



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. (97354), 2. Name of Corporation (HICHAR & LUCA, INC.), 3. Street Address (222 South Main Street), 4. Business Phone No. ((401) 751-9700), 5. State of Incorporation (RHODE ISLAND), 6. SIC Code (7658), 7. Brief Description of the Character of Business (TO ENGAGE IN THE BUSINESS OF ACCOUNTING SERVICES...), 8. NAMES AND ADDRESSES OF THE OFFICERS (President: Thomas E. Hichar, Vice President: Thomas E. Hichar, Secretary: Deborah A. Hicar, Treasurer: Thomas E. Hichar), 9. NAMES AND ADDRESSES OF THE DIRECTORS (None), 10. SHARES AUTHORIZED (100 NO PAR VALUE), 11. SHARES ISSUED (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



File Date: 2-28-05
Check No.: 1175
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: 2-19-05
Thomas E. Hichar
Print or Type Name of Officer
President
Title of Officer

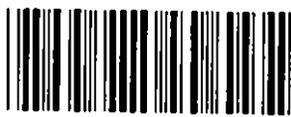


PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 97354		2. Name of Corporation HICHAR & LUCA, INC.			
3. Street Address Principal Business Office 222 South Main Street			City Providence	State R.I.	Zip 02903
4. Business Phone No. 751-9700		5. State of Incorporation RHODE ISLAND			6. SIC Code 7658
7. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN THE BUSINESS OF ACCOUNTING SERVICES, BOOKKEEPING SERVICES, TAX SERVICES, FINANCIAL ADVISESERVICES.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Thomas E. Hichar			Vice President Name Thomas E. Hichar		
Street Address 222 South Main Street			Street Address 222 South Main Street		
City Providence	State R.I.	Zip 02903	City Providence	State R.I.	Zip 02903
Secretary Name Deborah A. Hichar			Treasurer Name Thomas E. Hichar		
Street Address 222 South Main Street			Street Address 222 South Main Street		
City Providence	State R.I.	Zip 02903	City Providence	State R.I.	Zip 02903
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name None			Director Name		
Street Address N/A			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"/>			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
100	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



* 9 7 3 5 4 *

File Date 3/5/04
Check No. 2485
By: 18,
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 2-26-04
Thomas E. Hichar
Print or Type Name of Officer
THOMAS E. HICHAR
PRESIDENT
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. **97354** 2. Name of Corporation **HICHAR & LUCA, INC.**
3. Street Address Principal Business Office **222 South Main Street** City **Providence** State **R.I.** Zip **02903**
4. Business Phone No. **751-9700** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7658**

7. Brief Description of the Character of Business Conducted in Rhode Island
Accounting services, bookkeeping services, tax services and financial advice.

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

President Name Thomas E. Hichar Street Address 222 South Main Street City Providence State R.I. Zip 02903	Vice President Name Thomas E. Hichar Street Address 222 South Main Street City Providence State R.I. Zip 02903
Secretary Name Deborah A. Hichar Street Address 222 South Main Street City Providence State R.I. Zip 02903	Treasurer Name Thomas E. Hichar Street Address 222 South Main Street City Providence State R.I. Zip 02903

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

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

AUTHORIZED SHARES	Class/Series	Par Value
100 NO PAR VALUE	common	no par value

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

ISSUED SHARES	Class/Series	Par Value
	common	no par value

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



* 9 7 3 5 4 *

File Date: 8-12-03

Check No.: 4036

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] 8-21-03
Signature of Officer Date

PRESIDENT THOMAS E. HICHAR
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. **97354** 2. Name of Corporation **HICHAR & LUCA, INC.**
3. Street Address Principal Business Office **222 South Main Street** City **Providence** State **RI** Zip **02903**
4. Business Phone No. **(401) 751-9700** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7658**

7. Brief Description of the Character of Business Conducted in Rhode Island
Accounting, bookkeeping, tax services and financial advice

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

President Name Thomas E. Hichar	Vice President Name Thomas E. Hichar
Street Address 222 South Main Street	Street Address 222 South Main Street
City Providence State RI Zip 02903	City Providence State RI Zip 02903
Secretary Name Deborah A. Hichar	Treasurer Name Thomas F. Hichar
Street Address 222 South Main Street	Street Address 222 South Main Street
City Providence State RI Zip 02903	City Providence State RI Zip 02903

