



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)

1. Corporate ID No. 113561		2. Name of Corporation Rhode Island Property Maintenance, Inc.			
3. Street Address Principal Business Office 172 Simmonsville Avenue			City Johnston	State RI	Zip 02919
4. Business Phone No. (401) 944-3712		5. State of Incorporation RHODE ISLAND			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island TO PERFORM MAINTENANCE					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Nicholas Ricci			Vice President Name Nicholas Ricci		
Street Address 172 Simmonsville Avenue			Street Address 172 Simmonsville Avenue		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Secretary Name Nicholas Ricci			Treasurer Name Nicholas Ricci		
Street Address 172 Simmonsville Avenue			Street Address 172 Simmonsville Avenue		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Nicholas Ricci			Director Name		
Street Address 172 Simmonsville Avenue			Street Address		
City Johnston	State RI	Zip 02919	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 NO PAR VALUE			100 No Par Common		

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



FILED
File Date MAR-09 2005
Check No. _____
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] 2-1-05
Signature of Officer Date
Nicholas Ricci
Print or Type Name of Officer
President
Title of Officer



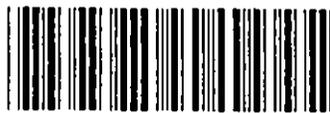
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3 Street Address Principal Business Office 172 Simmonsville Avenue			City Johnston	State RI	Zip 02919
4 Business Phone No (401)944-3712		5 State of Incorporation RHODE ISLAND			6 SIC Code
7 Brief Description of the Character of Business Conducted in Rhode Island TO PERFORM MAINTENANCE					
8 NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Nicholas Ricci			Vice President Name Nicholas Ricci		
Street Address 172 Simmonsville Avenue			Street Address 172 Simmonsville Avenue		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Secretary Name Nicholas Ricci			Treasurer Name Nicholas Ricci		
Street Address 172 Simmonsville Avenue			Street Address 172 Simmonsville Avenue		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Nicholas Ricci			Director Name		
Street Address 172 Simmonsville Avenue			Street Address		
City Johnston	State RI	Zip 02919	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 checked="" type="checkbox"/> 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input checked="" 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 No Par Common		

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



* 1 1 3 5 6 1 *

File Date: 4/16/04
Check No.: 2273
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: 3-15-04
Print or Type Name of Officer: Nicholas Ricci
Title of Officer: President



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 2004

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

Form with sections 1-11 including Corporate ID No, Name of Corporation, Address, Officers, Directors, and Shares Authorized/Issued.

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



* 1 1 3 5 6 1 *

FOR SECRETARY OF STATE USE ONLY
File Date: 2-27-04
Check No.: 2236
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: 2-26-04
Print or Type Name of Officer: Nicholas Ricci
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. **113561** 2. Name of Corporation **Rhode Island Property Maintenance, Inc.**
3. Street Address Principal Business Office **172 Simonsville Avenue** City **Johnston** State **RI** Zip **02919**
4. Business Phone No. **944-3712** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island
To perform maintenance work together with any and all elgal purposes consistent or inconsistent therewith.

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

President Name Nicholas Ricci	Vice President Name Nicholas Ricci
Street Address 172 Simonsville Avenue	Street Address 172 Simonsville Avenue
City Johnston State RI Zip 02919	City Johnston State RI Zip 02919

Secretary Name Same as above	Treasurer Name Same as above
Street Address Same as above	Street Address Same as above
City Johnston State RI Zip 02919	City Johnston State RI Zip 02919

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

Director Name Nicholas Ricci	Director Name
Street Address 172 Simonsville Avenue	Street Address
City Johnston, State RI Zip 02919	City State Zip

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

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 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



* 1 1 3 5 6 1 *

File Date: 4-7-03
Check No.: 1968
By: ICP

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.

Nicholas Ricci 4-1-03
Signature of Officer Date

Nicholas Ricci
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. **113561** 2. Name of Corporation **Rhode Island Property Maintenance, Inc.**
3. Street Address Principal Business Office **172 Simonsville Avenue** City **Johnston** State **RI** Zip **02919**
4. Business Phone No. **944-3712** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island
To perform maintenance work together with any and all legal purposes consistent or inconsistent

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

President Name Nicholas Ricci Street Address 172 Simonsville Avenue City Johnston State RI Zip 02919	Vice President Name Nicholas Ricci Street Address 172 Simonsville Avenue City Johnston State RI Zip 02919
---	--

Secretary Name Same as above Street Address Same as above City State Zip	Treasurer Name Same as above Street Address Same as above City State Zip
--	--

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

Director Name Nicholas Ricci Street Address 172 Simonsville Avenue City Johnston State RI Zip 02919	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
1,000 NO PAR VALUE Common

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

ISSUED SHARES
Number of Shares Class/Series 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



* 1 1 3 5 6 1 *

File Date: 1-17-02
1460
Check No.: _____
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] 1-14-02
Signature of Officer Date
Nicholas Ricci
Print or Type Name of Officer
President
Title of Officer



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. **113561** 2. Name of Corporation **Rhode Island Property Maintenance, Inc.**
3. Street Address Principal Business Office **172 SIMMONSVILLE AVENUE** City **JOHNSTON** State **RI** Zip **02919**
4. Business Phone No. 5. State of Incorporation **RHODE ISLAND** 6. SIC Code

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

TO PERFORM MAINTENANCE WORK

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

President Name NICHOLAS RICCI	Vice President Name NICHOLAS RICCI
Street Address 172 SIMMONSVILLE AVENUE	Street Address 172 SIMMONSVILLE AVENUE
City State Zip JOHNSTON RI 02919	City State Zip JOHNSTON RI 02919
Secretary Name NICHOLAS RICCI	Treasurer Name NICHOLAS RICCI
Street Address 172 SIMMONSVILLE AVENUE	Street Address 172 SIMMONSVILLE AVENUE
City State Zip JOHNSTON RI 02919	City State Zip JOHNSTON RI 02919

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

Director Name NICHOLAS RICCI	Director Name
Street Address 172 SIMMONSVILLE AVENUE	Street Address
City State Zip JOHNSTON RI 02919	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
1,000 NO PAR VALUE		

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

ISSUED SHARES	Class/Series	Par Value
1000	Common	No-Par

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



* 1 1 3 5 6 1 *

File Date: 3-22-01
Check No.: 1232
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] 3-21-01
Signature of Officer Date
President
Print or Type Name of Officer
Nicholas Ricci
Title of Officer