

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

Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Stree Providence, RI 02903-1335 401.222.3040

Form 630 Rev. 12/03

PROFIT CORPORATION	ANNUAL REPORT	FOR THE YEAR	2005
lling Period: Immary 1 . March 1	Tilling Proceedings	- OK AND I DANK	

(FORM MUST BE TYPED OR P	RINTED IN BLACK)				
1. Corporate ID No.	2. Name of Conporat	ton			
3 Street Address Principal Busine	LAW OFFICE	S OF S. JOSHUA MACK	TAZ, ESQUIRE, INC.		
127 DORR	MODICE ST		PROVIDENCE	E Sinc	02903
4. Business Phone No. 40/- 86/-	1165	5. State of Incorporation			6. SIC Code
7. Brief Description of the Charac	ter of Business Conducted	RHODE ISLANI) <u>·</u>		7617
LAW OFFICE- GENE	RAL PRACTICE				
8. NAMES AND ADDRESS Possident Name	ES OF THE OFFICER	IS: ("X" BOX FOR ATT	<i>TACHMENT)</i> FULL II	N SPACES BEFORE USU	NG ATTACHMENTS
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Sinvi Address	J. CALLETA		Street Address	NONE	<u></u>
127 Dollan	ce St				
S. JOSHUA Since Address 127 DOLLAN CUPROVIDENCE	State L. 1.	02903	City	State	Zlp
Secretary Name	None		Treasurer Name	······	
Street Address	- CONE		Street Address	NONE	
			Socti Autores		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESS	 ES OF THE DIRECTO	IRS: C"Y" BOY EOD A			
Director Name	ONE	NO. (A BOX FOR A)	Director Name	IN SPACES BEFORE US	ING ATTACHMENTS
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City	State	Zip	City	State	Zip
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			Director Name		
Street Address		<u>. </u>	Street Address		
City	State	Ta.,			
•		Zıp	City	State	Zip
10. SHARES AUTHORIZED AUTHORIZED SHARES	("X" BOX FOR ATT	TACHMENT)	11. SHARES ISSUED	 ("X" BOX FOR ATTACE	. IMENT) □
Number of Shares	CluseSeries	Par Value	1SSUED SHARES Number of Shares	Class/Series	Par Value
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			700702		
This report must be	signed in ink by eith	er the President, Vice P	resident, Secretary, Assista	int Secretary, Treasurer,	Receiver or Trustee
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	IB IDIO: IDIII BIBIA BIIII I		Under penalty of per	riury. I declare and affirm th	nat I have examined this report.
	·	ר	including any aceop	panying schedules and state	ements, and that all statements
File Dute 1 6 05	<u>,</u>		contained berein are	True and correct.	
			Signature of Afficer	<u> </u>	
Check No. 2885	_ ·				ixuc
ву:			Print or Type Name of	Officer	
FOR SECRITIARY OF ST	ATE USE ONLY		Title of Officer		



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

Matthew A. Brown, Secretary of State

FOR SECRETARY OF STATE USE ONLY

Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222.3040

ROI	FIT	CORPORATION	ANNUAL	REPORT FOR THE YEAR	2004
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Filing Period: January 1 - March 1 Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 98460 LAW OFFICES OF S. JOSHUA MACKTAZ, ESQUIRE, INC 3 Street Address Principal Business Office 5. State of Incorporation **RHODE ISLAND** 7617 7. Brief Description of the Character of Business Conducted in Rhode Island LAW OFFICE- GENERAL PRACTICE 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS NONE Street Address Street Address Zip Λ O \sim GNONE Street Address Street Address City State Cin State 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name NONE Street Address Street Address City City State Zip NONE Street Address Street Address City State City 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 NONG 100 COMM NO PAR VALUE 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

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 _

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

(FORM MUST BE TYPE!	OR PRINTED	IN BLACK)
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1. Corporate ID No.

2. Name of Corporation

98460

LAW OFFICES OF S. JOSHUA MACKTAZ, ESQUIRE, INC.

RHODE ISLAND

3. Street Address Principal Business Office

127 DORRANCE STREET

7617

401.861.1155 7. Brief Description of the Character of Business Conducted in Rhode Island

CAN	PRACTICE
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8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTAC	CHMENT) FILL IN	SPACES BEFORE USING ATTACI	IMENTS
S. JOSHUA MACKTAZ	Vice President Name	NONE	
Street Address 127 DORFANCE ST.	Street Address		
PROVIDENCE R.1. 02903	City	State	Zip
Secretary Name NONE	Treasurer Name	NONP _	************************
Street Address	Street Address		

City	State	Zip	Clly	State	ZIp
			•		•

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

Director Name VONG_

Street Address Street Address

City City 7.10

Director Name Street Address Street Address

City State City

State Zip

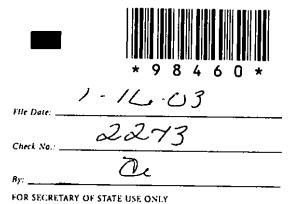
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES ZIRAFR CETUZZI: Number of Shares Class/Series Par Value Number of Shares Class/Series

100 COMM NO PAR VALUE

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

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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	this
that all statements contained herein are true and correct.	that
1.16.03	
Signature of Officer Date	Signa
S. JOSHUA MACKTAZ	
Print or Type Name of Officer	Print
PRESIDENT / CEO	
Title of Officer	Title