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	City
State	State
Zip	Zip
Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip

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

AUTHORIZED SHARES

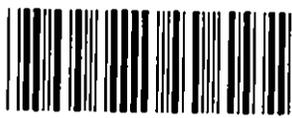
Number of Shares	Class/Series	Par Value
100	NO PAR VALUE	

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

ISSUED SHARES

Number of Shares	Class/Series	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



* 9 7 3 5 4 *

File Date: 2/14/02
Check No.: 4371
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: 1-7-02
Print or Type Name of Officer: THOMAS E. HICHAR
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. **97354** 2. Name of Corporation **HICHAR & LUCA, INC.**

3. Street Address Principal Business Office
222 South Main Street
City **Providence** State **R.I.** Zip **02903**
4. Business Phone No. **751-9700** 5. State of Incorporation **RHODE ISLAND** 6. **76581e**

7. Brief Description of the Character of Business Conducted in Rhode Island
Accounting Services, bookkeeping services, tax services and financial advice.

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

President Name THOMAS E. HICHAR Street Address 222 South Main Street City Providence State R.I. Zip 02903	Vice President Name THOMAS E. HICHAR Street Address 222 South Main Street City Providence State R.I. Zip 02903
Secretary Name DEBORAH A. HICHAR Street Address 222 South Main Street City Providence State R.I. Zip 02903	Treasurer Name THOMAS E. HICHAR Street Address 222 South Main Street City Providence State R.I. Zip 02903

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
---	---

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
100 NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
100 common no par val.

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



File Date: 1/16
Check No.: 3536
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: 1-8-01
THOMAS E. HICHAR
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. **97354** 2. Name of Corporation **HICHAR & LUCA, INC.**
3. Street Address Principal Business Office
220 South Main Street
4. Business Phone No. **273-5400** 5. State of Incorporation **RHODE ISLAND**
7. Brief Description of the Character of Business Conducted in Rhode Island

City **Providence** State **RI** Zip **02903**
6. SIC Code **7658**

Accounting services, bookkeeping services, tax services and financial advice
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name **THOMAS E. HICHAR**
Street Address
222 South Main Street
City **Providence** State **RI** Zip **02903**

Vice President Name **THOMAS E. HICHAR**
Street Address
222 South Main Street
City **Providence** State **RI** Zip **02903**

Secretary Name **DEBORAH A. HICHAR**
Street Address
222 South Main Street
City **Providence** State **RI** Zip **02903**

Treasurer Name **THOMAS E. HICHAR**
Street Address
222 South Main Street
City **Providence** State **RI** Zip **02903**

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
100 NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
100 common no par val.

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



* 9 7 3 5 4 *

File Date: JAN 10 2000 *PAID NO 2666*

Check No.: _____
By: _____
SECRETARY OF STATE

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.

Thomas E. Hichar
Signature of Officer _____ Date 1-3-2000

THOMAS E. HICHAR
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. **97354** 2. Name of Corporation **HICHAR & LUCA, INC.**
3. Street Address Principal Business Office **222 South Main Street**
4. Business Phone No. **(401) 751-9700** 5. State of Incorporation **RHODE ISLAND**
7. Brief Description of the Character of Business Conducted in Rhode Island
Performing services, bookkeeping services, tax services and financial advise.

City **Providence** State **RI** Zip **02903**
6. SIC Code **7658**

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

President Name **THOMAS E. HICHAR**
Street Address **222 South Main Street**
City **Providence** State **RI** Zip **02903**

Vice President Name **THOMAS E. HICHAR**
Street Address **222 South Main Street**
City **Providence,** State **RI** Zip **02903**

Secretary Name **DEBORAH A. HICHAR**
Street Address **222 South Main Street**
City **Providence,** State **RI** Zip **02903**

Treasurer Name **THOMAS E. HICHAR**
Street Address **222 South Main Street**
City **Providence,** State **RI** Zip **02903**

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

Director Name **NONE**
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
100 NO PAR VALUE common

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: 2.11.98
Check No.: 1133
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] 2/4/98
Signature of Officer Date

THOMAS E. HICHAR - Pres/V. Pres/Trea.
Print or Type Name of Officer

Title of Officer