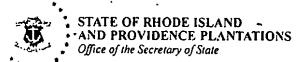


Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

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. 2. Name of Corporation 82260 BRAD SACCO CPA, LTD. 3. Street Address Principal Business Office City State Zip 1001 RESERVOIR AVENUE CRANSTON RI 02910 4. Business Phone No. 5. State of Incorporation 6. SIC Code 4019420700 RHODE ISLAND 7658 7. Brief Description of the Character of Business Conducted in Rhode Island PUBLIC ACCOUNTING AND CONSULTING SERVICES 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Brad Sacco Brad Sacco Street Address Street Address 35 Horizon Drive 35 Horizon Drive City Stole Zip Cin State Zip Cranston RI 02921 Cranston RI 02921 Secretary Name Treasurer Name Brad Sacco Brad Sacco Street Address Street Address 35 Horizon Drive 35 Horizon Drive City State Zip City State Zip 02921 Cranston RI . Cranston RI 02921 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name Brad Sacco · None Street Address Street Address 35 Horizon Drive City Store Zip City State Cranston RI 02921 Director Name Director Name تاني None None Street Address Street Address City Siate Zıp Zip State 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value 1,000 COMM NO PAR VALUE 100 Common No Par This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee \*\*\*

*82260	DBC 11/14/05 02:06-38-PM*
File Date	
Check No.	NOV 2 1 2005
Ву:	By M83158
FOR SEC	RETARY OF STATE USE ONLY

Under penalty of perjury, I declare this report, including any accompand that all statements contained I	anying schedules and statements,	
Leallan	11-15-05	
Signature of Officer	Date	
Brad Sacco		
Print or Type Name of Officer		
President		



Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, Rt 02903-1335 401.222.3040

DDAEIT CADDAD ATIAN ANNILLA DEDADO DAD OUT UN	2004
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR	1 R 2004

Filing Period: January	1 - March 1 ● Fi	ling Fee: \$50.00			<del></del>
(FORM MUST BE TYPED I					1
1. Corporate 1D No.	2. Name of Corpor				
82260	,	O CPA, LTD.			
3. Street Address Principal B			City	State	Zip
1001 RESERVOIR	AVENUE	la a	CRANSTON	RI	02910
4. Business Phone No. 4019420700		5. State of Incorpora RHODE ISLAI			6. SIC Code 7658
7. Brief Description of the Ch PUBLIC ACCOUNTING	naracter of Business Cond AND CONSULTING	lucted in Rhode Island SERVICES			
8. NAMES AND ADDRI	ESSES OF THE OFF	CERS ("X" BOX FOR.	ATTACHMENT)   FILL IN S	PACES BEFORE USING A	TTACHMENTS
Brad Sacco			· Brad Sacco		
Sireei Address			Street Address		
35 Horizon Drive	<b>:</b>		.35 Herizon Dri	.ve	
City	State	Zip	City	Siate	Žip
Cranston	RI	02921	• Cranston	RI	02921
Secretary Name			Treasurer Name		• • • • • • • • • • • • • • • • • • • •
Brad Sacco		·-· · · · · · · · · · · · · · · · ·	Brad Sacco		
Street Address			* Street Address		
35 Horizon Drive			.35 Horizon Dri	ve	
City	State	Zip	City	State	Zip
Cranston	RI	02921	.Cranston	RI	02921
Director Name	ESSES OF THE DIRE	ECTORS ("X" BOX FO	RATTACHMENT)   FILL IN	SPACES BEFORE USING	ATTACHMENTS
Brad Sacco					
Street Address			·Street Address		
35 Horizon Drive			• •		i
City	State	Zip	•City	State	Zip
Cranston	RI	02921	•		
Director Name		• • • • • • • • •	Director Name	• • • • • • • • • • • • •	
			•		
Sireei Address			*Street Address		
City	State	Zıp	City	State	Zip
/	1		•	Siale	
10. SHARES AUTHORI	TED CIVE BOY FOR	TTACUMENT []	11 CHARTS ISSUED #	Nº BOY COR ATTACANAGE	
AUTHORIZED SHARES	LLD ( A BOX FOR A	TIACHMENT)	ISSUED SHARES	X" BOX FOR ATTACHMEN	<u>""                                   </u>
Number of Shares	Class/Series	Par Value	illumber of Shares	,Class/Series	Par Value
1000	<i>(</i>	4/2 C- 0	100	Common	No Par
7000	Common	NO PAR			
This was and we say the sta		.1 0 11 16		<u> </u>	
this report must be sig	ned in ink by eithei	r the President, Vice	President, Secretary, Ass.	istant Secretary, Treasi	urer, Receiver or Trustee
1 ALBIL 2012) 18	II A (B. B) IN TAI				
					7.
8 2 2			H-4	and the state of t	
0				crjury, I declare and affirm	
*****		<del>-                                    </del>		ig any accompanying sched 19th contained herein are tru	
*82260 DBC 12/29/0	3 10:38:45 AM*		and that are are are are	ins windings herein are th	uc and correct.
File Date 7 - C	<u>)                                    </u>	.	Ludh	Run 1.	-14.04
170	1/2		Signature of Officer		Date
Check No. 133	<u>65</u>		Brad Sacco	· )	
			Print or Type Name o		<del></del>
$B_{Y}$ :	<u>"</u>	,	President	, = <b>W</b> :***	
FOR SECRETARY OF STAT	TE USE ONLY			·-	
	_		Title of Officer		Form 630 12/01



