

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 Few. \$50.00

FORM MUST BE TYPED		•			
I Corporate ID No 57265		^{ation} SSARETTI, CPA, INC	C .		
3. Street Address Principal			City	State	Zip
357 PUTNAM PIK 4. Business Phone No.	E		SMITHFIELD	RI	02917
4. Business Phone No. 4012314022		5 State of Incorporation			6. SIC Code
7 Brief Description of the	Character of Business Conc	RHODE ISLAN fucted in Rhode Island	υ ···········	·	7658
ACCOUNTING AND T					
President Name	recently applications			C Salkoneugnigos	
Joseph Passare	tti		.Vice President Name - Joseph Passaret	t.i	
Street Address			* Street Address		
357 Putnam Pike	e		.357 Putnam Pike		
Cay	State	Zip	City	State	Zip
Smithfield -	RI	02917	· Smithfield	RI	02917
Secretary Name	• • • • • • • • • • •	• • • • • • • • • • •	Treasurer Name		
Joseph Passaret	tti		Joseph Passaret	t i	
Street Address			* Street Address		
357 Putnam Pike	9		.357 Putnam Pike		
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Director Name	•		Director Name	- •	
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Street Address	_		Street Address		
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City Smithfield	State	Zip 02917	·City	State	Z ₁ p
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Director Name			* Director Name		•
Street Address	·· - ··		*Street Address		
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inis report must be s	signed in ink by eithe	r the President, Vice	President, Secretary, Assis	tant Secretary, Treasure	r, Receiver or Trust
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5 7	2 6 5		Linder penalty of per	iury. I declare and affirm tha	t I have examined

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

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

DSFN+1 NO 5.5 GMC771
Print or Type Name of Officer

Dusidon 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 2004

FORM MUST BE TYPED I. Corporate ID No.	IN BLACK) 2. Name of Cor	morution			* *****
57265		PASSARETTI, CPA, II	NC.		
3. Street Address Principal			City	Stute	Ζφ
357 PUTNAM PIK			SMITHFIELD	RI	02917
4. Business Phone No.	**************	5 Sea: of Incorpore	ation	***************************************	6. SIC Code
4012314022		KHODE ISLA	ND		7658
7. Brief Description of the ACCOUNTING AND T		Sonducted in Rhode Island		Control of the contro	
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Cury	State	Ziji	Ciry	State	Zip
Smithfield	RI	02017	Smithfield	RI	02917
Secretary Name			Tréasurer Name		
Joseph Passaret	[[]		Joseph Passaret	L1	
Street Address	_		Street Address		
357 Putnam Pike			,357 Putnam Pike		
City Cmithfield	State	79 ::::::::::::::::::::::::::::::::::::	'City	State	Ζφ 02917
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9. NAMES AND ADD Director Name	RESSES OF THE D	HRECIST TO BOX FO	OR ATTACHMENT) TRLE IN I	ipaces before using	ATTACHMENTS
Joseph Passare	tti				***************************************
Street Address			Street Address		
357 Putnam Pike	e 	\$4\$\$4 \$ 4\$\$		**-**-*****	»»»»
City	State		City	State	Zip
Smithfield	RI	· · · · · · · · · · · · · · · · · · ·			
Director Name			Director Name		
Street Address			Street Address	V	the Control of the Co
City	State	7,	.Cirv	State	Zip
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This report must be :	signed in ink by e	ither the Englant, Vic	e President, Secretary, Assi	stant Secretary, Treas	urer, Receiver or Tru
B B	NO NECE ENDI DI				
5 7	2 6 5		Under penalty of pe	rjury, I declare and affirm	that I have examined
				g any accompanying scho	
*57265 DBC 12/2	2/03 03 56-13 DM	•		nts contained herein are to	
12/2	103 00.00. to PM		1 -	2 🐱	13/20/113
File Due	101		preselle	makelle _	19/03
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By:			Print or Type Name o	f Officer	
			Traind.		
FOR SECRETARY OF S	TATE USE ONLY		Title of Officer	<u>-^-</u>	: Form 630

