



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. 64449		2. Name of Corporation Lamco Advisory Services, Inc.			
3. Street Address Principal Business Office 2374 POST ROAD			City WARWICK	State RI	Zip 02886
4. Business Phone No. 4017385550		5. State of Incorporation RHODE ISLAND		6. SIC Code 6130	
7. Brief Description of the Character of Business Conducted in Rhode Island PROVIDE INVESTMENT ADVISORY SERVICES					
<b>8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS</b>					
President Name MARK LAMORIELLO			Vice President Name MARK LAMORIELLO		
Street Address 2374 POST ROAD			Street Address 2374 POST ROAD		
City WARWICK	State RI	Zip 02886	City WARWICK	State RI	Zip 02886
Secretary Name MARK LAMORIELLO			Treasurer Name NICHOLAS J. LAMORIELLO		
Street Address 2374 POST ROAD			Street Address 2374 POST ROAD		
City WARWICK	State RI	Zip 02886	City WARWICK	State RI	Zip 02886
<b>9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS</b>					
Director Name NICHOLAS J. LAMORIELLO			Director Name		
Street Address 2374 POST ROAD			Street Address		
City WARWICK	State RI	Zip 02886	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
<b>10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
10,000	\$1.00 PAR VALUE		1,000	COMMON	\$1.00
<b>11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>					

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



6 4 4 4 9

\*64449 DBC 02/15/05 12:00:37 PM\*

File Date **FILED**

Check No. **MAR 07 2005 7129**

By: **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]** 2/25/05

Signature of Officer Date

**MARK LAMORIELLO**

Print or Type Name of Officer

**PRESIDENT**

Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004**

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 64449		2. Name of Corporation Lamco Advisory Services, Inc.			
3. Street Address Principal Business Office 2374 POST ROAD			City WARWICK	State RI	Zip 02886
4. Business Phone No. 4017385550		5. State of Incorporation RHODE ISLAND		6. SIC Code 6130	
7. Brief Description of the Character of Business Conducted in Rhode Island PROVIDE INVESTMENT ADVISORY SERVICES					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name NICHOLAS J. LAMORIELLO			Vice President Name MARK LAMORIELLO		
Street Address 2374 POST ROAD			Street Address 2374 POST ROAD		
City WARWICK	State RI	Zip 02886	City WARWICK	State RI	Zip 02886
Secretary Name MARK LAMORIELLO			Treasurer Name NICHOLAS J. LAMORIELLO		
Street Address 2374 POST ROAD			Street Address 2374 POST ROAD		
City WARWICK	State RI	Zip 02886	City WARWICK	State RI	Zip 02886
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name NICHOLAS J. LAMORIELLO			Director Name		
Street Address 2374 POST ROAD			Street Address		
City WARWICK	State RI	Zip 02886	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					
Number of Shares			Class/Series		
Par Value			Par Value		
10,000 \$1.00 PAR VALUE			COMMON \$1.00		
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES					
Number of Shares			Class/Series		
Par Value			Par Value		
1,000			COMMON \$1.00		

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



\*64449 DBC 01/14/04 09:41:59 AM\*

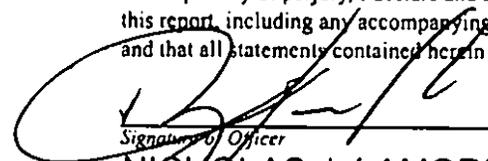
File Date 3/18/04

Check No. 6642

By: is

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.

 Date 3/17/04

NICHOLAS J. LAMORIELLO  
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 IN BLACK)

1. Corporate ID No. *64449*		2. Name of Corporation Lamco Advisory Services, Inc.			
3. Street Address Principal Business Office 2374 POST ROAD			City WARWICK	State RI	Zip 02886
4. Business Phone No. 4017385550		3. State of Incorporation RHODE ISLAND		6. SIC Code 6130	
7. Brief Description of the Character of Business Conducted in Rhode Island PROVIDE INVESTMENT ADVISORY SERVICES					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name NICHOLAS J. LAMORIELLO			Vice President Name MARK LAMORIELLO		
Street Address 2374 POST ROAD			Street Address 2374 POST ROAD		
City WARWICK	State RI	Zip 02886	City WARWICK	State RI	Zip 02886
Secretary Name MARK LAMORIELLO			Treasurer Name NICHOLAS J. LAMORIELLO		
Street Address 2374 POST ROAD			Street Address 2374 POST ROAD		
City WARWICK	State RI	Zip 02886	City WARWICK	State RI	Zip 02886
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name NICHOLAS J. LAMORIELLO			Director Name		
Street Address 2374 POST ROAD			Street Address		
City WARWICK	State RI	Zip 02886	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"/> 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
10,000	\$1.00 PAR VALUE		1,000	COMMON	\$1.00