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 2003 Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN B					
l Corporate ID No. *82260*	2. Name of Corpo BRAD SAC	CO CPA, LTD.			
3. Street Address Principal Busin	**		City	State	Zip
1001 RESERVOIR AV	ENUE		CRANSTON	RI	02910
4. Business Phone No. 4019420700		5. State of Incorpora			6. SIC Code
	ictor of Rusiness Con	RHODE ISLA	UNU		7658
7. Brief Description of the Chara PUBLIC ACCOUNTING AL	ND CONSULTING	SERVICES			
8. NAMES AND ADDRESS President Name BRAD SACCO	SES OF THE OFF	FICERS ("X" BOX FOR	ATTACHMENT)   FILL IN S	PACES BEFORE USING A	ITACHMENTS
Street Address		· ·	.BRAD SACCO	<del></del>	
35 HORIZON DRIVE			Street Address 35 HORIZON DRI	WC.	
City	State	Zıp	City	State	17:-
CRANSTON	RI	02921	CRANSTON	diale	Zip
Secretary Name	* * * * * * * * *		Treasurer Name	<del>.</del>	
BRAD SACCO			BRAD SACCO	<del></del>	
Street Address 35 HORIZON DRIVE			*Street Address .35 HORIZON DRI	V.F.	
City	State	Zip	*City	State	. 7.m
CRANSTON	RI	02921	. CRANSTON	RI	Ζ <sub>ιρ</sub> 02921
9. NAMES AND ADDRESS Director Name	SES OF THE DIR	ECTORS ("X" BOX FO	RATTACHMENT)   FILL IN	SPACES BEFORE USING	ATTACHMENTS
BRAD SACCO			' NONE		
Sireei Address			- Street Address		
35 HORIZON DRIVE			•		
City CRANSTON	State R I	<i>Zip</i> 02921	City	State	Zip
Director Name NONE	J		Director Name		
Street Address			NONE		
			*		
City	State	Zıp	·City	State	Zip
10. SHARES AUTHORIZE AUTHORIZED SHARES	D ("X" BOX FOR.	ATTACHMENT)	11. SHARES ISSUED (".	X" BOX FOR ATTACHMEN	カロ
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 COMM NO PAR V	ALUE		100	COMMON	NO PAR
This report must be signed	d in ink by eithe	r the President, Vice	President, Secretary, Assi	stant Secretary, Treasi	irer, Receiver or Trustee
1 188791 18118 11818	MAIS BING DAII IAAI				
<b>32</b> 4					and a
* 8 2 	2 6 0 *		this report, including	rjury, I declare and affirm ( g any accompanying sched	ules and statements,
**82260* 2/27/8/35:30:5	<del>9-</del> ₽M*		and that all statemen	nts contained herein are tru	e and correct.
File Date			//andlan	m 7.7	7·ú?
1311	, 3 — <u>—</u>		Signature of Officer	<u>n</u> 2-2.	)ale
Check No.		-	BRAD SAC	CO	
$B_{V}$ $\mathcal{N}$			Print or Type Name of	**	
FOR SECRETARY OF STATE 1	USE ONLY	-	PRESIDENT	Γ	
TOR SECRETARY OF STATE	USE ONLI		Title of Officer	<del></del> -	Form 630 12:01

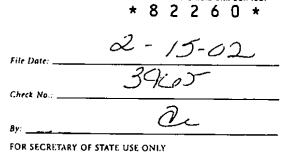


Edward S. Inman, III. Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION	ANNUAL	REPORT	FOR	THE	YEAR	2002
Filing Period: January 1-March 1 🔸					,	



