



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 IN BLACK)

1 Corporate ID No 57265		2 Name of Corporation JOSEPH PASSARETTI, CPA, INC.			
3 Street Address Principal Business Office 357 PUTNAM PIKE			City SMITHFIELD	State RI	Zip 02917
4 Business Phone No. 4012314022		5 State of Incorporation RHODE ISLAND			6 SIC Code 7658
7 Brief Description of the Character of Business Conducted in Rhode Island ACCOUNTING AND TAX					
OFFICERS AND DIRECTORS					
President Name Joseph Passaretti			Vice President Name Joseph Passaretti		
Street Address 357 Putnam Pike			Street Address 357 Putnam Pike		
City Smithfield	State RI	Zip 02917	City Smithfield	State RI	Zip 02917
Secretary Name Joseph Passaretti			Treasurer Name Joseph Passaretti		
Street Address 357 Putnam Pike			Street Address 357 Putnam Pike		
City Smithfield	State RI	Zip 02917	City Smithfield	State RI	Zip 02917
ADDITIONAL OFFICERS AND DIRECTORS					
Director Name Joseph Passaretti			Director Name Joseph Passaretti		
Street Address 357 Putnam Pike			Street Address 357 Putnam Pike		
City Smithfield	State RI	Zip 02917	City Smithfield	State RI	Zip 02917
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
SHARES					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 COMM NO 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



5 7 2 6 5

57265 DBC 01/04/05 02:21:27 PM

File Date **FILED**

Check No **MAR 07 2005**

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 *[Date]*

JOSEPH PASSARETTI

Print or Type Name of Officer

President

Title of Officer



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 IN BLACK)

1. Corporate ID No. 57265		2. Name of Corporation JOSEPH PASSARETTI, CPA, INC.			
3. Street Address Principal Business Office 357 PUTNAM PIKE		City SMITHFIELD	State RI	Zip 02917	
4. Business Phone No. 4012314022		5. State of Incorporation RHODE ISLAND		6. SIC Code 7658	
7. Brief Description of the Character of Business Conducted in Rhode Island ACCOUNTING AND TAX					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Joseph Passaretti		Vice President Name Joseph Passaretti			
Street Address 357 Putnam Pike		Street Address 357 Putnam Pike			
City Smithfield	State RI	Zip 02917	City Smithfield	State RI	Zip 02917
Secretary Name Joseph Passaretti		Treasurer Name Joseph Passaretti			
Street Address 357 Putnam Pike		Street Address 357 Putnam Pike			
City Smithfield	State RI	Zip 02917	City Smithfield	State RI	Zip 02917
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Joseph Passaretti		Director Name			
Street Address 357 Putnam Pike		Street Address			
City Smithfield	State RI	Zip 02917	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	Number of Shares	Class/Series	Par Value	
1000		1000	Common	No Par	

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



5 7 2 6 5

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: Joseph Passaretti Date: 12/29/03
Print or Type Name of Officer: Joseph Passaretti
Title of Officer: President

57265 DBC 12/29/03 03:56:13 PM

File Date: 12/31/03

Check No.: 7134

By: [Signature]

FOR SECRETARY OF STATE USE ONLY



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 2003

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. *57265*		2. Name of Corporation JOSEPH PASSARETTI, CPA, INC.			
3. Street Address Principal Business Office 357 PUTNAM PIKE		City SMITHFIELD	State RI	Zip 02917	
4. Business Phone No. 4012314022		5. State of Incorporation RHODE ISLAND		6. SIC Code 7658	
7. Brief Description of the Character of Business Conducted in Rhode Island ACCOUNTING AND TAX					
8. NAMES AND ADDRESSES OF THE OFFICERS (X BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Joseph Passaretti			Vice President Name Joseph Passaretti		
Street Address 357 Putnam Pike			Street Address 357 Putnam Pike		
City Smithfield	State RI	Zip 02917	City Smithfield	State RI	Zip 02917
Secretary Name Joseph Passaretti			Treasurer Name Joseph Passaretti		
Street Address 357 Putnam Pike			Street Address 357 Putnam Pike		
City Smithfield	State RI	Zip 02917	City Smithfield	State RI	Zip 02917
9. NAMES AND ADDRESSES OF THE DIRECTORS (X BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Joseph Passaretti			Director Name		
Street Address 357 Putnam Pike			Street Address		
City Smithfield	State RI	Zip 02917	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 COMM NO PAR VALUE			500	Common	No Par Value