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



\* 6 4 4 4 9 \*

\*64449 DBC2/12/032:43:47 PM\*

File Date 2/20/03

Check No. 6076

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] Date 2/19/03

Signature of Officer \_\_\_\_\_ Date \_\_\_\_\_

NICHOLAS J. LAMORIELLO

Print or Type Name of Officer \_\_\_\_\_

PRESIDENT

Title of Officer \_\_\_\_\_



**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. **64449** 2. Name of Corporation **Lamco Advisory Services, Inc.**

3. Street Address Principal Business Office **2374 Post Road** City **Warwick** State **RI** Zip **02886**

4. Business Phone No. **(401) 738-5550** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **6130**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Provide investment advisory services**

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

President Name <b>Nicholas J. Lamoriello</b>	Vice President Name <b>Mark Lamoriello</b>
Street Address <b>2374 Post Road</b>	Street Address <b>2374 Post Road</b>
City State Zip <b>Warwick RI 02886</b>	City State Zip <b>Warwick RI 02886</b>

Secretary Name <b>Mark Lamoriello</b>	Treasurer Name <b>Nicholas J. Lamoriello</b>
Street Address <b>2374 Post Road</b>	Street Address <b>2374 Post Road</b>
City State Zip <b>Warwick RI 02886</b>	City State Zip <b>Warwick RI 02886</b>

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

Director Name <b>Nicholas J. Lamoriello</b>	Director Name
Street Address <b>2374 Post Road</b>	Street Address
City State Zip <b>Warwick RI 02886</b>	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
Number of Shares		
<b>10,000</b>	<b>\$1.00</b>	<b>PAR VALUE</b>

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

ISSUED SHARES	Class/Series	Par Value
Number of Shares		
<b>1,000</b>	<b>Common</b>	<b>\$1.00</b>

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



\* 6 4 4 4 9 \*

File Date: 2-25-02  
Check No.: 5300  
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] 2/26/02  
Signature of Officer Date  
**Nicholas J. Lamoriello**  
Print or Type Name of Officer

President  
Title of Officer



**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. **64449**      2. Name of Corporation **Lamco Advisory Services, Inc.**  
3. Street Address Principal Business Office      City      State      Zip  
**2374 Post Road**      **Warwick**      **RI**      **02886**  
4. Business Phone No.      5. State of Incorporation  
**(401) 738-5550**      **RHODE ISLAND**  
6. ~~8950~~ **8130**

7. Brief Description of the Character of Business Conducted in Rhode Island  
Provide investment advisory services.

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

President Name <b>Nicholas J. Lamoriello</b>	Vice President Name <b>Mark Lamoriello</b>
Street Address <b>2374 Post Road</b>	Street Address <b>2374 Post Road</b>
City      State      Zip <b>Warwick      RI      02886</b>	City      State      Zip <b>Warwick      RI      02886</b>
Secretary Name <b>Mark Lamoriello</b>	Treasurer Name <b>Nicholas J. Lamoriello</b>
Street Address <b>2374 Post Road</b>	Street Address <b>2374 Post Road</b>
City      State      Zip <b>Warwick      RI      02886</b>	City      State      Zip <b>Warwick      RI      02886</b>

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

Director Name <b>Nicholas J. Lamoriello</b>	Director Name
Street Address <b>2374 Post Road</b>	Street Address
City      State      Zip <b>Warwick      RI      02886</b>	City      State      Zip
Director Name	Director Name
Street Address	Street Address
City      State      Zip	City      State      Zip

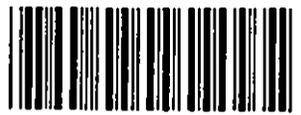
**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES  
Number of Shares      Class/Series      Par Value  
**10,000 SHS \$1.00 PAR VAL**

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

ISSUED SHARES  
Number of Shares      Class/Series      Par Value  
**1,000      Common      \$1.00**