(FORM MUST BE TYPED IN BLAC	K)				
1. Corporate ID No.	2. Name of Corporat	lon		<b>-</b>	
82260	BRAD SACC	O CPA, LTD.			
3. Street Address Principal Business O		•	City	State	Zip
1001 Reservoi	r Avenue		Cranston	RI	02910
4. Business Phone No.		5. State of Incorporation		_	6. SIC Code
(401) 942-0700	0	RHODE ISLAN	ID		7658
7. Brief Description of the Character o	f Business Conducted In	Rhode Island			
Accounting					
8. NAMES AND ADDRESS	ES OF THE OFFI	CERS ("X" BOX FOR ATT)	ACHMENT) · FILL IN SPACES	BEFORE USING ATTAC	CHMENTS
President Name			Vice President Name		
Brad Sacco			Brad Sacco		
Street Address			Street Address		
35 Horizon Dr:	ive		35 Horizon D	rive	
City	State	Zip	City	State	ZIp
Cranston	RI	02921	Cranston	RI.	02921
Secretary Name	•	- •• · · · · · · · · · · · · · · · · · ·	Treasurer Name	•	••••
Brad Sacco			Brad Sacco		
Street Address		-	Street Address		· ••
35 Horizon Dri	ive		35 Horizon D	rive	
Sity	State	Zip	City	State	Zip .
Cranston	RI	02921	Cranston	RI	02921
Brad Sacco  Brad Sacco   Brad Sacco   Brad Sacco  Breet Address			Director Name None Street Address		
35 Horizon Dri		<b>=</b> +.	÷		
· <u>-</u>	State	Zip	City	State	Zip
Cranston Director Name	RI	02921			••••••
			Director Name		
None			None		
otti Audiess			Street Address		
City	State	714	* Cir.	_	
,	State	Zip	City	State	ZIP
O. SHARES AUTHORIZED	("X" BOX FOR ATTA	CHMENT) !	11. SHARES ISSUED (	"X" BOX FOR ATTACHMENT	, .
lumber of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 COMM NO PAR VALU	JE	•	100	_	
			100	Common	No Par
			i		•
			j		
			- <del> </del>		<del>-</del> • <del>-</del>
nis report must be signed	I In ink by eithe	er the President, Vice	President, Secretary, Assi	stant Secretary, Treasu	irer, Receiver or Trus
		··			



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. 7-8-02 Signature of Officer Date Brad Sacco Print or Type Name of Officer



Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001 Filing Period: January 1-March 1 • Filing Fee: \$50.00

FORM	MUST	RE	TYPED	IN	BLACK)

Corporate	ID No.
•	82280

82260	BRAD SAC	CO CPA, LTD.			
3. Street Address Principal Business	Office		City	State	Zip
1001 Reservo	ir Avenue		Cranston	RI	02910
4. Business Phone No.		5. State of Incorporation			6. ¥658
(401) 942-07	00	RHODE ISLAND			1030
7. Brief Description of the Character	r of Business Conducted I	In Rhode Island			
Accounting					
8. NAMES AND ADDRES	SES OF THE OFF	ICERS ("X" BOX FOR ATTACHS	IENT) FILL IN SPAC	CES BEFORE USING ATTACHM	IENTS
President Name			Vice President Name		
Brad Sacco			Brad Sacco		
Street Address			Street Address		
35 Horizon D	rive		35 Horizon	Drive	
City	State	Zip	City	State	219
Cranston	RI	02921	Cranston	RI	02921
Secretary Name	• •		Treasurer Name		, .
Brad Sacco			Brad Sacco		
Street Address			Street Address	<b>D</b>	
35 Horizon	Drive		35 Horizon		
Cliy	State	Zip .	City	State	Zip 0 2 0 2 1
Cranston	RI	02921	Cranston	RI	. 02921
9. NAMES AND ADDRES Director Name	SES OF THE DIR	ECTORS ("X" BOX FOR ATTAC	HMENT) FILL IN SP Director Name	PACES BEFORE USING ATTACE	IMENTS
Brad Sacco			None		
Street Address			Street Address		
35 Horizon D	rivo		Silver Muuress		
City	State	Zip	City	State	Zip .
Cranston	RI	02921	•,	5.5	-7
Director Name	22	, , , , ,	Director Name		
None			None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZE	D ("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUE	ED (*X* BOX FOR ATTACHMENT)	
AUTHORIZED SHARES			LSSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Serles	Par Value
1,000 COMM NO P	AR VALUE		100 €	Common	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.

