



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



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. **107858** 2. Name of Corporation **Progressive Financial Resources, Inc.**
3. Street Address Principal Business Office **222 Richmond Street, Suite 304** City **Providence** State **RI** Zip **02903-4422**
4. Business Phone No. **401-273-1500** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **0**
7. Brief Description of the Character of Business Conducted in Rhode Island

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

President Name David F. Brochu Street Address 144 B Cypress Street City Providence State RI Zip 02906 Secretary Name Jill Schlesinger Street Address 292 Wayland Ave. City Providence State RI Zip 02906	Vice President Name Jill Schlesinger Street Address 292 Wayland Ave. City Providence State RI Zip 02906 Treasurer Name Jill Schlesinger Street Address 292 Wayland Ave. City Providence State RI Zip 02906
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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 _____
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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
100.00	Common Stock	none

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



* 1 0 7 8 5 8 *

File Date: _____

FILED

Check No: _____

MAR 15 2001

By: _____

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

David F. Brochu

Print or Type Name of Officer

President

Title of Officer



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

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1333
401-222-3040



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. **107858** 2. Name of Corporation **Progressive Financial Resources, Inc.**
3. Street Address Principal Business Office **222 Richmond St. Suite 304** City **PROVIDENCE** State **RI** Zip **02903**
4. Business Phone No. **401-273-1500** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code

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

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

President Name DAVID F. BROCKU Street Address 144B CYPRESS ST City PROVIDENCE State RI Zip 02906	Vice President Name JILL Schlesinger Street Address 292 WAYLAND AVE City PROVIDENCE State RI Zip 02906
Secretary Name JILL Schlesinger Street Address 292 Wayland Ave City PROVIDENCE State RI Zip 02906	Treasurer Name JILL Schlesinger Street Address 292 WAYLAND AVE City PROVIDENCE State RI Zip 02906

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
8,000 COMM NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
100

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



* 1 0 7 8 5 8 *

File Date: **3/2/00**
Check No.: **1163**
By: **JE**

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 **JILL Schlesinger** Date **2/29/2000**
Print or Type Name of Officer
VICE PRESIDENT
Title of Officer