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



\* 6 4 4 4 9 \*

**FILED**

File Date: **MAR 01 2001**  
Check No.: **By [Signature]**  
By: \_\_\_\_\_

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]**      **2/27/01**  
Signature of Officer      Date  
**Nicholas J. Lamoriello**  
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. 64449 2. Name of Corporation Lamco Advisory Services, Inc.  
3. Street Address Principal Business Office 2374 Post Road City Warwick State RI Zip 02886  
4. Business Phone No. (401) 738-5550 5. State of Incorporation RHODE ISLAND 6. SIC Code 6130  
7. Brief Description of the Character of Business Conducted in Rhode Island  
Provide investment advisory services

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

President Name <u>Nicholas J. Lamoriello</u>	Vice President Name <u>Mark Lamoriello</u>
Street Address <u>2374 Post Road</u>	Street Address <u>2374 Post Road</u>
City <u>Warwick</u> State <u>RI</u> Zip <u>02886</u>	City <u>Warwick</u> State <u>RI</u> Zip <u>02886</u>
Secretary Name <u>Mark Lamoriello</u>	Treasurer Name <u>Nicholas J. Lamoriello</u>
Street Address <u>2374 Post Road</u>	Street Address <u>2374 Post Road</u>
City <u>Warwick</u> State <u>RI</u> Zip <u>02886</u>	City <u>Warwick</u> State <u>RI</u> Zip <u>02886</u>

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

Director Name <u>Nicholas J. Lamoriello</u>	Director Name
Street Address <u>2374 Post Road</u>	Street Address
City <u>Warwick</u> State <u>RI</u> Zip <u>02886</u>	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
Number of Shares		
<u>10,000 SHS</u>	<u>\$1.00 PAR VAL</u>	

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

ISSUED SHARES	Class/Series	Par Value
Number of Shares		
<u>1,000</u>	<u>Common</u>	<u>\$1.00</u>

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



\* 6 4 4 4 9 \*

File Date: 2-23-00  
Check No.: 5105  
By: AMF

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] 2-22-00  
Signature of Officer Date  
Nicholas J. Lamoriello  
Print or Type Name of Officer

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. <b>64449</b>		2. Name of Corporation <b>Lamco Advisory Services, Inc.</b>	
3. Street Address Principal Business Office <b>2374 Post Road</b>		City <b>Warwick</b>	State <b>RI</b>
		Zip <b>02886</b>	
4. Business Phone No. <b>738-5550</b>	5. State of Incorporation <b>RHODE ISLAND</b>		6. SIC Code <b>6130</b>
7. Brief Description of the Character of Business Conducted in Rhode Island <b>provide investment advisory services</b>			
<b>8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS</b>			
President Name <b>Nicholas J. Lamoriello</b>		Vice President Name <b>Mark Lamoriello</b>	
Street Address <b>2374 Post Road</b>		Street Address <b>2374 Post Road</b>	
City <b>Warwick</b>	State <b>RI</b>	City <b>Warwick</b>	State <b>RI</b>
Zip <b>02886</b>		Zip <b>02886</b>	
Secretary Name <b>Mark Lamoriello</b>		Treasurer Name <b>Nicholas J. Lamoriello</b>	
Street Address <b>2374 Post Road</b>		Street Address <b>2374 Post Road</b>	
City <b>Warwick</b>	State <b>RI</b>	City <b>Warwick</b>	State <b>RI</b>
Zip <b>02886</b>		Zip <b>02886</b>	
<b>9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS</b>			
Director Name <b>Nicholas J. Lamoriello</b>		Director Name	
Street Address <b>2374 Post Road</b>		Street Address	
City <b>Warwick</b>	State <b>RI</b>	City	State
Zip <b>02886</b>		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
<b>10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)</b>			
AUTHORIZED SHARES			
Number of Shares	Class/Series	Par Value	
<b>10,000 SHS</b>	<b>\$1.00 PAR VAL</b>		
<b>11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)</b>			
ISSUED SHARES			
Number of Shares	Class/Series	Par Value	
<b>1,000</b>	<b>common</b>	<b>\$1.00</b>	

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



File Date: 3/29/99

Check No: 00011

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

Date

**Nicholas J. Lamoriello**

Print or Type Name of Officer

**President**

Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998**

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **64449** 2. Name of Corporation **Lamco Advisory Services, Inc.**  
3. Street Address Principal Business Office **2374 Post Road** City **Warwick** State **RI** Zip **02886**  
4. Business Phone No. **401-738-5550** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **6130**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**provide investment advisory services**

