401) 333-6300

THE NAMES OF THE OFFICERS ARE:

OFFICER (NAME) RESIDENT OFFICER (NAME) NAME ADDRESS CITY STATE ZIP CODE

Mark S. Krieger, Esq. Pole 43, Wilbur Road Lincoln, RI 02865

OFFICER (NAME) RESIDENT OFFICER (NAME) NAME ADDRESS CITY STATE ZIP CODE

Mark S. Krieger Pole 43 Wilbur Road Lincoln, RI 02865

OFFICER (NAME) RESIDENT OFFICER (NAME) NAME ADDRESS CITY STATE ZIP CODE

Mark S. Krieger, Esq. Pole 43 Wilbur Road Lincoln, RI 02865

THE NAMES OF THE DIRECTORS ARE:

NAME ADDRESS CITY STATE ZIP CODE

NAME ADDRESS CITY STATE ZIP CODE

NAME ADDRESS CITY STATE ZIP CODE

NUMBER OF SHARES AUTHORIZED (If Applicable)	NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)
NUMBER <u>100</u>	NUMBER <u>100</u>
CLASS <u>common</u>	CLASS <u>common</u>
SERIES	SERIES
PAR VALUE OR WITHOUT PAR <u>no par value</u>	PAR VALUE OR WITHOUT PAR

FILED

By MSK

Date: February 11, 1994 By [Signature]

Mark S. Krieger, Esq.
President

Form 31 - 1994
DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form LLC 3 must be filed

MARK S. KRIEGER, ESQ
132 OLD RIVER RD., STE 205
LINCOLN RI 02865

Filing Fee \$50.00

1023897

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0052935 Annual Report for the year 1993

FIRST: The name of the corporation is MARK S. KRIEGER, ESQ., LTD.

SECOND: It is incorporated under the laws of STATE OF RHODE ISLAND

THIRD: Character of business, briefly stated, is PRACTICE OF LAW

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island
132 OLD RIVER ROAD, SUITE 205, LINCOLN, RHODE ISLAND 02865

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
<u>MARK S. KRIEGER</u>	<u>President</u>	<u>58 WILBUR ROAD, LINCOLN, RI 02865</u>
	<u>Vice President</u>	
<u>MARK S. KRIEGER</u>	<u>Secretary</u>	<u>58 WILBUR ROAD, LINCOLN, RI 02865</u>
<u>MARK S. KRIEGER</u>	<u>Treasurer</u>	<u>58 WILBUR ROAD, LINCOLN, RI 02865</u>

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>100</u>	<u>COMMON</u>	<u>PAID</u>	<u>NO PAR VALUE</u>

JAN 20 1993
SECY OF STATE

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value

Dated JANUARY 08 19 93

MARK S. KRIEGER, ESQ., LTD.
(Name of Corporation)
By 
MARK S. KRIEGER
Title PRESIDENT

(Report must be signed by an officer)

**MINUTES OF ANNUAL MEETING
OF STOCKHOLDERS OF
MARK S. KRIEGER, ESQ., LTD.**

The annual meeting of stockholders of MARK S. KRIEGER, ESQ. LTD., was held on Friday, January 8, 1993 at 10:00 A.M. at the law offices of MARK S. KRIEGER, ESQ., 132 Old River Road, Suite 205, Lincoln, Rhode Island 02865, pursuant to the foregoing Waiver of Notice signed by the stockholders, the original of which is prefixed to the minutes of this meeting.

All stockholders were present in person.

The following persons were duly elected as officers of the corporation:

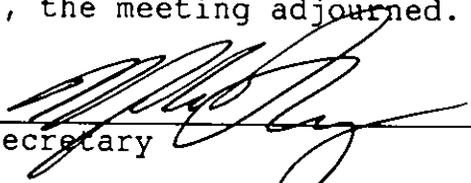
President	- Mark S. Krieger
Vice President	-
Secretary	- Mark S. Krieger
Treasurer	- Mark S. Krieger

The officers of the corporation were duly elected to serve until the next annual meeting and/or until the successors are elected and qualified.

Upon motion duly made and seconded, it was unanimously:

VOTED: That all acts and doings of the officers of said corporation on behalf of and in the name of said corporation be adopted, ratified, confirmed and approved as the acts and doing of this corporation.

There being no further business, the meeting adjourned.

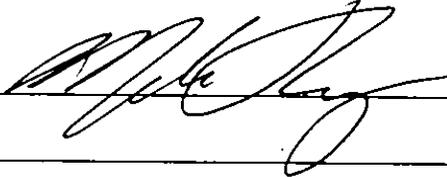

Secretary

ATTEST:

Helen R. Tardian

**WAIVER OF NOTICE OF ANNUAL MEETING
OF STOCKHOLDERS OF
MARK S. KRIEGER, ESQ., LTD.**

We, the undersigned, being all the stockholders of MARK S. KRIEGER, ESQ. LTD., a corporation organized and existing under the laws of the State of Rhode Island, do hereby consent and agree that the Annual Meeting of said stockholders and directors to be held at the law offices of MARK S. KRIEGER, ESQ., 132 Old River Road, Suite 205, Lincoln, Rhode Island, 02865 at 10:00 A.M. on Friday, January 8, 1993, for the purpose of electing officers and directors of the corporation, and transacting any other business that may come before the meeting, and we do hereby waive all other and further notice of said meeting.



Filing Fee \$50.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

9161RQ

Corporate ID 00529936 Annual Report for the year 1992

FIRST: The name of the corporation is MARK S. KRIEGER, ESQ., LTD.

SECOND: It is incorporated under the laws of State of Rhode Island

THIRD: Character of business, briefly stated, is practice of law

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island

132 Old River Road, #205, Lincoln, Rhode Island 02865

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
Mark S. Krieger	President	58 Wilbur Road, Lincoln, RI 02865
	Vice President	
Mark S. Krieger	Secretary	" "
Mark S. Krieger	Treasurer	" "

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	Common	PAID	no par value

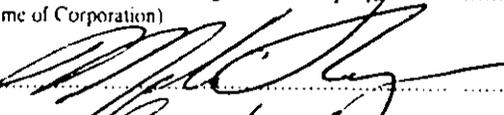
MAR 11 1992

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
		SECY OF STATE	

Dated February 8, 19 92

Mark S. Krieger Esq., Ltd.
(Name of Corporation)

By 

Title President

(Report must be signed by an officer)

Filing Fee \$50.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0058936 Annual Report for the year 1991

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Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
Mark S. Krieger	President	Pole 43, Wilbur Rd., Lincoln, RI
	Vice President	
Mark S. Krieger	Secretary	" "
Mark S. Krieger	Treasurer	" "

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100	common		no par value

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No. of Shares	Class	Series	Par Value or statement that shares are without par value

PAID
MAR 12 1991
SECY OF STATE

Dated February 8, 19 91

MARK S. KRIEGER, ESQ. LTD.=
(Name of Corporation)

By
Mark S. Krieger
Title President

(Report must be signed by an officer)