



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 02903-1338
401.222.3044

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. 108540		2. Name of Corporation Deck Financial Advisory Services, Inc.			
3. Street Address Principal Business Office 63 Sockanosset Crossroads, Unit 2C			City Cranston	State RI	Zip 02920
4. Business Phone No. 401-781-1040		5. State of Incorporation RHODE ISLAND		6. SIC Code 0	

7. Brief Description of the Character of Business Conducted in Rhode Island
TO RENDER FINANCIAL, INSURANCE, INVESTMENT, RETIREMENT, ANDESTATE PLANNING SERVICES.

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

President Name Clifford J. Deck			Vice President Name None		
Street Address 63 Sockanosset Crossroads, Unit 2C			Street Address		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Secretary Name Clifford J. Deck			Treasurer Name Clifford J. Deck		
Street Address 63 Sockanosset Crossroads, Unit 2C			Street Address 63 Sockanosset Crossroads, Unit 2C		

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 Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Director Name None			Director Name None		
Street Address			Street Address		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920

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
8,000 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 2-4-05
Check No. 1217
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 of Officer [Signature] Date 2/4/05
Clifford J. Deck
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. **108540** 2. Name of Corporation **Deck Financial Advisory Services, Inc.**
3. Street Address Principal Business Office **63 Sockanosset Crossroads, Unit 2C** City **Cranston** State **RI** Zip **02920**
4. Business Phone No. **(401) 781-1040** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **0**

7. Brief Description of the Character of Business Conducted in Rhode Island
To render financial, insurance, investment, retirement and estate planning services and all activities incidental thereto; and for any other lawful purposes.

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

President Name **Clifford J. Deck** Vice President Name **None**
Street Address **63 Sockanosset Crossroads, Unit 2C** Street Address **None**
City **Cranston** State **RI** Zip **02920** City **Cranston** State **RI** Zip **02920**
Secretary Name **Clifford J. Deck** Treasurer Name **Clifford J. Deck**
Street Address **63 Sockanosset Crossroads, Unit 2C** Street Address **63 Sockanosset Crossroads, Unit 2C**
City **Cranston** State **RI** Zip **02920** City **Cranston** State **RI** Zip **02920**

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 **None** Zip **None** City **None** State **None** Zip **None**

Director Name **None** Director Name **None**
Street Address **None** Street Address **None**
City **None** State **None** Zip **None** City **None** State **None** Zip **None**

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	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



* 1 0 8 5 4 0 *

File Date: 2/14/03
Check No.: 1087
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 of Officer [Signature] Date 2/12/03
Print or Type Name of Officer Clifford J. Deck
Title 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. **108540** 2. Name of Corporation **Deck Financial Advisory Services, Inc.**
3. Street Address Principal Business Office **63 Sockanosset Crossroads, Unit 2C** City **Cranston** State **RI** Zip **02920**
4. Business Phone No. **(401) 781-1040** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **6130**

7. Brief Description of the Character of Business Conducted in Rhode Island
To render financial, insurance, investment, retirement, and estate planning service; and all activities incidental thereto; and for any other lawful purposes.

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

President Name **Clifford J. Deck** Vice President Name **None**
Street Address **63 Sockanosset Crossroads, Unit 2C** Street Address **None**

City **Cranston** State **RI** Zip **02920** City **Cranston** State **RI** Zip **02920**

Secretary Name **Clifford J. Deck** Treasurer Name **Clifford J. Deck**
Street Address **63 Sockanosset Crossroads, Unit 2C** Street Address **63 Sockanosset Crossroads, Unit 2C**

City **Cranston** State **RI** Zip **02920** City **Cranston** State **RI** Zip **02920**

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 **None** Zip **None** City **None** State **None** Zip **None**

Director Name **None** Director Name **None**

Street Address **None** Street Address **None**

City **None** State **None** Zip **None** City **None** State **None** Zip **None**

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	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



* 1 0 8 5 4 0 *

File Date: 2-19-02

Check No.: 1047

By: KMc

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 Clifford J. Deck Date 2/14/02

Print or Type Name of Officer Clifford J. Deck

Title of Officer President



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. **108540** 2. Name of Corporation **Deck Financial Advisory Services, Inc.**
3. Street Address Principal Business Office City State Zip
63 Sockanosset Crossroads, Unit 2C Cranston RI 02920
4. Business Phone No. (401) 781-1040 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **6130**

7. Brief Description of the Character of Business Conducted in Rhode Island
To render financial, insurance, investment, retirement, and estate planning services, and all activities incidental thereto; and for any other lawful purposes.

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

President Name Clifford J. Deck	Vice President Name None
Street Address 63 Sockanosset Crossroads, Unit 2C	Street Address
City State Zip Cranston RI 02920	City State Zip

Secretary Name Clifford J. DECK	Treasurer Name Clifford J. Deck
Street Address 63 Sockanosset Crossroads, Unit 2C	Street Address 63 Sockanosset Crossroads, Unit 2C
City State Zip Cranston RI 02920	City State Zip Cranston RI 02920

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
8,000 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



* 1 0 8 5 4 0 *

File Date: 2/27

Check No.: 1019

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] 2/24/01
Signature of Officer Date
Clifford J. Deck
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. 108540 2. Name of Corporation Deck Financial Advisory Services, Inc.

3. Street Address Principal Business Office 63 Sockanosset Crossroads, Unit 2C Cranston RI 02920
4. Business Phone No. (401) 781-1040 5. State of Incorporation RHODE ISLAND
6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island
To render financial, insurance, investment, retirement, and estate planning services, and all activities incidental thereto; and for any other lawful purposes.

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

President Name Clifford J. Deck Street Address 63 Sockanosset Crossroads, Unit 2C City State Zip Cranston RI 02920	Vice President Name NONE Street Address City State Zip
Secretary Name Clifford J. Deck Street Address 63 Sockanosset Crossroads, Unit 2C City State Zip Cranston RI 02920	Treasurer Name Clifford J. Deck Street Address 63 Sockanosset Crossroads, Unit 2C City State Zip Cranston RI 02920

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

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

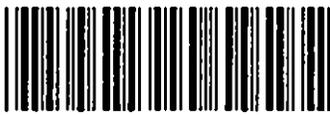
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
8,000 COMM NO PAR VALUE			

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
100	100	Common	No Par

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



* 1 0 8 5 4 0 *

File Date: 2/11/00
Check No.: 1002
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] 2/1/00
Signature of Officer Date

Clifford J. Deck
Print or Type Name of Officer

President
Title of Officer