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



* 5 7 2 6 5 *

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 Date 1/25/03

Joseph Passaretti
Print or Type Name of Officer

President
Title of Officer

57265 DBC1/25/031 52:23 PM

File Date 1/30/03

Check No. 6879

By UP

FOR SECRETARY OF STATE USE ONLY



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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

57265

2. Name of Corporation

JOSEPH PASSARETTI, CPA, INC.

3. Street Address Principal Business Office

357 PUTNAM PIKE

City

SMITHFIELD

State

RI

Zip

02917

4. Business Phone No.

5. State of Incorporation

401-231-4022

RHODE ISLAND

6. SIC Code

7658

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

ACCOUNTING + TAXES

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

President Name

JOSEPH PASSARETTI

Street Address

357 PUTNAM PIKE

City

SMITHFIELD

State

RI

Zip

02917

Secretary Name

JOSEPH PASSARETTI

Street Address

357 PUTNAM PIKE

City

SMITHFIELD

State

RI

Zip

02917

Vice President Name

JOSEPH PASSARETTI

Street Address

357 PUTNAM PIKE

City

SMITHFIELD

State

RI

Zip

02917

Treasurer Name

JOSEPH PASSARETTI

Street Address

357 PUTNAM PIKE

City

SMITHFIELD

State

RI

Zip

02917

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

Director Name

JOSEPH PASSARETTI

Street Address

357 PUTNAM PIKE

City

SMITHFIELD

State

RI

Zip

02917

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 COMM NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

500

COMMON

NO PAR

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



* 5 7 2 6 5 *

File Date

1-22-02

Check No.

6583

By

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

Date

JOSEPH PASSARETTI

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. 57265		2. Name of Corporation JOSEPH PASSARETTI, CPA, INC.			
3. Street Address Principal Business Office 357 PUTNAM PIKE		City SMITHFIELD		State RI	Zip 02917
4. Business Phone No. 401-231-4022		5. State of Incorporation Rhode Island			6. SIC Code 7658
7. Brief Description of the Character of Business Conducted in Rhode Island Accounting and Tax					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Joseph Passaretti			Vice President Name Joseph Passaretti		
Street Address 36 Connors Farm Drive			Street Address 36 Connors Farm Drive		
City Smithfield	State RI	Zip 02917	City Smithfield	State RI	Zip 02917
Secretary Name Joseph Passaretti			Treasurer Name Joseph Passaretti		
Street Address 36 Connors Farm Drive			Street Address 36 Connors Farm Drive		
City Smithfield	State RI	Zip 02917	City Smithfield	State RI	Zip 02917
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Joseph Passaretti			Director Name		
Street Address 36 Connors Farm Drive			Street Address		
City Smithfield	State RI	Zip 02917	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
1000 Common	No Par Value		500	Common	No Par Value

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

FILED	
File Date:	JAN 24 2001
Check No.:	
By:	66301
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: _____ Date: 01/21/01
Print or Type Name of Officer: Joseph Passaretti
Title of Officer: President



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

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 2000

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **57265** 2. Name of Corporation **JOSEPH PASSARETTI, CPA, INC.**
3. Street Address Principal Business Office **357 PUTNAM PIKE** City **SMITHFIELD** State **RI** Zip **02917**
4. Business Phone No. **401-231-4022** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7658**

