



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 02903-1333
401.222.304

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. 125149		2. Name of Corporation Michael M. de Angeli, P.C.		
3. Street Address Principal Business Office 60 Intrepid Lane		City Jamestown	State RI	Zip 02835
4. Business Phone No. 401-423-3190		5. State of Incorporation RHODE ISLAND		6. SIC Code 7617
7. Brief Description of the Character of Business Conducted in Rhode Island PRIVATE PRACTICE OF LAW				
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Michael M. de Angeli		Vice President Name		
Street Address 60 Intrepid Lane		Street Address		
City Jamestown	State RI	Zip 02835	City	State
Secretary Name		Treasurer Name Vicki de Angeli		
Street Address		Street Address 60 Intrepid Lane		
City	State	Zip	City	State
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
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 100	Class/Series A	Par Value No Par Value	Number of Shares 100	Class/Series A
V. de Angeli		Vicki de Angeli		

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



File Date **FILED**
Check No. **MAR 6 2005**
By **2**
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 **Vicki de Angeli** Date **1/16/05**
Print or Type Name of Officer **Vicki de Angeli**
Title of Officer **Treasurer**



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 02903-1331
401.222.3041

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)

1. Corporate ID No. 125149		2. Name of Corporation Michael M. de Angeli, P.C.			
3. Street Address Principal Business Office 60 Intrepid Lane		City Jamestown		State RI	Zip 02835
4. Business Phone No. 401-423-3190		5. State of Incorporation RHODE ISLAND			6. SIC Code 7617
7. Brief Description of the Character of Business Conducted in Rhode Island PRIVATE PRACTICE OF LAW					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Michael M. de Angeli			Vice President Name		
Street Address 60 Intrepid Lane			Street Address		
City Jamestown	State RI	Zip 02835	City	State	Zip
Secretary Name			Treasurer Name Vicki de Angeli		
Street Address			Street Address 60 Intrepid Lane		
City	State	Zip	City Jamestown	State RI	Zip 02835
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
100 NO-PAR VALUE	A	None \$1	100	A	\$1
Vicki de Angeli					

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



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File Date	3/30/04
Check No.	1627
By:	U
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 statement contained herein are true and correct.

Vicki de Angeli
Signature of Officer
Vicki de Angeli
Print or Type Name of Officer
Treasurer
Title of Officer
Date



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 02903-1333
401-222-3041



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. 125149
2. Name of Corporation Michael M. de Angeli, P.C.
3. Street Address Principal Business Office
60 Intrepid Ln
4. Business Phone No 401-423-3190
5. State of Incorporation RHODE ISLAND
6. Brief Description of the Character of Business Conducted in Rhode Island
Patent Law

City Jamestown State RI Zip 02835
6. SIC Code 7617

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

President Name Michael M. de Angeli
Street Address 60 Intrepid Lane
City Jamestown State RI Zip 02835

Vice President Name
Street Address
City State Zip

Secretary Name Vicki de Angeli
Street Address 60 Intrepid Lane
City Jamestown State RI Zip 02835

Treasurer Name Vicki de Angeli
Street Address 60 Intrepid Ln
City Jamestown State RI Zip 02835

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

Director Name [Signature]
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	Class/Series	Par Value
100 NO PAR VALUE		None

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

ISSUED SHARES	Class/Series	Par Value

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



* 1 2 5 1 4 9 *

File Date: 8-29-03

Check No.: 1551

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 8/27/03
Print or Type Name of Officer Michael M. de Angeli
President