Similarure of Officer

Brad Sacco

Print or Type Name of Officer

President



2. Name of Corporation

BRAD SACCO CPA, LTD.

(FORM MUST BE TYPED IN BLACK)

82260

FOR SECRETARY OF STATE USE ONLY

1. Corporate ID No.

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

> 5-15-00 Date

STOP PEL VICKE AD INVIRECTIONS

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000-Filing Period: January 1-March 1 • Filing Fee: \$50.00

3. Street	Address Principal Business (	Office	,	City	State	Zip
	1001 Reserv	voir Avenue	2	Cranston	RI	02910
4. Busin	ress Phone No.		5. State of Incorporation			6. SIC Code
	(401) 942-0		RHODE ISLAN	D		7658
7. Brief	Description of the Character	of Business Conducted in	n Rhode Island			
	Accounting					
8. NA Presiden		SES OF THE OFFI	CERS ("X" BOX FOR ATTA	CHMENT) FILL IN SPACES   Vice President Name	BEFORE USING ATTAC	HMENTS
eresiaen	Brad Sacco			Brad Sacco		
Street A				Street Address		
	35 Horizon	Drive		35 Horizon D	rive	
City	33 110112011	State	Zip	City	State	Zip
•	Cranston	RI	02921	Cranston	RI	02921
Secretar		,	• • • • •	Treasurer Name		•
	Brad Sacco			Brad Sacco		
Street A	ddress			Street Address		
	35 Horizon	Drive		35 Horizon D	rive	
City	•	State	Zip	City	State	Zip
	Cranston	RI	02921	Cranston	RI	02921
9. NA	MES AND ADDRESS	SES OF THE DIRE	CTORS ("X" BOX FOR AT	TACHMENT) FILL IN SPACE	ES BEFORE USING ATTA	ACHMENTS
Director				Director Name		
	Brad Sacco			None		
Street A				Street Address		
<b></b>	35 Horizon	-	74-	a).	e	
City	Curnatan	State	<i>Zip</i>	City	State	Zip
Director	Cranston	RI	02921	Director Name		
Director	None			None		
Street A	· ·			Street Address		
•				<b>*************************************</b>		
City		State	Zip	City	State	Zip
10. SF	HARES AUTHORIZEI	O ("X" BOX FOR ATTA	ACHMENT)	11. SHARES ISSUED (	X" BOX FOR ATTACHMENT	r)
AUTHOR	RIZED SHARES			ESSUFED SHARES		
Number	of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,0	000 SHS COM NO	PAR		100	Common	No Par
This r	eport must be sign	ed in ink by eith	er the President, Vice	President, Secretary, Assi	stant Secretary, Treasi	urer, Receiver or Trustee
			••			
						*
			<b>BI</b>		rjury, I declare and affire	
	* 8	2 2 6 0 *	•			edules and statements, and
	. 1	11 /00		tnat all statements o	contained herein are true	and Correct.

Signature of Officer

Title of Officer

Brad Sacco
Print or Type Name of Officer

<u>President</u>



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

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

PILASE	OP. READ
INSTRU	TIONS

FORM MUST BE TYPED IN BLACK)				
. Corporate ID No. 2. Name of BRAC	SACCO CPA, LTD.			•
. Street Address Principal Business Office		City	State	Zip
1001 Reservoir Aven	ue	Cranston	RI	02910
. Business Phone No. (401) 942-0700	* AHODE ISU	ÄND		6. SIC Code <b>7658</b>
Brief Description of the Character of Business Co Accounting	nducted in Rhode Island	<u></u>		1
. NAMES AND ADDRESSES OF TH	E OFFICERS ("X" BOX FOR ATT	ACHMENT) FILL IN SPACES	BEFORE USING ATTAC	HMENTS
resident Name Brad Sacco		Vice President Name Brad Sacco		·
uren Address 35 Horizon Drive		Street Address 35 Horizon D	rive	
ity State	Zip	City	State	Zip
Cranston R	I 02921	Cranston	RI	02921
ecretury Name Brad Sacco		Treasurer Name Brad Sacco	••••••••••••	•••••••••
reet Address	•	Street Address		
35 Horizon Drive		35 Horizon D	rive	
ity State	Zip	City	State	Zip 02021
	I 02921	Cranston	RI	02921
. NAMES AND ADDRESSES OF TH	E DIRECTORS ("X" BOX FOR A	• • • •	ES BEFORE USING ATTA	CHMENTS
Brad Sacco		: Director Name : None		
treet Address		Street Address		
35 Horizon Drive		. Street Muutess		
ity State	7		State	; zip · · · · · · · · · -
Cranston R	1 : 02921		· 1	
irector Name	· · · · · · · · · · · · · · · · · · ·	. Director Name		
None		None		
treet Address	•	Street Address	·	· · · · · · · · · · · · · · · · · · ·
ity State	. Zip	. Cay	State	
0. SHARES AUTHORIZED ("X" BOX F	OR ATTACHMENT)	11. SHARES ISSUED	"X" BOX FOR ATTACHMENT	) (
L'THORIZED SHARES		ISSUED SHARES		
lumber of Shares Class/Serie	es Par Value	Number of Shares	Cluss/Series	Par Value
1,000 SHS COM NO PAR		100	Common	No Par
		1		
his report must be signed in inte	hy aither the Precident We	o President Corretory Acei	stant Sacratam Terran	ene Dossinos as To
his report must be signed in ink	by either the President, VIC	le rresident, Secretary, Assi	istant Secretary, Treast	iter, keceiver of If
	B BILLI BRIL IFFI			