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

ACCOUNTING & TAXES

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

President Name

JOSEPH PASSARETTI

Street Address

36 CONNORS FARM DRIVE
City **SMITHFIELD** State **RI** Zip **02917**

Secretary Name

JOSEPH PASSARETTI

Street Address

36 CONNORS FARM DRIVE
City **SMITHFIELD** State **RI** Zip **02917**

Vice President Name

JOSEPH PASSARETTI

Street Address

36 CONNORS FARM DRIVE
City **SMITHFIELD** State **RI** Zip **02917**

Treasurer Name

JOSEPH PASSARETTI

Street Address

36 CONNORS FARM DRIVE
City **SMITHFIELD** State **RI** Zip **02917**

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

Director Name

JOSEPH PASSARETTI

Street Address

36 CONNORS FARM DRIVE
City **SMITHFIELD** State **RI** Zip **02917**

Director Name

JOSEPH PASSARETTI

Street Address

36 CONNORS FARM DRIVE
City **SMITHFIELD** State **RI** Zip **02917**

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 SHS COM NO PAR VAL

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

ISSUED SHARES

Number of Shares Class/Series Par Value

500 COMMON NO PAR

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



* 5 7 2 6 5 *

File Date: **1/28/00**

Check No.: **6020**

By: **JP**

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 **Joseph Passaretti** Date **1/6/2000**

Print or Type Name of Officer **JOSEPH PASSARETTI**

Title of Officer **PRESIDENT**



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

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 57265	2. Name of Corporation JOSEPH PASSARETTI, CPA, INC.
3. Street Address Principal Business Office 357 PUTNAM AVE	City SMITHFIELD State RI
4. Business Phone No. 401-231-4022	5. State of Incorporation RHODE ISLAND
6. SIC Code 7658	

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

ACCOUNTING & TAX

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

President Name JOSEPH PASSARETTI	Vice President Name JOSEPH PASSARETTI
Street Address 36 CONNORS FARM DRIVE	Street Address 36 CONNORS FARM DRIVE
City SMITHFIELD State RI Zip 02917	City SMITHFIELD State RI Zip 02917
Secretary Name JOSEPH PASSARETTI	Treasurer Name JOSEPH PASSARETTI
Street Address 36 CONNORS FARM DRIVE	Street Address 357 PUTNAM AVE
City SMITHFIELD State RI Zip 02917	City SMITHFIELD State RI Zip 02917

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

Director Name JOSEPH PASSARETTI	Director Name
Street Address 36 CONNORS FARM DRIVE	Street Address
City SMITHFIELD State RI Zip 02917	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 SHS COM NO PAR VAL		

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

ISSUED SHARES	Class/Series	Par Value
1000 SHS COM	COMMON	NO PAR

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



* 5 7 2 6 5 *

File Date 1/14/99
Check No. 5369
By COM TV

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 Joseph Passaretti Date 1/14/99
Print or Type Name of Officer JOSEPH PASSARETTI
Title of Officer President



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

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 **1998**

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **57285** 2. Name of Corporation **JOSEPH PASSARETTI, CPA, INC.**

3. Street Address Principal Business Office

357 DUTHAM PIKE

City

SMITHFIELD

State

RI

Zip

02917

4. Business Phone No.

401-231-4022

5. State of Incorporation
RHODE ISLAND

6. SIC Code
7658

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

ACCOUNTING AND TAX PREPARATION

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name

JOSEPH PASSARETTI

Street Address

36 CONNORS FARM DRIVE

City

SMITHFIELD

State

RI

Zip

02917

Vice President Name

JOSEPH PASSARETTI

Street Address

36 CONNORS FARM DRIVE

City

SMITHFIELD

State

RI

Zip

02917

Secretary Name

JOSEPH PASSARETTI

Street Address

36 CONNORS FARM DRIVE

City

SMITHFIELD

State

RI

Zip

02917

Treasurer Name

JOSEPH PASSARETTI

Street Address

36 CONNORS FARM DRIVE

City

SMITHFIELD

State

RI

Zip

02917

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name

JOSEPH PASSARETTI

Street Address

36 CONNORS FARM DRIVE

City

SMITHFIELD

State

RI

Zip

02917

Director Name

Street Address

City

State

Zip

Director Name

Street Address

City

State

Zip

Street Address

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

1,000 SHS COM NO PAR VAL

NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

1,000

COMMON

NO PAR VALUE

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



* 5 7 2 6 5 *

File Date: **2/26**

Check No: **5130**

By: **KLB**

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.

