



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. (116249), 2. Name of Corporation (Abraham and Company), 3. Street Address (203 Concord Street, Suite 459), 4. Business Phone No. ((401) 723-6587), 5. State of Incorporation (RHODE ISLAND), 6. SIC Code (7658), 7. Brief Description of the Character of Business (RENDERING CORPORATE SERVICES AS CERTIFIED PUBLIC ACCOUNTANTS), 8. NAMES AND ADDRESSES OF THE OFFICERS (President: John J. Abraham, Vice President: [blank]), 9. NAMES AND ADDRESSES OF THE DIRECTORS (Director: John J. Abraham), 10. SHARES AUTHORIZED (4,000 NO PAR VALUE), 11. SHARES ISSUED (1,000 No Par).

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.

Signature of Officer: John J. Abraham, Date: 2/14/05

John J. Abraham

Print or Type Name of Officer

President

Title of Officer

File Date: 2-16-05, Check No.: 2578, By: [Signature]

FOR SECRETARY OF STATE USE ONLY



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. 116249		2. Name of Corporation Abraham and Company			
3. Street Address Principal Business Office 203 Concord Street, Suite 459			City Pawtucket	State RI	Zip 02860
4. Business Phone No. (401) 723-6587		5. State of Incorporation RHODE ISLAND			6. SIC Code 7658
7. Brief Description of the Character of Business Conducted in Rhode Island RENDERING CORPORATE SERVICES AS CERTIFIED PUBLIC ACCOUNTANTS					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name John J. Abraham			Vice President Name		
Street Address 32 Arrowhead Avenue			Street Address		
City Riverside	State RI	Zip 02915	City	State	Zip
Secretary Name John J. Abraham			Treasurer Name John J. Abraham		
Street Address 32 Arrowhead Avenue			Street Address 32 Arrowhead Avenue		
City Riverside	State RI	Zip 02915	City Riverside	State RI	Zip 02915
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					
Number of Shares		Class/Series	Par Value	11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES	
4,000 NO PAR VALUE				Number of Shares	
				1,000	
				Class/Series	
				No Par	
				Par Value	

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



* 1 1 6 2 4 9 *

File Date 2-3-04
Check No. 2314
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.

John J. Abraham 2/2/04
Signature of Officer Date

John J. Abraham
Print or Type Name of Officer

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 OR PRINTED IN BLACK)

1. Corporate ID No. **116249** 2. Name of Corporation **Abraham and Company**

3. Street Address Principal Business Office
203 Concord Street, Suite 231 City **Pawtucket** State **RI** Zip **02860**

4. Business Phone No. **(401) 723-6587** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7658**

7. Brief Description of the Character of Business Conducted in Rhode Island
Rendering services as Certified Public Accountants

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

President Name John J. Abraham	Vice President Name None
Street Address 32 Arrowhead Avenue	Street Address
City Riverside State RI Zip 02915	City State Zip
Secretary Name John J. Abraham	Treasurer Name John J. Abraham
Street Address 32 Arrowhead Avenue	Street Address 32 Arrowhead Avenue
City Riverside State RI Zip 02915	City Riverside State RI Zip 02915

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

Director Name None	Director Name None
Street Address	Street Address
City State Zip	City State Zip
Director Name None	Director Name None
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"/>		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
4,000	NO PAR VALUE		1,000		No Par

RECEIVED STATE SECRETARY OF STATE DIV. MAR 13 12 23 PM '03

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



* 1 1 6 2 4 9 *

File Date: **FILED**
Check No.: **MAR 13 2003**
By: **By [Signature] 314496**

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.

John J. Abraham 1/23/2003
Signature of Officer Date
John J. Abraham
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. **116249** 2. Name of Corporation **Abraham and Company**
3. Street Address Principal Business Office **203 Concord Street, Suite 231** City **Pawtucket** State **RI** Zip **02860**
4. Business Phone No. **(401)723-6587** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7658**
7. Brief Description of the Character of Business Conducted in Rhode Island

Rendering services as Certified Public Accountants

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

President Name John J. Abraham	Vice President Name
Street Address 32 Arrowhead Avenue	Street Address
City State Zip Riverside RI 02915	City State Zip
Secretary Name John J. Abraham	Treasurer Name John J. Abraham
Street Address 32 Arrowhead Avenue	Street Address 32 Arrowhead Avenue
City State Zip Riverside RI 02915	City State Zip Riverside RI 02915

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	Class/Series	Par Value
Number of Shares 4,000 NO PAR VALUE		

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

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

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



* 1 1 6 2 4 9 *

File Date: 2-15-02
Check No.: 1726
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.

John J. Abraham 2/13/02
Signature of Officer Date
John J. Abraham
Print or Type Name of Officer

President
Title of Officer