



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

Matthew A. Brown, Secretary of State  
Corporations Division  
148 W. River St., Providence, RI 02904-2615  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005**

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

\* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 110055  
 2. Name of Corporation David E. Maglio & Associates, Ltd.  
 3. Street Address Principal Business Office 101 Dyer Street, Second Floor  
 City Providence State RI Zip 02903-  
 4. Business Phone No. 4018315400  
 5. State of Incorporation RHODE ISLAND  
 6. Brief Description of the Character of Business Conducted in Rhode Island  
 TO ENGAGE IN THE PRACTICE OF LAW.

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

President Name David E. Maglio Street Address 101 Dyer Street, Second Floor City Providence State RI Zip 02903	Vice President Name Same Street Address City State Zip
Secretary Name Same Street Address City State Zip	Treasurer Name Same Street Address City State Zip

8. 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

05 FEB 15 11:59

9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

Number of Shares	Class/Series	Par Value
1,000		\$1.00 PAR VALUE

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

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

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.



1 1 0 0 5 5

**FILED**  
 \*110055 DBC 02/19/06 10:56:47 AM\*  
 File Date FEB 15 2006  
 Check No. BY MAGLIO  
 By: [Signature]  
 FOR SECRETARY OF STATE USE ONLY [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] 2/19/06  
 Signature of Officer Date  
 David E. Maglio  
 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. 110055		2. Name of Corporation David E. Maglio & Associates, Ltd.			
3. Street Address Principal Business Office 42 Weybosset Street			City Providence	State RI	Zip 02903
4. Business Phone No. (401) 831-5400		5. State of Incorporation RHODE ISLAND		6. SIC Code	
7. Brief Description of the Character of Business Conducted in Rhode Island To engage in the 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 David E. Maglio			Vice President Name None		
Street Address 42 Weybosset Street, 5th Floor			Street Address		
City Providence	State RI	Zip 02903	City	State	Zip
Secretary Name David E. Maglio			Treasurer Name David E. Maglio		
Street Address 42 Weybosset Street, 5th Floor			Street Address 42 Weybosset Street, 5th Floor		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name David E. Maglio			Director Name ----		
Street Address 42 Weybosset Street, 5th Floor			Street Address		
City Providence	State RI	Zip 02903	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
1,000		\$1.00	100		\$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.

*David E. Maglio* 6/14/04  
Signature of Officer Date  
David E. Maglio  
Print or Type Name of Officer  
President  
Title of Officer

**FILED**  
File Date JUN 23 2004  
Check No. BY C35306  
FOR SECRETARY OF STATE USE ONLY



**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. 110055		2. Name of Corporation David E. Maglio & Associates, Ltd.			
3. Street Address Principal Business Office 42 Weybosset Street			City Providence	State RI	Zip 02903
4. Business Phone No. (401) 831-5400		5. State of Incorporation RHODE ISLAND			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island To engage in the 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 David E. Maglio			Vice President Name None		
Street Address 42 Weybosset Street, 5th Floor			Street Address		
City Providence	State RI	Zip 02903	City	State	Zip
Secretary Name David E. Maglio			Treasurer Name David E. Maglio		
Street Address 42 Weybosset Street, 5th Floor			Street Address 42 Weybosset Street, 5th Floor		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name David E. Maglio			Director Name ----		
Street Address 42 Weybosset Street, 5th Floor			Street Address		
City Providence	State RI	Zip 02903	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
1,000		\$1.00	100		\$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.

David E. Maglio 6/14/04  
Signature of Officer Date  
David E. Maglio  
Print or Type Name of Officer  
President  
Title of Officer

**FILED**  
File Date JUN 23 2004  
Check No. JUN 23 2004  
By: C35506  
FOR SECRETARY OF STATE USE ONLY

RECEIVED  
SECRETARY OF STATE



# 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. \*110055\* 2. Name of Corporation David E. Maglio & Associates, Ltd.

3. Street Address Principal Business Office 42 WEYBOSSET STREET City PROVIDENCE State Zip 02903-

4. Business Phone No. (401) 831-5400 5. State of Incorporation RHODE ISLAND 6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN THE PRACTICE OF LAW.

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

President Name David E. Maglio Vice President Name  
Street Address 42 Weybosset Street, Fifth Floor Street Address  
City Providence State RI Zip 02903 City State Zip

Secretary Name David E. Maglio Treasurer Name David E. Maglio  
Street Address 42 Weybosset Street, Fifth Floor Street Address 42 Weybosset Street, Fifth Floor  
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 David E. Maglio Director Name  
Street Address 42 Weybosset Street, Fifth Floor Street Address  
City Providence State RI Zip 02903 City State Zip

## 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
1,000 \$1.00 PAR VALUE

## 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES  
Number of Shares Class/Series Par Value  
100 \$1.00

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



\* 1 1 0 0 5 5 \*

\*110055 DBC7/19/0212:47:43 PM\*  
File Date 7-30-02  
Check No. 3398  
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 David E. Maglio Date 7/29/02  
Print or Type Name of Officer David E. Maglio  
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. **110055** 2. Name of Corporation **David E. Maglio & Associates, Ltd.**  
 3. Street Address Principal Business Office **42 Weybosset Street** City **Providence** State **RI** Zip **02903**  
 4. Business Phone No. **(401) 831-5400** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code  
 7. Brief Description of the Character of Business Conducted in Rhode Island  
**Law Firm**

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

President Name <b>David E. Maglio</b>	Vice President Name
Street Address <b>42 Weybosset Street, Fifth Floor</b>	Street Address
City State Zip <b>Providence RI 02903</b>	City State Zip
Secretary Name <b>David E. Maglio</b>	Treasurer Name <b>David E. Maglio</b>
Street Address <b>42 Weybosset Street, Fifth Floor</b>	Street Address <b>42 Weybosset Street, Fifth Floor</b>
City State Zip <b>Providence RI 02903</b>	City State Zip <b>Providence RI 02903</b>

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

Director Name <b>David E. Maglio</b>	Director Name
Street Address <b>42 Weybosset Street, Fifth Floor</b>	Street Address
City State Zip <b>Providence RI 02903</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
<b>1,000</b>	<b>\$1.00</b>	<b>PAR VALUE</b>

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

ISSUED SHARES	Class/Series	Par Value
<b>100</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



**FILED 055\***

**JAN 9 9 07 AM '02**

**JAN 09 2002**

**BY CONA 278922**

**RECEIVED SECRETARY OF STATE CORPORATIONS DIV.**

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 *David E. Maglio* Date 11/19/01

Print or Type Name of Officer David E. Maglio

Title of Officer President

File Date: \_\_\_\_\_  
Check No.: \_\_\_\_\_  
By: \_\_\_\_\_