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 I	IN BLACK)					
1 Corporate ID No	2 Nume of Con	poration	nda mba tambing ng ning nanag nagaran ng nina ng mpinapagan nagaya n	•	**************************************	
57265		PASSARETTI, CPA, I	NC;		•	
3. Street Address Principal E		***************************************	Cin	State	Zip	
357 PUTNAM PIKE			SMITHFIELD	RI	02917	
4 Business Phone No		5. State of Incorpor	ation	•••••••••••••••••••••••	6. SIC Code	
4012314022		RHODE ISLA	ND		7658	
7. Brief Description of the CACCOUNTING AND TA	haracter of Business C X	Conducted in Rhode Island		•••••••••••••••••		
President Name		FFICERS CX-BOX FOR	ATTACIOLENTI D FRA. WAI	***************************************	TTACHMENTS	
Joseph Passaret	ti		Joseph Passare	tti		
Street Address			Street Address			
357 Putnam Pike			357 Putnam Pik	e		
City	State	Zip	City	State	Žip	
Smithfield	RI	02917	Smithfield	RI	02917	
Secretary Name			Tréasurer Name			
Joseph Passaret			Joseph Passaret	Eti	***************************************	
Street Address				Street Address		
357 Putnam Pike		ereddeen erreggeren maart maggegereger ge	,357 Putnam Pike	2 ,,,,		
City	State	Zip	Cip	State	Zip	
Smithfield	RI	02917	. Smithfield	RI	02917	
9, NAMES AND ADDR Director Name	lesses of the d	IRECTORS ("X" BOX F	OR ATTACHMENT) THE TILL IN	SPACES BEFORE USING	ATEACHMENTS	
Joseph Passaret	ti		•			
Street Address			Street Address	***************************************	***************************************	
357 Putnam Pike			•		l.	
Crty	State	Zip	·Cin	State	Zıp	
Smithfield	RI	02917	•	,		
Director Name	*****	* * * * * * * * * * * * * * *	Director Name		****	
Street Address		#	Street Address		**************************************	
Ciry	State	Zip	,City	State	Ζip	
10. SHARES AUTHOR	uzed éxtbox p	ож агтасимбала 🔲	D. BHARFS ISSUED (*	C BOX FOR ATTACHME	₩	
AUTHORIZED SHARES Number of Shares		D 1/.t.	ISSUED SHARES			
; manner of shares	Class/Series	Par Value	: Number of Shares	Class/Series	Par Value	
1,000 COMM NO PA	R VALUE		500	Common	No Par Value	
This report must be sig	gn ed in ink by ei	ther the President, Vic	e President, Secretary, Assi	istant Secretary, Treas	urer, Receiver or Trustee	
1 100101 01014	 86 8 8 8 8					

57265 DBC1/25/031 52:23 PM

File Date 30.03

Check No. 0879

By. 0

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
Print or Type Name of Officer

President

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

STOP PHASE KTAD INSTRUCTIONS

riling Perioa: Januar	y 1-March 1 •	Filing Fee: 350.00			INSTR
FORM MUST BE TYPED IN BL	ACK)				
Corporate ID No.	2 Name of Corporal	tion	•		
57265	JOSEPH PAS	SSARETTI, CPA, INC.			
Street Address Principal Busines			City	State	Zip
357 PUTHAIN	PIKE		SmiTHFIECO	RI	G2917
Business Phone No.		5 State of Incorporation			6. SIC Code
401-231-4	955	RHODE ISLAND			7658
Brief Description of the Characte	er of Business Conducted ii	n Rhode Island			
ACCOUNTI	16 + m	fx ES			
B. NAMES AND ADDRES	SSES OF THE OFFI	CERS ("X" BOX FOR ATTACE	IMENT) FILL IN SPACES BEF	ORE USING ATTACH	MENTS
resident Name		Oliko v n. Dok Tok ni ma	Vice President Name		
JOSEPH PA.	C (A = 5 - 2 - 2		JOSEPH A	40 CANETT	<i>;</i>
treet Address	337746777		Carrie Caldenia		
357 PUTNOR	10 Pine.	2	257 FUTNACE	Pi 10-2	
		Zip			Zio
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ecretary Name	, , , , , , , , , , , , , , , , , , , ,	OB 47	Treasurer Name		0 - 47
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JOSEPH PA	SSAM TT		0036 // / // 5	SHACE	•
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351 DUTNAMI	PARE	_			_
	State	82917	City Suntaite Com	State	029 9/7
MITHELD		•		·	
	SSES OF THE DIRE	CTORS ("X" BOX FOR ATTA		EFORE USING ATTAC	HMENTS
Orrector Name			Director Name		
TOSEPH PASS	AKETT				
treet Address	4		Street Address		
מתם לתילעות ל בב	Vice				
ity –	State	Zip	City	State	Zip
357 PUTNAM	Z	02917		•	
rector Name			Director Name		
treet Address			Street Address		
ity	State	Zφ	Cuy	State	Zip
O. SHARES AUTHORIZE	D CX* BOX FOR ATTA	CHMENT) TOS.	11. SHARES ISSUED CX* E	OX FOR ATTACHMENT)	
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This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



FOR SECRETARY OF STATE USE ONLY

Under penalty of pergury, 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.

