



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

AMENDED

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 2004

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 5851		2. Name of Corporation Daniel J. Rubiano, CPA, Inc.			
3. Street Address Principal Business Office 5 Austin Avenue Suite 1		City Greenville	State RI	Zip 02828	
4. Business Phone No. 401-949-2600		5. State of Incorporation Rhode Island		6. SIC Code 7658	
7. Brief Description of the Character of Business Conducted in Rhode Island Accounting Firm					
8. NAMES AND ADDRESSES OF THE OFFICERS (X BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Daniel J. Rubiano		Vice President Name Daniel J. Rubiano			
Street Address Four Oakwood Circle		Street Address Four Oakwood Circle			
City Greenville	State RI	Zip 02828	City Greenville	State RI	Zip 02828
Secretary Name Daniel J. Rubiano		Treasurer Name Daniel J. Rubiano			
Street Address Four Oakwood Circle		Street Address Four Oakwood Circle			
City Greenville	State RI	Zip 02828	City Greenville	State RI	Zip 02828
9. NAMES AND ADDRESSES OF THE DIRECTORS (X BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Daniel J. Rubiano		Director Name			
Street Address Four Oakwood Circle		Street Address			
City Greenville	State RI	Zip 02828	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"/> 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
1,000	NO PAR VALUE		100	Common	No Par Value

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

FILED	
File Date	OCT 06 2004
Check No.	By <i>CSM</i>
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

Daniel J. Rubiano

Print or Type Name of Officer

President

Title of Officer

Form 630 12-01