

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

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

Matthew A. B.	rown, Secretary of St	ate			401.222.304	
PROFIT CORPOR Filling Period: January 1 - Mac (FORM MUST BE TYPED OR PRINT	arch 1 • Filing		FOR THE YEAR	2005		
1. Corporate ID No.	2. Name of Corporation	-		-		
128339	Orabona Law Offi	ces, P.C.				
3. Street Address Principal Business O			City	State	Zip	
P.O. Box 8492			Cranston	RI	02920	
4 Business Phone No. 5. State		5. State of Incorporation			6. SIG Code	
(401) 272-0800 RHODE ISLANI		RHODE ISLAND				
7. Brief Description of the Character o TO ENGAGE IN RENDER	f Business Conducted in Rb ING PROFESSIONAL, I	node Island LEGAL SERVICES				
8. NAMES AND ADDRESSES	OF THE OFFICERS:	("X" BOX FOR ATTAC	CHMENT) 🔲 FILL IN SPA	ACES BEFORE USING A	TTACHMENTS	
President Name Frank L. Orab	ona, Jr.		Vice President Name Frank L. Orabor	na, Jr.		
Siren Address P.O. Box 8492			Street Address P.O. Box 8492			
City	State	Zip	City	State	Zip	
Cranston	RI	02920	Cranston	RI	02920	
Secretary Name			Treessurer Name			
Frank L. Orabona, J	r.		Frank L. Orabona, Jr.			
Street Address			Street Address			
P.O. Box 8492			P.O. Box 8492			
City	State	Z.ip	City	State	Zip	
9. NAMES AND ADDRESSES Director Name	 OF THE DIRECTORS	 5:	ACHMENT) FILL IN S	 PACES BEFORE USING	ATTACHMENTS	
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Director Name	J	J	Director Name	••••••••	••••••	
Street Address			Sircet Address			
City	State	Z.lp	Cuy	State	Zip	
10. SHARES AUTHORIZED (AUTHORIZED SHARES	"X" BOX FOR ATTA	CHMENT) [11. SHARES ISSUED ("X ISSUED SHARES	" BOX FOR ATTACHMI	ENT) [
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value	
8,000 \$.01 PAR VALUE			None			

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
Theck No. 32.5	Signuture of Officer Date Cank L. O(45eNi1, Jr.
FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Officer, P(S) C(1) Title of Officer Form 630 Rev. 12/03



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Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222.3040

Law Offices, P.C. 5. State of Incorporation	City Cranston	State				
	'	State				
5. State of Incorporation	Cranston	1	ZIp			
5. State of Incorporation		RI	02920			
DUODE IN	п		G. SIC Code			
	<u> </u>					
	. —	SPACES BEFORE USIN	iĠ attachments			
Frank Orabona, Jr.			Vice President Name			
P.O. Box 8492		Street Address P.O. Box 8492				
$\frac{z_{\psi}}{02920}$	City	State	7/2			
Cranston RI 02920 Frank Orabona, Jr.			Treasurer Name Frank Orabona, Jr.			
P.O. Box 8492		Sircet Address P.O. Box 8492				
^{2ip} 02920	City Cranston	State RI	02920			
CTORS: ("X" BOX FOR A	(TTACHMENT) FILL Director Name	N SPACES BEFORE US	ING ATTACHMENTS			
	Street Address					
7.φ	City	State	ZIp			
	Director Name					
	Street Address					
Zip	City	State	Z.(p			
R ATTACHMENT)	11. SHARES ISSUED	("X" BOX FOR ATTAC	:HMENT) [
Par Value	Number of Shares	Class/Series	Par Value			
8,000 \$.01 PAR VALUE						
		Vice President Name Frank Street Address P.O. Be City Treasurer Name Frank Street Address P.O. Be City O2920 City Cranston CTORS: ("X" BOX FOR ATTA CHMENT) Director Name Street Address Ztp City Director Name Street Address Ztp City Director Name Street Address In the control of the control o	Vice President Name Frank Orabona, Jr. Street Address P.O. Box 8492 City State Treasurer Name Frank Orabona, Jr. Street Address P.O. Box 8492 City State Treasurer Name Frank Orabona, Jr. Street Address P.O. Box 8492 City State CTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE US Director Name Street Address Zip City State City State Zip City State Director Name Street Address Zip City State City			

	Under penalty of perjury, I declare and affirm that including any accompanying schedules and state contained herein are fluc and porrect.
File Date 3/9/01 Check No. 4495	Signature of Officer Frank L. Orab.
FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Officer President Title of Officer

t I have examined this report. ments, and that all statements Form 630 Rev. 12/03

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

STOP PLEASE READ INSTRUCTIONS

iling Period: Janua	ry 1-March 1 •	Filing Fee: \$50.00			INS
FORM MUST BE TYPED OR PR . Corporate ID No.	UNTED IN BLACK) 2. Name of Corpora	tion			
128339 . Street Address Principal Busin		w Offices, P.C.	City	State	Zip
P.O. BOX 8492 Business Phone No.		5. State of Incorporatio	CRANSTON	RI	02920 6. SIC Gode
(401) 272-080(Brief Description of the Chara		RHODE ISLAN	ND		
LEGAL SERVICES NAMES AND ADDR resident Name		ICERS (*X* BOX FOR ATT)	ACHMENT) FILL IN SPACES - Vice Président Namé	BEFORE USING ATTA	CHMENTS
FRANK ORABONA	, JR.		FRANK ORABONA	., JR.	
P.O. BOX 8492			P.O. BOX 8492		
lity	State	Zip	City	State	Zip
CRANSTON ecretary Name	RI	02920	CRANSTON Treasurer Name	RI	02920
treet Address			Street Address		
liy	State	Zip	City	State	ZIp
. NAMES AND ADDR	ESSES OF THE DIR	ECTORS (*X* BOX FOR A	TTACHMENT) FILL IN SPAC	ES BEFORE USING AT	TACHMENTS
NONE treet Address			Street Address		
riry	State	Zip	City	State	Zip
liector Name			Director Name		
treet Address			Street Address		
lity	State	Zip	City	State	Zip

0.000 ¢ 04 DAD VALUE

Par Value

Class/Series

Number of Shares

ESSUFED SHARES

Class/Series

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

Par Value

8,000 \$.01 PAR VALUE

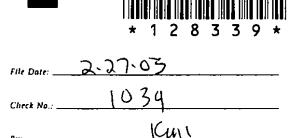
FOR SECRETARY OF STATE USE ONLY

AUTHORIZED SHARES

Number of Shares

NONE

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



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

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 see true and correct.

Signature of Officer

Print or Type Name of Officer

Title of Officer

Ferm 630 12/02