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT)

President Name <b>Nicholas J. Lamoriello</b> Street Address <b>2374 Post Road</b> City <b>Warwick</b> State <b>RI</b> Zip <b>02886</b> Secretary Name <b>Mark Lamoriello</b> Street Address <b>2374 Post Road</b> City <b>Warwick</b> State <b>RI</b> Zip <b>02886</b>	Vice President Name <b>Mark Lamoriello</b> Street Address <b>2374 Post Road</b> City <b>Warwick</b> State <b>RI</b> Zip <b>02886</b> Treasurer Name <b>Nicholas J. Lamoriello</b> Street Address <b>2374 Post Road</b> City <b>Warwick</b> State <b>RI</b> Zip <b>02886</b>
---	--

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT)

Director Name <b>Nicholas J. Lamoriello</b> Street Address <b>2374 Post Road</b> City <b>Warwick</b> State <b>RI</b> Zip <b>02886</b>	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
Number of Shares		
<b>10,000 SHS</b>	<b>\$1.00 PAR VAL</b>	

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

ISSUED SHARES	Class/Series	Par Value
Number of Shares		
<b>1,000</b>	<b>common</b>	<b>\$1.00</b>

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



File Date: 2.6.98  
Check No.: 30809  
By: VP  
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: \_\_\_\_\_  
Print or Type Name of Officer: **Nicholas J. Lamoriello**  
Title of Officer: **President**



# PROFIT CORPORATION ANNUAL REPORT 1997

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. <b>64449</b>		2. Name of Corporation <b>Lamco Advisory Services, Inc.</b>	
3. Street Address Principal Business Office <b>2374 Post Road</b>		City <b>Warwick</b>	State <b>RI</b>
4. Business Phone No. <b>401-738-5550</b>		5. State of Incorporation <b>RHODE ISLAND</b>	6. SIC Code <b>6130</b>
7. Brief Description of the Character of Business Conducted in Rhode Island <b>provide investment advisory services</b>			
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)			
President Name <b>Nicholas J. Lamoriello</b>		Vice President Name <b>Mark Lamoriello</b>	
Street Address <b>2374 Post Road</b>		Street Address <b>2374 Post Road</b>	
City <b>Warwick</b>	State <b>RI</b>	City <b>Warwick</b>	State <b>RI</b>
Zip <b>02886</b>		Zip <b>02886</b>	
Secretary Name <b>Mark Lamoriello</b>		Treasurer Name <b>Nicholas J. Lamoriello</b>	
Street Address <b>2374 Post Road</b>		Street Address <b>2374 Post Road</b>	
City <b>Warwick</b>	State <b>RI</b>	City <b>Warwick</b>	State <b>RI</b>
Zip <b>02886</b>		Zip <b>02886</b>	
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)			
Director Name <b>Nicholas J. Lamoriello</b>		Director Name	
Street Address <b>2374 Post Road</b>		Street Address	
City <b>Warwick</b>	State <b>RI</b>	City	State
Zip <b>02886</b>		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
10. SHARES AUTHORIZED AND ISSUED (*X* BOX FOR ATTACHMENT)			
AUTHORIZED SHARES		ISSUED SHARES	
Number of Shares	Class/Series	Number of Shares	Class/Series
<b>10,000 SHS \$1.00 PAR VAL</b>		<b>1,000</b>	<b>Common</b>
Par Value		Par Value	
		<b>\$1.00</b>	

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



File Date: 3/7/97

Check No.: 33959

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] Date: 3/5/97

Nicholas J. Lamoriello

Print or Type Name of Officer

President

Title of Officer

# PROFIT CORPORATION ANNUAL REPORT

## 1996



State of Rhode Island and Providence Plantations  
James R. Langevin, *Secretary of State*  
Corporations Division  
100 North Main Street  
Providence, Rhode Island 02903-1335 • (401) 277-3040

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

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. 64449		2. NAME OF CORPORATION T.I.M.E. Advisory Services, Inc.	
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 2374 Post Road		CITY Warwick	STATE RI
		ZIP CODE 02886	
4. BUSINESS PHONE NO. 401-738-5550		5. STATE OF INCORPORATION RHODE ISLAND	
		6. SIC CODE 6130	
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND provide investment advisory services			