	* 8 2 2 6 0 *
	Mh D Read
File Date:	VIN OF OFF
Check No.:	2783
By:	<b>90</b>
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 Brad Sacco
Print or Type Name of Officer





James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335 401-277-3040

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR Filing Period: January 1-March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK)

1998

Corporate ID No. 82260	PRAD SAC	CO CPA, LTD.				
. Street Address Principal Busin		<del></del>	City	State	Zip	
1001 Reservo	ir Avenue		Cranston	RI	02910	
. Business Phone No.	- , <b></b> -	5. HHODE IS	"KND	<del></del>	6. SIC C9858	
401-942-0700 . Brief Description of the Charac	eter of Rusiness Conducted i	1		<del></del>	7656	
	ette of manness compatted t	n nngue (310ng				
Accounting NAMES AND ADDR	ESSES OF THE OFFI	CERS ("X" BOX FOR A	TTACHMENT) C		<del></del>	
resident Name	• •• •		Vice President Name	<del></del>		
Brad Sacco			Brad Sacco	•		
treet Address		<del></del>	Street Address	•	<del></del>	
_35 Horizon D	rive	<b>.</b>	35 Horizon	Drive		
			City	State	Zip	
Cranston	RI	02921	Cranston	RI	02921	
cretary Name			Treasurer Name			
Brad Sacco	· · · · · · · · · · · · · · · · · · ·		Brad Sacco			
treet Address		- ·	Street Address			
_35_Horizon_D		<del></del>	35_Horizon	Drive		
City	State	Zip	City	State	Zip	
Cranston	RI	02921	Cranston	RI	02921	
NAMES AND ADDRI	ESSES OF THE DIRI	ECTORS ("X" BOX FOR	**		<del></del>	
			Director Name			
_Brad_Sacco treet_Address	<del></del>	<del> </del>	None  Street Address			
-	rivo		Aucei Magisis			
35_Horizon_D	State	Zip	City	State	Zip	
Cranston	h h	1 '	•	51811		
.CI all'S COII,	! K±		Director Name			
None			None			
reet Address		·	Street Address			
ity	State	Zip	City	State	Zip	
	<u> </u>				]	
O. SHARES AUTHORIZ	ED (*X BOX FOR ATT)	ACHMENT)	11. SHARES ISSUED	("X" BOX FOR ATTACHMENT	<b>)</b>	
UTHORIZED SHARES			ISSUED SHARES			
umber of Shares	Class/Serles	Par Value	Number of Shares	Class/Series	Par Value	
1,000 SHS COM NO PAR		100	Common	No Par		
<del></del>	<del></del>					
			ice President, Secretary, As			

	* 8 2 2 6 0 *			
· · · . •	12/24	. }		
File Date:	21141	<del>4</del> :		
By	Y ID	7		
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.

