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)

1. Corporate ID No.	2. Name of Corporation
112363	ERNEST W. LEGAULT INC.

3. Street Address Principal Business Office	City	State	Zip
64 Phillips Hill ROAd	COVENTRY	R.I	02816

4. Business Phone No.	5. State of Incorporation	6. SIC Code
401-487-6022	RHODE ISLAND	

7. Brief Description of the Character of Business Conducted in Rhode Island
SERVE COURT PROCESS. AUd All OTHER LEGAL BUSINESS

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

President Name	Street Address	City	State	Zip
ERNEST W. LEGAULT	64 Phillips Hill Rd.	COVENTRY	R.I	02816

Vice President Name	Street Address	City	State	Zip
ERNEST W. LEGAULT	64 PhiLLips Hill Rd.	COVENTRY	R-I	02816

Secretary Name	Street Address	City	State	Zip
ERNEST W- LEGAULT	64 Phillips Hill Rd	COVENTRY	R.I	02816

Treasurer Name	Street Address	City	State	Zip
ERNEST W. LEGAULT	64 Phillips Hill Rd.	COVENTRY	RI	02816

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

Director Name	Street Address	City	State	Zip
ERNEST W. LEGAULT	64 Phillips Hill Rd.	COVENTRY	R.I	02816

Director Name	Street Address	City	State	Zip
ERNEST W. LEGAULT	64 Phillips Hill Rd.	COVENTRY	R.I	02816

Director Name	Street Address	City	State	Zip
ERNEST W. LEGAULT	64 Phillips Hill Rd.	COVENTRY	RI	02816

Director Name	Street Address	City	State	Zip
ERNEST W. LEGAULT	64 Phillips Hill Rd	COVENTRY	RI	02816

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

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

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

ISSUED SHARES		
Number of Shares	*Class/Series*	*Par Value*
160 COMM NO PAR VALUE		

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

[redacted] [redacted]

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.

Ernest W. Legault 1/4/05
Signature of Officer *Date*

ERNEST W. LEGAULT
Print or Type Name of Officer

President
Title of Officer

[redacted]

File Date 1/25/05
Check No. 4799
By: VS.
FOR SECRETARY OF STATE USE ONLY

Form 630 Rev. 12/03

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)

1. Corporate ID No.	2. Name of Corporation		
112343	ERNEST W. LEGAULT INC.		
3. Street Address Principal Business Office	City	State	Zip
64 PHILLIPS Hill Rd.	COVENTRY	R.I	02816
4. Business Phone No	5. State of Incorporation		6. SIC Code
401-487-6022	RHode ISLAND.		

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

SERVE COURT PAPERS AND ALL LEGAL BUSINESS IN RhodeISLAND.

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

President Name	Vice President Name
ERNEST W. LEGAULT	ERNEST W. LEGAULT
Street Address: 64 PhiLLips Hill Rd-	Street Address: 64 PhiLLips Hill Rd.
City: COVENTRY State: RF Zip: 02816	City: COVENTRY State: RI Zip: 02816
Secretary Name	**Treasurer Name**
ERNEST W. LEGAULT	ERNEST W. LEGAULT
Street Address: 64 PhiLLips Hill Rd-	Street Address: 64 PhiLLips Hill Rd.
City: COVENTRY State: RI Zip: 02816	City: COVENTRY State: RI Zip: 02816

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

Director Name	Director Name
ERNEST W. LEGAULT	ERNEST W. LEGAULT
Street Address: 64 PhiLLips Hill Rd.	Street Address: 64 PhiLLips Hill Rd.
City: COVENTRY State: RI Zip: 02816	City: COVENTRY State: R.I Zip: 02816
Director Name	**Director Name**
ERNEST W. LEGAULT	ERNEST W. LEGAULT
Street Address: 64 PhiLLips Hill Rd-	Street Address: 64 PhiLLips Hill Rd
City: COVENTRY State: R.I Zip: 02816	City: COVENTRY State: RI Zip: 02816

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
100 NO PAR VALUE.			NONE		

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

[redacted] [redacted]

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.

Ernest W Legault 3-1-04
Signature of Officer *Date*

ERNEST W. LEGAULT
Print or Type Name of Officer

President
Title of Officer

[redacted]

File Date	FILED
Check No.	APR 12 2004
By:	By m27438

FOR SECRETARY OF STATE USE ONLY

Form 630 Rev. 12/03

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

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 2003

Filing Period: January 1–March 1 • Filing Fee: $50.00

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.: 112363
2. Name of Corporation: ERNEST W. LEGAULT INC.
3. Street Address Principal Business Office: 64 PHILLIPS Hill Rd. — City: COVENTRY — State: RI — Zip: 02816
4. Business Phone No.: 401-487-6022
5. State of Incorporation: RHODE ISLAND
6. SIC Code: 7914
7. Brief Description of the Character of Business Conducted in Rhode Island: SERVE COURT PAPERS AND ALL LEGAL BUSINESS.