Joseph Passaretti **12/18/97**
Signature of Officer Date

JOSEPH PASSARETTI
Print or Type Name of Officer

PRESIDENT
Title of Officer



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

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



PROFIT CORPORATION ANNUAL REPORT 1997

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

57265

2. Name of Corporation

JOSEPH PASSARETTI, CPA, INC.

3. Street Address Principal Business Office

357 PUTNAM PIKE

City

SMITHFIELD

State

RI

Zip

02917

4. Business Phone No.

401-231-4022

5. State of Incorporation

RHODE ISLAND

6. SIC Code

7658

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

PUBLIC ACCOUNTING

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name

JOSEPH PASSARETTI

Vice President Name

Same

Street Address

Street Address

357 PUTNAM PIKE

City

State

Zip

SMITHFIELD

RI

02917

City

State

Zip

Secretary Name

Same

Treasurer Name

Same

Street Address

Street Address

City

State

Zip

City

State

Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name

JOSEPH PASSARETTI

Director Name

Same

Street Address

Street Address

357 PUTNAM PIKE

City

State

Zip

SMITHFIELD

RI

02917

City

State

Zip

Director Name

Same

Director Name

Same

Street Address

Street Address

City

State

Zip

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

1,000 SHS COM NO PAR VAL

ISSUED SHARES

Number of Shares

Class/Series

Par Value

1,000

Common

NO PAR VAL

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



* 5 7 2 6 5 *

File Date: 5/27/97

Check No.: 1311

By: GAB

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

Date

Print or Type Name of Officer

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 PRINT IN BLACK INK.

1. CORPORATE ID NO 57265		2. NAME OF CORPORATION JOSEPH PASSARETTI, CPA, INC.	
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 357 PUTNAM AVE		CITY SMITHFIELD	STATE RI
4. BUSINESS PHONE NO. 401-231-4022		5. STATE OF INCORPORATION RHODE ISLAND	6. SIC CODE 7658
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND CPA FIRM			

8. NAMES AND ADDRESSES OF THE OFFICERS			
PRESIDENT NAME JOSEPH PASSARETTI		VICE PRESIDENT NAME SAMU	
STREET ADDRESS PO BOX 17228		STREET ADDRESS	
CITY ESMOND	STATE RI	ZIP CODE 02917	
SECRETARY NAME SAMU		TREASURER NAME SAMU	
STREET ADDRESS		STREET ADDRESS	
CITY	STATE	ZIP CODE	

9. NAMES AND ADDRESSES OF THE DIRECTORS			
DIRECTOR NAME SAMU		DIRECTOR NAME	
STREET ADDRESS		STREET ADDRESS	
CITY	STATE	ZIP CODE	
DIRECTOR NAME		DIRECTOR NAME	
STREET ADDRESS		STREET ADDRESS	
CITY	STATE	ZIP CODE	

10. SHARES AUTHORIZED AND ISSUED					
AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
1,000 SHS COM	NO PAR VAL		1,000 SHARS	common	no pa

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.

File Date: 4-3-96
Check No: 5063
By:
For Secretary of State Use Only

Signature of Officer

JOSEPH PASSARETTI
Print or Type Name of Officer

PA57
Title of Officer

3/1/96
Date

DETACH BOTTOM BEFORE RETURNING

FORM 21-1006

ANNUAL REPORT

Please Type or Print
File Annually - Jan. 1 - March
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: 0057265

Annual Report for the year: 1995

Name of Corporation: JOSEPH PASSARETTI, CPA, INC.

Business entity organized under the laws of the State of: RHODE ISLAND

For foreign entity, address and telephone number of principal office:

Business Entity is (check one).

☒ Business Corporation (See RIGL Chapter 7-1.1)

☐ Professional Service Corporation (See RIGL Chapter 7-5.1)

Phone: ()

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

357 PUTNAM PIKE
SMITHFIELD, RI 02917

Brief statement of the character of business conducted in Rhode Island:

PRACTICE OF PUBLIC ACCOUNTING,
PREPARATION OF INDIVIDUAL, ESTATE
AND CORPORATION TAX RETURNS
AND PLANNING.