2/28/98 Date

Signature of Officer

Brad Sacco Print or Type Name of Officer

<u>President</u>





James R. Lungevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-277-3040

### PROFIT CORPORATION ANNUAL REPORT 1997

Corporate ID No. 82260	1 BRAD SA	CCO CPA, LTD.			
Street Address Principal Busines			City	State	Zip
1001 Reserv	•		Cranston	! RI	02910
Business Phone No.	OTT MYCHAE	5. State of Incorporatio			6. SIC Code
(401) 942-0	700	RHODE ISL	AND		7658
Brief Description of the Charact	er of Business Conducted	in Rhode Island		<del></del>	
Accounting					
· · · · ·	SSES OF THE OFF	ICERS ("X" BOX FOR ATT			
ildent Name			Vice President Name		
Brad Sacco			Brad Sacco	<del></del>	<del></del>
35 Horizon	Drive		35 Horizon D	vivo	
,	State	Zip	City	State	Zip
Cranston	RI	02921	: : Cranston	RI	02921
etary Name	· · · · · · · · · · · · · · · · · · ·		Treasurer Name		
Brad Sacco	· · · · · · · · · · · · · · · · · · ·	·	Brad Sacco		
et Address	Davis		Street Address		
35 Horizon	Drive 1 State	Zip	35 Horizon D	rive	7/0
Cranston	RI	02921	Cranston	RI	02921
		ECTORS (*X* BOX FOR A		R1	1 02921
ector Name			Director Name	<del></del>	
Brad Sacco		NONE			
et Address			Street Address	<del></del>	
35 Horizon					
Cranston	State	Zip	City	State	Zip
CLANSLON	RI	02921	: Director Name		
NONE		•	NONE		
et Address	<del></del>	<del></del>	Street Address		
-					
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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.

7. 28-57
Signature of Officer

Date

Brad Sacco

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 I	PRINT IN BLACK INK.			
1. CORPORATE IO NO.	2. NAME OF CORPORATION					
82260	BRAD SACCO CPA, LTD.					
3 STREET ADDRESS PRINCIPAL BUSINESS OFFICE	CTY STATE ZIP COOK					
1001 RESERVOIR	AVENUE		CRANSTON,	RI	02910	
4. BUSINESS PHONE NO.					6.SC 0008	
(401) 042 0700		RHODE IS	SLAND			
(401) 942-0700	rivere houseverten hij nivêti				7658	
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Brad Sacco	·	<del></del>	Brad Sacco			
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	9 . N A	MES AND ADDR	ESSES OF THE D	IRECTORS	<del></del>	
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Brad Sacco						
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	Th	is report must be SIG	NED IN INK by either t	he		

President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date: Check No:

Ву:

Signature of Officer

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 begin are true and correct.

Brad Sacco

Print or Type Name of Officer

President

2/27/96 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:0082260	0	_ Annual Repo	ort for the year: 1995	
	RAD_SACCO_CPA, LTD.  claws of the State of: Rhode_Island	[X] Bus	Entity is (check one): iness Corporation (See RIGL Chapter 7- fessional Service Corporation (See RIGL	
Phone: ( )		Brief state	ement of the character of business condu	•
	pal office of business entity in Rhode P.O. Box):		ic accounting & ulting services	
1001_Reservoir_Ave Cranston,_Rhode_Is Phone: (401) 942-0700	enue sland02910			
	THE NAMES OF	THE OFFICER	RS ARF:	<del>-</del>
PRESIDENT	STREET /	ADDRESS	CHY/STATE	71P CODE
Brad Sacco	35 Horizon Drive		Cranston, RI	02921
Brad Sacco	35 Horizon Drive	ADDRESS	CITY/STATE	ZIP CODE
SECRETARY	STREET/	MONRESS	Cranston, RI	02921
Brad Sacco	35 Horizon Drive	474714471	Cranston, RI	24F CODE 02921
TREASURER	STREET A	ADDRESS	CITY/STATE	VIP CODE
Brad Sacco	35 Horizon Drive		Cranston, RI	02921
	THE NAMES OF T	HE DIRECTO	RS ARE:	
Brad Sacco	35 Horizon Drive		Cranston, RI	71P CODE 02921
NAME	STREET A	ADDRESS	CITY/STATE	ZIP CODE
NAME.	STREET A	ADDRESS	CITY/STATE	ZIP CODE
NUMBER OF SHARES AUTHORIZ	ED (Rider may be attached)	NUMBER OF	SHARES ISSUED AND OUTSTANDING	(Rider may be attached)
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Date February 24		Bull Prod Same	fan	
Form 31 1/95	PRINT OR THILE OF	Brad Sacco President OFFICER SIGNING		
	DESIGNATED REGISTERED AC	GENT FOR SE	RVICE OF PROCESS:	
PLEASE NOTE: If the registered a				<del></del> -

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

02910

BRAD SACCO

1001 RESERVOIR AVENUE CRANSTON RI

MAR 0 2 1995 By Cc 1028