



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)

Form with sections: 1. Corporate ID No. (104743), 2. Name of Corporation (JOHN L. QUIGLEY, JR., P.C.), 3. Street Address (215 Broadway), 4. Business Phone No (272-3900), 5. State of Incorporation (RHODE ISLAND), 6. SIC Code (0), 7. Brief Description of the Character of Business (PRACTICE OF LAW), 8. NAMES AND ADDRESSES OF THE OFFICERS (John L. Quigley, Jr.), 9. NAMES AND ADDRESSES OF THE DIRECTORS, 10. SHARES AUTHORIZED (1,000 NO PAR VALUE), 11. SHARES ISSUED (100 common).

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 contained herein are true and correct.

File Date: 1-19-05
Check No.: 2869
By: [Signature]

Signature of Officer: [Signature]
Date: 1/19/05
Print or Type Name of Officer: John L. Quigley Jr.
Title of Officer: President



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State

Matthew A. Brown, Secretary of State

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100 North Main Street
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PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

Form with sections: 1. Corporate ID No. (104743), 2. Name of Corporation (JOHN L. QUIGLEY, JR., P.C.), 3. Street Address (215 Broadway), 4. Business Phone No. (272-3900), 5. State of Incorporation (RHODE ISLAND), 6. SIC Code (0), 7. Brief Description of the Character of Business (PRACTICE OF LAW), 8. NAMES AND ADDRESSES OF THE OFFICERS (President: John L. Quigley, Jr.), 9. NAMES AND ADDRESSES OF THE DIRECTORS, 10. SHARES AUTHORIZED (1,000 NO PAR VALUE), 11. SHARES ISSUED (100 Common).

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



* 1 0 4 7 4 3 *

File Date: 2/24/04
Check No.: 2550
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: 1/15/04
Print or Type Name of Officer: John L. Quigley Jr.
Title of Officer: President

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. **104743** 2. Name of Corporation **JOHN L. QUIGLEY, JR., P.C.**

3. Street Address Principal Business Office **215 Broadway** City **Providence** State **RI** Zip **02903**
4. Business Phone No. **272-3900** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **0**

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 John L. Quigley, Jr. Street Address 59 Linden Road City Barrington State RI Zip 02806	Vice President Name Same Street Address Same City _____ State _____ Zip _____
Secretary Name Same Street Address Same City _____ State _____ Zip _____	Treasurer Name Same Street Address Same City _____ State _____ Zip _____

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
	1,000	NO PAR VALUE	

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	100	common	0

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



* 1 0 4 7 4 3 *

File Date: 5-2-03

Check No.: 2273

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: 5/19/03

Print or Type Name of Officer: John L. Quigley, Jr.

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. **104743** 2. Name of Corporation **JOHN L. QUIGLEY, JR., P.C.**

3. Street Address Principal Business Office **215 Broadway** City **Providence** State **RI** Zip **02903**
4. Business Phone No. **272-3900** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **0**

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 John L. Quigley, Jr.	Vice President Name SAME
Street Address 59 Linden Road	Street Address SAME
City Barrington State RI Zip 02806	City _____ State _____ Zip _____
Secretary Name SAME	Treasurer Name SAME
Street Address SAME	Street Address SAME
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
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)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
1,000 NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
100 Common None

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



File Date: 1/30/02
Check No.: 1876
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 of Officer: [Signature] Date: 1/11/02
Print or Type Name of Officer: John L. Quigley Jr
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. **104743** 2. Name of Corporation **JOHN L. QUIGLEY, JR., P.C.**

3. Street Address Principal Business Office **215 Broadway** City **Providence** State **RI** Zip **02903**
4. Business Phone No. _____ 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7617**

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 John L. Quigley, Jr. Street Address 59 Linden Road City Barrington State RI Zip 02806	Vice President Name SAME Street Address SAME City _____ State _____ Zip _____
Secretary Name SAME Street Address SAME City _____ State _____ Zip _____	Treasurer Name SAME Street Address SAME City _____ State _____ Zip _____

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
1,000 NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
100 Common NONE

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



* 1 0 4 7 4 3 *

10-25-01

File Date: _____

Check No.: **1809**

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 **[Signature]** Date **10/22/01**

John L. Quigley, Jr.
Title of Officer **President**



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. **104743** 2. Name of Corporation **JOHN L. QUIGLEY, JR., P.C.**
3. Street Address Principal Business Office **215 Broadway** City **Providence** State **R.I.** Zip **02903**
4. Business Phone No. **401-272-3900** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code

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

Legal practice

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

President Name John L. Quigley, Jr.	Vice President Name Same
Street Address 59 Linden Road	Street Address
City Barrington State R.I. Zip 02806	City State Zip
Secretary Name Same	Treasurer Name Same
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 Same	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)

AUTHORIZED SHARES	Class/Series	Par Value
1,000 NO PAR VALUE		

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

ISSUED SHARES	Class/Series	Par Value
100	Common	None

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



* 1 0 4 7 4 3 *

File Date: 5/15/00
Check No.: 1252
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 of Officer: [Signature] Date: 3/13/00
Print or Type Name of Officer: John L. Quigley Jr
Title of Officer: President

FOR SECRETARY OF STATE USE ONLY