



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 IN BLACK)

1. Corporate ID No. 124341		2. Name of Corporation Premier Title & Escrow Company, Inc.			
3. Street Address Principal Business Office 165 SILVER LAKE AVENUE			City PROVIDENCE	State RI	Zip 02909-
4. Business Phone No. 4019438566		5. State of Incorporation RHODE ISLAND			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island PERFORM REAL ESTATE TITLE SERVICES					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) [] FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Janine M. Atamian			Vice President Name Janine M. Atamian		
Street Address 165 Silver Lake			Street Address 165 Silver Lake		
City PROVIDENCE	State RI	Zip 02909	City PROVIDENCE	State RI	Zip 02909
Secretary Name Janine M. Atamian			Treasurer Name Janine M. Atamian		
Street Address 165 Silver Lake			Street Address 165 Silver Lake		
City PROVIDENCE	State RI	Zip 02909	City PROVIDENCE	State RI	Zip 02909
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) [] FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Janine M. Atamian			Director Name		
Street Address 165 Silver Lake			Street Address		
City PROVIDENCE	State RI	Zip 02909	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
1,000 NO PAR VALUE			1000	Common	NPV

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



1 2 4 3 4 1

*124341 DBC 03/10/05 10:04:20 AM
File Date 3/16/05
Check No. 5556
By: DA
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 Janine M. Atamian Date 3/16/05
Print or Type Name of Officer
Title of Officer President



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1. Corporate ID No. 124341		2. Name of Corporation Premier Title & Escrow Company, Inc.			
3. Street Address Principal Business Office 165 Silver Lake Avenue		City Providence	State Rhode Island	Zip 02909	
4. Business Phone No. 401-943-8566		5. State of Incorporation Rhode Island			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island Perform Real Estate Title Services					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Janine M. Atamian			Vice President Name Janine M. Atamian		
Street Address 165 Silver Lake Avenue			Street Address 165 Silver Lake Avenue		
City Providence	State Rhode Island	Zip 02909	City Providence	State Rhode Island	Zip 02909
Secretary Name Janine M. Atamian			Treasurer Name Janine M. Atamian		
Street Address 165 Silver Lake Avenue			Street Address 165 Silver Lake Avenue		
City Providence	State Rhode Island	Zip 02909	City Providence	State Rhode Island	Zip 02909
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Director Name Janine M. Atamian			Director Name Janine M. Atamian		
Street Address 165 Silver Lake Avenue			Street Address 165 Silver Lake Avenue		
City Providence	State Rhode Island	Zip 02909	City Providence	State Rhode Island	Zip 02909
Director Name Janine M. Atamian			Director Name Janine M. Atamian		
Street Address 165 Silver Lake Avenue			Street Address 165 Silver Lake Avenue		
City Providence	State Rhode Island	Zip 02909	City Providence	State Rhode Island	Zip 02909
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
1000	Common No Par Value		1000	Common	No Par

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1 2 4 3 4 1

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
Janine M. Atamian

Print or Type Name of Officer

President

Title of Officer

Date
1-15-04

File Date

3/11/04

Check No.

3915

By:

DA

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4. Business Phone No. 401-943-8566		5. State of Incorporation RHODE ISLAND		6. SIC Code	
7. Brief Description of the Character of Business Conducted in Rhode Island PERFORM REAL ESTATE TITLE SERVICES					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name JANINE M. ATAMIAN, ESQ.		Vice President Name JANINE M. ATAMIAN, ESQ.			
Street Address 165 SILVER LAKE AVENUE		Street Address 165 SILVER LAKE AVENUE			
City PROVIDENCE	State RI	Zip 02909	City PROVIDENCE	State RI	Zip 02909
Secretary Name JANINE M. ATAMIAN		Treasurer Name JANINE M. ATAMIAN			
Street Address 165 SILVER LAKE AVENUE		Street Address 165 SILVER LAKE AVENUE			
City PROVIDENCE	State RI	Zip 02909	City PROVIDENCE	State RI	Zip 02909
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Street Address 165 SILVER LAKE AVENUE		Street Address			
City PROVIDENCE	State RI	Zip 02909	City	State	Zip
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
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AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 NO PAR VALUE			1000	COMMON	NONE

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



* 1 2 4 3 4 1 *

File Date	RECEIVED
Check No.	JAN 27 2004
By:	BY [Signature] 3788
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: 1-15-04.
Print or Type Name of Officer: Janinem. Atamian.
Title of Officer: President.



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4. Business Phone No. 4019438566		5. State of Incorporation Rhode Island			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island Real Estate Title and Closing Services.					
8. NAMES AND ADDRESSES OF THE OFFICERS (X BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Janine M. Atamian			Vice President Name Janine M. Atamian		
Street Address 165 Silver Lake Avenue			Street Address 165 Silver Lake Avenue		
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02909
Secretary Name Janine M. Atamian			Treasurer Name Janine M. Atamian		
Street Address 165 Silver Lake Avenue			Street Address 165 Silver Lake Avenue		
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Director Name			Director Name		
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AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1000 Common No Par Value			1000	Common	No Par Value

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



1 2 4 3 4 1

File Date 3-17-03
Check No. 1695
By: 2c
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

Janine M. Atamian

Print or Type Name of Officer

President

Title of Officer

3-17-03

Date