



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 128339		2. Name of Corporation Orabona Law Offices, P.C.			
3. Street Address Principal Business Office P.O. Box 8492			City Cranston	State RI	Zip 02920
4. Business Phone No. (401) 272-0800		5. State of Incorporation RHODE ISLAND			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN RENDERING PROFESSIONAL LEGAL SERVICES					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Frank L. Orabona, Jr.			Vice President Name Frank L. Orabona, Jr.		
Street Address P.O. Box 8492			Street Address P.O. Box 8492		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Secretary Name Frank L. Orabona, Jr.			Treasurer Name Frank L. Orabona, Jr.		
Street Address P.O. Box 8492			Street Address P.O. Box 8492		
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			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"/> AUTHORIZED SHARES			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000 \$0.01 PAR VALUE			None		

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



File Date	5-25-05
Check No.	325
By:	DW
FOR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer

Date

Frank L. Orabona, Jr.

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
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PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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Street Address P.O. Box 8492			Street Address P.O. Box 8492		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Secretary Name Frank Orabona, Jr.			Treasurer Name Frank Orabona, Jr.		
Street Address P.O. Box 8492			Street Address P.O. Box 8492		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
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		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000 \$0.01 PAR VALUE			None		

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



* 1 2 8 3 3 9 *

File Date 3/9/04
Check No. 4495
By: kmc

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer

Date

Frank L. Orabona, Jr.

Print or Type Name of Officer

President

Title of Officer



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

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.

2. Name of Corporation

128339

Orabona Law Offices, P.C.

3. Street Address Principal Business Office

City

State

Zip

P.O. BOX 8492

CRANSTON

RI

02920

4. Business Phone No.

5. State of Incorporation

6. SIC Code

(401) 272-0800

RHODE ISLAND

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

LEGAL SERVICES

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

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Vice President Name

FRANK ORABONA, JR.

FRANK ORABONA, JR.

Street Address

Street Address

P.O. BOX 8492

P.O. BOX 8492

City

State

Zip

City

State

Zip

CRANSTON

RI

02920

CRANSTON

RI

02920

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

NONE

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)

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

AUTHORIZED SHARES

ISSUED SHARES

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



* 1 2 8 3 3 9 *

File Date: 2-27-03

Check No.: 1034

By: KMI

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer

Date

Print or Type Name of Officer

Title of Officer

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Form 630 12/02