Phone: (401) 231-4022

THE NAMES OF THE OFFICERS ARE:

PRESIDENT STREET ADDRESS CITY/STATE ZIP CODE

JOSEPH PASSARETTI 36 CONNORS FARM DRIVE SMITHFIELD, RI 02917

VICE PRESIDENT STREET ADDRESS CITY/STATE ZIP CODE

SECRETARY STREET ADDRESS CITY/STATE ZIP CODE

TREASURER STREET ADDRESS CITY/STATE ZIP CODE

THE NAMES OF THE DIRECTORS ARE:

NAME STREET ADDRESS CITY/STATE ZIP CODE

NAME STREET ADDRESS CITY/STATE ZIP CODE

NAME STREET ADDRESS CITY/STATE ZIP CODE

NUMBER OF SHARES AUTHORIZED (Rider may be attached)

Number of Shares

Class / Series

1000

COMMON

NO PAR VALUE

NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)

Number of Shares

Class / Series

1000

COMMON

NO PAR VALUE

Date FEBRUARY 14, 1995

By:

JOSEPH PASSARETTI

PRINT OR TYPE NAME OF OFFICER SIGNING

TITLE OF OFFICER SIGNING

PRESIDENT

Form 31 1-95

DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:

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

JOSEPH PASSARETTI
303 A PUTNAM PIKE
SMITHFIELD RI 02917

FILED

MAY 12, 1995

By CC 00954

Filing Fee \$50.00
Payable to:
Secretary of State

PLEASE TYPE or PRINT
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

File Annually
I.L.C. Sept. 1 - Nov. 1
CORP. Jan. 1 - March

Corporate ID: 0057255 Annual Report for the year: 1994

Name of Business Entity: JOSEPH PASSARETTI, CPA, INC.

Business entity organized under the laws of the State of: RI

Federal Taxpayer Identification Number: [REDACTED]

For foreign entity, address and telephone number of principal office:

Phone: (401) 231-4022

Address and telephone of the principal office of business entity in Rhode Island (provide street address - Not P.O. Box):

357 PUTNAM PIKE

SMITHFIELD, RI 02917

Phone: (401) 231-4022

Business Entity is (check one):

- ☒ Business Corporation (See RIGL Chapter 7-1.1)
☐ Professional Service Corporation (See RIGL Chapter 7-5.1)
☐ Limited Liability Company (See RIGL 7-16)

Name, title and mailing address of contact person to whom communications may be directed:

Joseph Passaretti
357 PUTNAM PIKE
SMITHFIELD, RI 02917

Brief statement of the character of business conducted in Rhode Island:

PUBLIC ACCOUNTING

Date of Organization: 9/89 9/1/89 CO

Date of Qualification to do business in Rhode Island (if foreign entity):

THE NAMES OF THE OFFICERS ARE:

OFFICE	NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<input checked="" type="checkbox"/> CHIEF EXECUTIVE OFFICER OR <input checked="" type="checkbox"/> PRESIDENT (Check One)	Joseph Passaretti	P.O. BOX 17228	ESMOND, RI	02917
<input type="checkbox"/> CHIEF OPERATING OFFICER OR <input type="checkbox"/> VICE PRESIDENT (Check One)	11	11	11	11
<input type="checkbox"/> CUSTODIAN OF RECORDS OR <input type="checkbox"/> SECRETARY (Check One)	11	11	11	11
<input type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input checked="" type="checkbox"/> TREASURER (Check One)	11	11	11	11

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED (If Applicable)

NUMBER 1000

CLASS common

SERIES

PAR VALUE OR WITHOUT PAR NO PAR VALUE

NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)

NUMBER 100

CLASS common

SERIES

PAR VALUE OR WITHOUT PAR NO PAR VALUE

Date 2/25 1994

FILED

MAR 01 1994

By W-585

By: [Signature]

JOSEPH PASSARETTI

PRINT OR TYPE NAME OF OFFICER SIGNING

PRESIDENT

TITLE OF OFFICER SIGNING

Filing Fee \$50.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0057265 Annual Report for the year 1993

FIRST: The name of the corporation is JOSEPH PASSARETTI, CPA, INC.

SECOND: It is incorporated under the laws of RHODE ISLAND

THIRD: Character of business, briefly stated, is Accounting and Tax Planning & Preparation.