Form 630 12/02

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 _ Filing Period: January 1-March 1 . Filing Fee: \$50.00



7617

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 2. Name of Corporation 98460 LAW OFFICES OF S. JOSHUA MACKTAZ, ESQUIRE, INC. 3. Street Address Principal Business Office 127 DORRANCE 4. Business Phone No. 5. State of Incorporation 401-861-1155 RHODE ISLAND 7. Brief Description of the Character of Rusiness Conducted in Rhode Island LAW OFFICE 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name NIONE Street Address Zip Street Address Street Address State ZIp 9. NAMES AND ADDRESSES OF THE DIRECTORS (*x* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name NONE Street Address Street Address City Zip City State 210 Director Name Director Name Sucer Address * Street Address State Zip City State ZIP 10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES LESTED SHARES Number of Shares Class/Series Par Value Number of Shores 100 COMM 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:	1-17-02
Check No.:	1990
Ву:	2.
FOR SECRETARY OF ST	ATE USE ONLY

City

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and

that all steepers are all all all all all all all all all al	ying schedules and statements, an
that all statements emptained herein	are true and correct.
< 11\	1,7 00
	1.5.02
Signature of Officer	Date
> JOSHUA	MACKERZ
Print or Type Name of Officer	
Dogsin	6.1

Title of Officer Form 630 12/01

Corporations Divisic 100 North Main Street, Providence, RI 02903-133 401-222-304

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

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

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A/m a		Treasurer Name	41.5.	•
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State	Z.Ip	Gity	State	Zip
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State LED (*X * BOX FOR ATT/ Class/Series	AGHMENT)	City 11. SHARES ISSUED (*) ISSUED SHARES	X* BOX FOR ATTACHMEN	n O
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FOR SECRETARY OF STATE USE ONLY

this report, including any accompanying schedules and statements, and that all matements contained herein are true and correct.

Signature of Nificer

S. Joshua Mackvaz

Print or Type Name of Officer

Cho

Title of Officer

Form 630 12/00

James R. Langevin, Secretary of Stat Corporations Divisio 100 North Main Street, Providence, RI 02903-133

401-222-304

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. 2. Name of Corporation 98460 LAW OFFICES OF S. JOSHUA MACKTAZ, ESQUIRE, INC. 3. Street Address Principal Business Office RHODE ISLAND Character of Rusiness Conducted in Rhode Island OFFICE 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name Street Address State Zip Street Address Street Address City $Z_i I p$ City Zip 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 State Zip 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES STANIES (CELUZZI Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value 100 COMM NO PAR VALUE NONE_ This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

	* 9 8 4 6 O *	Under penalty of perjury, I dec this report, including any acco
File Date:	1/3//0	that all statements contained I
Check No.:	1397	Signature of Officer
By:FOR SECRETARY	OF STATE USE ONLY	Print or Type Name of Officer
	The street of th	Title of Officer

lare and affirm that I have examined mpanying schedules and statements, and perein are true and correct.



James R. Langevin, Secretary of Sta Corporations Division 100 North Main Street, Providence, RI 02903-13. 401-222-304

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

1. Corporate ID No. 98460	LAW OFF	2. Name of Corporation LAW OFFICES OF S. JOSHUA MACKTAZ, ESQUIRE, INC.				
3. Street Address Principal Busin	ess Office		City	State	Z.ip	
127 Dorrance	δτ. 		Providence	RI	02903	
4. Business Phone No. 401-861-1142		5. State of Incorporati	NND		6. SIC Gode 7619	
7. Brief Description of the Charm	cter of Rusiness Conducted	in Rhode Island		· · · · · · · · · · · · · · · · · · ·	1/019	
Law Firm						
8. NAMES AND ADDRI	ESSES OF THE OFF	ICERS ("X" BOX FOR ATI	ACHMENT) FILL IN SPACES	REPORE LISING ATTA	CHMENTS! ST :	
r restuent ivame			: Vice President Name	ALFORE COING ATTA	CHMENISH A MARK	
S. Joshua Mad	cktaz		S. Joshua Mad	S. Joshua Macktaz		
Street Address	Ch	1 71	: Street Address	: Street Address		
127 Dorrance	Street - Zi	nd Floor	127 Dorrance	Street - 2n	d Floor	
City	State	Zip	City	State	Zip	
Providence	RI	02903	Providence	RI	02903	
Secretary Name	1 . 4.	· · · · · · · · · · · · · · · · · · ·	Treasurer Name	******		
S. Joshua Mac			S. Joshua Mac	S. Joshua Macktaz		
Dorrance	Street		127 Dorrance	Street	· · · · · · · · · · · · · · · · · · ·	
Tity	State	Zip	City	State	ZIp	
Providence	RI	02903	Providence	RI	02903	
NAMES AND ADDRE	SSES OF THE DIR	ECTORS ("X" BOX FOR A	ITACHMENT) 🔲 FILL IN SPACE	S BEFORE USING ATI	ACHMENTS	
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licetor Name	•		Director Name			
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	8 4 6 0 *	Under penalty of perjury, I declare and a
File Date: Yeb	5,00 172	this report, including any accompanying that all statements contained herein are signature of Officer
By:	IS. Or	S. JOSHVA MAC Print or Type Name of Officer CEO

offirm that I have examined schedules and statements, and true and correct.

Title of Officer