8. NAMES AND ADDRESSES OF THE OFFICERS					
PRESIDENT NAME Nicholas J. Lamoriello			VICE PRESIDENT NAME Mark Lamoriello		
STREET ADDRESS 2374 Post Road			STREET ADDRESS 2374 Post Road		
CITY Warwick	STATE RI	ZIP CODE 02886	CITY Warwick	STATE RI	ZIP CODE 02886
SECRETARY NAME Mark Lamoriello			TREASURER NAME Nicholas J. Lamoriello		
STREET ADDRESS 2374 Post Road			STREET ADDRESS 2374 Post Road		
CITY Warwick	STATE RI	ZIP CODE 02886	CITY Warwick	STATE RI	ZIP CODE 02886

9. NAMES AND ADDRESSES OF THE DIRECTORS					
DIRECTOR NAME Nicholas J. Lamoriello			DIRECTOR NAME		
STREET ADDRESS 2374 Post Road			STREET ADDRESS		
CITY Warwick	STATE RI	ZIP CODE 02886	CITY	STATE	ZIP CODE
DIRECTOR NAME			DIRECTOR NAME		
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE

10. SHARES AUTHORIZED AND ISSUED					
AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
10,000 SHS	\$1.00 PAR VAL		1,000	Common	\$1.00

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:

2/20/96

Check No:

1538

By:

*[Signature]*

Signature of Officer

Nicholas J. Lamoriello

Print or Type Name of Officer

President

Title of Officer

Date

For Secretary of State Use Only

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
 Office of The Secretary of State  
 100 North Main Street  
 Providence, Rhode Island 02903-1335  
 401-277-3040

**ANNUAL REPORT**  
 Please Type or Print  
 File Annually - Jan.1 - March 1  
 Filing Fee \$50.00  
 Make Checks Payable to: Secretary  
 of State

**ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.**

Corporate ID: 0C64449

Annual Report for the year: 1995

Name of Corporation: T.I.M.E. Advisory Services, Inc.  
 Business entity organized under the laws of the State of RI  
 For foreign entity, address and telephone  
 number of principal office:

Business Entity is (check one):  
 Business Corporation (See RIGL Chapter 7-1.1)  
 Professional Service Corporation (See RIGL Chapter 7-5.1)

Brief statement of the character of business conducted in Rhode Island:

provide investment advisory services

Phone:  
 Address and telephone number of business entity  
 in Rhode Island (Provide street address - Not P.O.Box):  
 2374 Post Road  
 Warwick, RI 02886  
 Phone: (401) 738-5550

**THE NAMES OF THE OFFICERS ARE:**

PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP
Nicholas J. Lamoriello	2374 Post Road	Warwick, RI	02886
VICE PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP
Mark Lamoriello	2374 Post Road	Warwick, RI	02886
SECRETARY	STREET ADDRESS	CITY/STATE	ZIP
Mark Lamoriello	same as above		
TREASURER	STREET ADDRESS	CITY/STATE	ZIP
Nicholas J. Lamoriello	same as above		

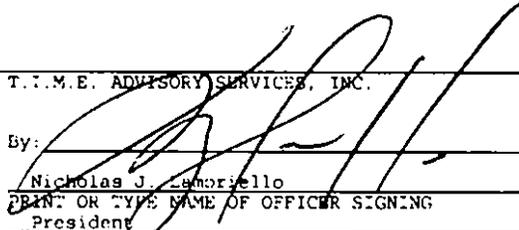
**THE NAMES OF THE DIRECTORS ARE:**

NAME	STREET ADDRESS	CITY/STATE	ZIP
Nicholas J. Lamoriello	same as above		
NAME	STREET ADDRESS	CITY/STATE	ZIP
NAME	STREET ADDRESS	CITY/STATE	ZIP

NUMBER OF SHARES AUTHORIZED (Rider may be attached)		NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)	
Number of Shares	Class/Series	Number of Shares	Class/Series
10,000	Common	1,000	Common

Date: January 26, 1995

T.I.M.E. ADVISORY SERVICES, INC.