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 303A Putnam Pike, Esmond, RI 002917

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
Joseph Passaretti	President	113 Scenery Lane, Johnston, RI 02919
Joseph Passaretti	Vice President	113 Scenery Lane, Johnston, RI 02919
Joseph Passaretti	Secretary	113 Scenery Lane, Johnston, RI 02919
Joseph Passaretti	Treasurer	113 Scenery Lane, Johnston, RI 02919

SEVENTH: Number of Shares authorized:

1000 No. of Shares Class
Common

Par Value
or statement that
shares are without
par value
NO PAR VALUE

EIGHTH: Number of Shares issued:

500 No. of Shares Class
Common

Par Value
or statement that
shares are without
par value
NO PAR VALUE

Dated FEBRUARY 15, 1993 19

Joseph Passaretti, CPA, Inc.

(Name of Corporation)

By

Title

(Report must be signed by an officer)

Filing Fee \$50.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

VF 1381

Corporate ID 5765 Annual Report for the year 1992

FIRST: The name of the corporation is JOSEPH PASSARETTI, CPA, INC.

SECOND: It is incorporated under the laws of the State of Rhode Island

THIRD: Character of business, briefly stated, is to perform accounting and tax preparation services and all other related activities.

FOURTH: If foreign corporation, address of its principal office n/a

FIFTH: Business address in Rhode Island 303 A Putnam Pike, Smithfield, RI 02917

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name Office Address (including number, street, zip code)

.....	Director
.....	Director
.....	Director
Joseph Passaretti	President	113 Scenery Lane, Johnston, RI 02919
.....	Vice President
.....	Secretary
Joseph Passaretti	Treasurer	113 Scenery Lane, Johnston, RI 02917

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1000	common	PAID	no par

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	common	SEC'Y OF STATE	no par

Dated 2/27 19 92

JOSEPH PASSARETTI, CPA, INC.
(Name of Corporation)

By [Signature]
Title Treasurer

(Report must be signed by an officer)

Filing Fee \$50.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0057255 Annual Report for the year 1991

FIRST: The name of the corporation is JOSEPH PASSARETTI, CPA, INC.

SECOND: It is incorporated under the laws of RHODE ISLAND

THIRD: Character of business, briefly stated, is CERTIFIED PUBLIC ACCOUNTANT

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 1845 SMITH STREET, W. PROV., RI
02911

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
<u>Joseph Passaretti</u>	<u>Director</u>	<u>113 SCENEZ LANE, DUNSTON, RI 02999</u>
	<u>Director</u>	
	<u>Director</u>	
	<u>President</u>	
	<u>Vice President</u>	
	<u>Secretary</u>	
	<u>Treasurer</u>	

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>100</u>	<u>COMMON</u>		<u>✓</u>

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
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Dated 1/30/91 19

Joseph Passaretti, CPA, Inc.
(Name of Corporation)

By [Signature]

Title President

(Report must be signed by an officer)

Filing Fee \$15.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0087255 Annual Report for the year 1990

FIRST: The name of the corporation is JOSEPH PASSARETTI, CPA, INC.

SECOND: It is incorporated under the laws of RHODE ISLAND

THIRD: Character of business, briefly stated, is PUBLIC ACCOUNTANT

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 1845 SMITH STREET, NORTH PROVIDENCE, RI 02911

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name

Office

Address (including number, street, zip code)

Director

Director

Director

JOSEPH PASSARETTI

President

113 SCENERY LANE, JOHNSTON, RI 02917

Vice President

Secretary

Treasurer

SEVENTH: Number of Shares authorized:

No. of Shares

Class

Series

Par Value
or statement that
shares are without
par value

100

COMMON

PAID

NO PAR

EIGHTH: Number of Shares issued:

No. of Shares

Class

MAR 14 1990
COMMON

Par Value
or statement that
shares are without
par value

100

COMMON

NO PAR

Dated 3/14 1990

JOSEPH PASSARETTI, CPA, INC.
(Name of Corporation)

By JOSEPH PASSARETTI

Title PRESIDENT

(Report must be signed by an officer)