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

President Name: ERNEST W. LEGAULT
Street Address: 64 PHILLIPS Hill Rd.
City: COVENTRY — State: RI — Zip: 02816

Vice President Name: ERNEST W. LEGAULT
Street Address: 64 PHILLIPS HILL RD
City: COVENTRY — State: RI — Zip: 02816

Secretary Name: ERNEST W. LEGAULT
Street Address: 64 PHILLIPS Hill Rd
City: COVENTRY — State: RI — Zip: 02816

Treasurer Name: ERNEST W. LEGAULT
Street Address: 64 PHILLIPS Hill Rd
City: COVENTRY — State: RI — Zip: 02816

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

Director Name: ERNEST W. LEGAULT
Street Address: 64 PHILLIPS Hill Rd.
City: COVENTRY — State: RI — Zip: 02816

Director Name: ERNEST W. LEGAULT
Street Address: 64 PHILLIPS HILL RD
City: COVENTRY — State: RI — Zip: 02816

Director Name: ERNEST W. LEGAULT
Street Address: 64 PHILLIPS Hill Rd
City: COVENTRY — State: RI — Zip: 02816

Director Name: ERNEST W. LEGAULT
Street Address: 64 PHILLIPS Hill Rd
City: COVENTRY — State: RI — Zip: 02816

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

AUTHORIZED SHARES

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

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
NONE.		

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

[redacted]

* 1 1 2 3 6 3 *

File Date: 4-18-03

Check No.: 1906

By: MP

FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

Ernest W Legault 3-1-03
Signature of Officer *Date*

~~President~~ ERNEST W. LEGAULT
Print or Type Name of Officer

President
Title of Officer

5

Form 630 12/02

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

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 • Filing Fee: $50.00

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.: 112363
2. Name of Corporation: ERNEST W. LEGAULT INC.
3. Street Address Principal Business Office: 64 PHILLIPS Hill Rd — City: COVENTRY — State: RI — Zip: 02816
4. Business Phone No.: 401-487-6022
5. State of Incorporation: RHODE ISLAND
6. SIC Code: 7617
7. Brief Description of the Character of Business Conducted in Rhode Island: SERVE COURT PROCESS, INVESTIGATIONS ALL LEGAL BUSINESS

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

President Name: ERNEST W. LEGAULT	Vice President Name: ERNEST W. LEGAULT
Street Address: 64 PHILLIPS Hill Rd.	Street Address: 64 PHILLIPS HILL ROAD
City: COVENTRY State: RI Zip: 02816	City: COVENTRY State: RI Zip: 02816
Secretary Name: ERNEST W. LEGAULT	Treasurer Name: ERNEST W. LEGAULT
Street Address: 64 PHILLIPS Hill Rd	Street Address: 64 PHILLIPS Hill Rd
City: COVENTRY State: RI Zip: 02816	City: COVENTRY State: RI Zip: 02816

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	City State Zip

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
100 COMM NO PAR VALUE		~~NONE~~

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
NINE		

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

* 1 1 2 3 6 3 *

File Date: 1-2-02

Check No.: 1440

By: AMF

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.

Ernest W Legault 2-1-02
Signature of Officer *Date*

~~PRESIDENT~~ ERNEST W. LEGAULT
Print or Type Name of Officer

president
Title of Officer

Form 630 12/01

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

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

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.: 112363
2. Name of Corporation: ERNEST W. LEGAULT INC.

3. Street Address Principal Business Office: 64 Phillips Hill Rd. | City: Coventry | State: RI | Zip: 02816
4. Business Phone No.: 401-487-6022
5. State of Incorporation: RHODE ISLAND
6. SIC Code:
7. Brief Description of the Character of Business Conducted in Rhode Island: TO SERVE COURT PROCESS AND LEGAL BUSINESS IN RI

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

President Name: ERNEST W. LEGAULT	Vice President Name: ERNEST W. LEGAULT
Street Address: 64 PHILLIPS HILL RD	Street Address: 64 PHILLIPS HILL RD.
City: COVENTRY State: RI Zip: 02816	City: COVENTRY State: RI Zip: 02816
Secretary Name: ERNEST W. LEGAULT	Treasurer Name: ERNEST W. LEGAULT
Street Address: 64 PHILLIPS HILL RD	Street Address: 64 PHILLIPS HILL RD.
City: COVENTRY State: RI Zip: 02816	City: COVENTRY State: RI Zip: 02816

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

Director Name: ERNEST W. LEGAULT	Director Name:
Street Address: 64 PHILLIPS HILL RD.	Street Address:
City: COVENTRY State: RI Zip: 02816	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 100 COMMON NO PAR VALUE

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

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

ISSUED SHARES 100 COMMON NO PAR VALUE

Number of Shares	Class/Series	Par Value

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

*112363

File Date: 4-10-01

Check No.: 1062

By: C

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.

Ernest W Legault 2-23-01
Signature of Officer *Date*

ERNEST W. LEGAULT 2-23-01
Print or Type Name of Officer

President
Title of Officer

Form 630 12/00