By:   
 Nicholas J. Lamoriello  
 PRINT OR TYPE NAME OF OFFICER SIGNING  
 President  
 TITLE OF OFFICER SIGNING

**DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:**

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.  
 F. Colby Cameron, Esq.  
 56 Exchange Terrace  
 Providence, RI 02903

**FILED**

MAR 08 1995  
 BY: [Signature]

Filing Fee \$50.00

File Annually

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of Secretary of State  
100 North Main Street  
Providence, RI 02903-1335  
401-277-3040

Corporate ID: 0064449

Annual Report for year: 1994

Name of Business Entity: T.I.M.E. Advisory Services, Inc.

Business entity organized under the laws of the  
State of: Rhode Island

Business Entity is (check one):  
 Business Corporation  
 Professional Service Corporation  
 Limited Liability Company

Fed. Taxpayer Identification No. [REDACTED]

For foreign entity, address and telephone  
number of principal office:

N/A

Name, title and mailing address  
of contact person to whom  
communications may be directed:

Nicholas J. Lamoriello, President  
2374 Post Road  
Warwick, RI 02886

Phone: ( ) \_\_\_\_\_

Address and telephone of the principal  
office of business entity in RI (Provide  
street address - Not P.O. Box):

2374 Post Road  
Warwick, RI 02886

Brief statement of the character  
of business conducted in RI:

provide investment advisory services

Phone: (401) 738-5550

Date of Organization: May 29, 1991

Date of Qualification to do  
business in RI (if foreign entity):

N/A

THE NAMES OF THE OFFICERS ARE:

	Street Address	City/State	Zip
<input type="checkbox"/> Chief Exec. Officer or <input checked="" type="checkbox"/> President	Nicholas J. Lamoriello 2374 Post Road	Warwick, RI	02886
<input type="checkbox"/> Chief Operating Officer or <input checked="" type="checkbox"/> Exec. Vice Pres	Mark Lamoriello 2374 Post Road	Warwick, RI	02886
<input type="checkbox"/> Custodian of Records or <input checked="" type="checkbox"/> Secretary	Mark Lamoriello 2374 Post Road	Warwick, RI	02886
<input type="checkbox"/> Chief Financial Officer or <input checked="" type="checkbox"/> Treasurer	Nicholas J. Lamoriello 2374 Post Road	Warwick, RI	02886

THE NAMES OF THE DIRECTORS ARE:

Name	Street Address	City/State	Zip
Nicholas J. Lamoriello	2374 Post Road	Warwick, RI	02886
Name	Street Address	City/State	Zip
Name	Street Address	City/State	Zip

NO. OF SHARES AUTHORIZED (if Applicable)

NUMBER 10,000  
CLASS Common  
SERIES

NO. OF SHARES ISSUED AND OUTSTANDING  
(if applicable)

NUMBER 1,000  
CLASS Common  
SERIES

Filing Fee \$50.00

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Corporate ID 0064449 Annual Report for the year 1993

FIRST: The name of the corporation is T.I.M.E. Advisory Services, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is to provide investment advisory services

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 56 Exchange Terrace Providence, RI 02903

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Nicholas J. Lamoriello	Director	2374 Post Rd., Warwick, RI 02886
Paula A. Lamoriello	Director	same as above
	Director	
Bradley J. Wilson	President	same as above
Mark Lamoriello	Exec. Vice Pres and Assist Sec.	same as above
Nicholas J. Lamoriello	Vice President	same
Paula A. Lamoriello	Secretary	same as above
Paula A. Lamoriello	Treasurer	same as above

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value (if any)
10,000	Common		\$1.00

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value (if any)
1,000	Common		\$1.00

Rec'd & Filed FEB 19 1993 Check # 20291 98

Dated February 18 1993 T.I.M.E. ADVISORY SERVICES, INC.

(Name of Corporation)

By [Signature] Title: Executive V.P.

Filing Fee \$50.00

10129B

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Corporate ID 0064449 Annual Report for the year 1992

FIRST: The name of the corporation is T.I.M.E. Advisory Services, Inc.

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Nicholas J. Lamoriello	Director	2374 Post Rd., Warwick, RI 02886
Paula A. Lamoriello	Director	same as above
	Director	
Nicholas J. Lamoriello	President	same as above
Paula A. Lamoriello	Vice President	same
Paula A. Lamoriello	Secretary	same as above
Nicholas J. Lamoriello	Treasurer	same as above

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value (if any)
10,000	Common		\$1.00

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value (if any)
1,000	Common		\$1.00

Dated November 1992 T.I.M.E. ADVISORY SERVICES, INC.

(Name of Corporation)

By Paula A. Lamoriello Title: Vice President