Anatural of the Date

JOSEPH PASSANETTI

PRESIDENT
Title of Officer

Form: 630 12/01

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 <u>3.00/</u> Filing Period: January 1 - March 1 • Filing Fee: \$50.00

STOP
PLEASE READ
INSTRUCTIONS

(FORM MUST BE TYPED IN	BLACK)					
1. Corporate ID No. 2. Name of Corporation						
57265 JOSEPH PASSARETTI, CPA, INC.						
3 Street Address Principal Bu	siness Office		City	-	State	Zip
357 PUTNAM B	PIKE	_	SMITHFIELD		RI	02917
4. Business Phone No.	•	5. State of Incorporation	·			6. SIC Code
401-231-4022		Rhode Islan	d			7658
I	aracter of Business Conducted in Rho	ode Island				
Accounting a			_			
	RESSES OF THE OFFIC	ERS ("x" BOX FOR ATTACH	<i>iment</i>) Fill in Sp.	ACES BEFO	RE USING ATTACHME	NTS
President Name			Vice President Name			
Joseph Passa	retti	<u> </u>	Joseph Pass	arett	<u>i</u>	
Street Address			Street Address			,
36 Connors E	Farm Drive		36 Connors	Farm	Drive	
City	State	Zip	City		State	Zip
Smithfield	RI	02917	Smithfield		RI	02917
Secretary Name		1	Treasurer Name			
Joseph Passaretti Joseph Passaretti			i			
Street Address Street Address						
36 Connors F	Farm Drive		36 Connors Farm Drive			
City	State	Zip	City		State	Zip
Smithfield	RI	02917	Smithfield		RI	02917
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS			NTS			
Director Name			Director Name			
Joseph Passaretti			}			
Street Address			Street Address		<u> </u>	
36 Connors F	Parm Drive		}			
City	State	Zip	City		State	Zip
Smithfield	RI	02917			}	
Director Name	<u> </u>		Director Name			
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Street Address			Street Address			
City	State	Zip	City		State	Zip
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10. SHARES AUTHO	RIZED ("X" BOX FOR ATTACH	MENT)	11. SHARES ISSUE	D ("X" 80.	Y FOR ATTACHMENT)	1.
AUTHORIZED SHARES	AUTHORIZED SHARES					
Number of Shares	Class/Series	Par Value	Number of Shares	Class/S	eries	Par Value
1000 Common	No Par Value		500	Comr	non	No Par Value
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This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date:	FILED	·
Check No.:	JAN 2 4 2001	
Ву:	By 6,6301	
FOR SECRETAR	Y 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.

Signanus of Officer Date 01/21/01

Print of Mpc Name of Officer

Joseph Passaretti

Title of Officer
President

Form 630 / 2/96

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

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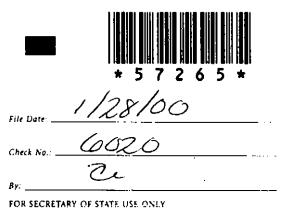
7658

Filing Period: Januar	ry 1-March 1 • Filing Fee: \$50.	.00	-	_
FORM MUST BE TYPED IN BI	LACK)			
1. Corporate ID No.	2. Name of Corporation	a		
57265	JOSEPH PASSARETTI, CPA	I, INC.		
3. Street Address Principal Busine 357 PUTAIN	on Pike	Smity Field	State	Zij
4. Business Phone No.	5. State of Incorpo			6.

RHODE ISLAND

40/-23/-402 RHO 7. Brief Description of the Character of Business Conducted in Rhode Island ACCOUNTING LTAXES 8. NAMES AND ADDRESSES OF THE OFFICERS (*x* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name Ioseph JOSEPH SMITHFIELO 02917 JOSEPH PASCANOTTO 02917 9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Josepu Street Address Cin Zip State 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

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



1,000 SHS COM NO PAR VAL

that all statements contained herein are tri	ue and correct.
Soull anaut	1/6/2000
Sygnature of Officer	Date
Joseph PASSAMETTO Print or Type Name of Officer	
Phisidan.	
Title of Officer	

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

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(FORM MUST BE TYPED IN BLACK)

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



1. Corporate ID No.	2 Name of Corpora	tion .	•	•	
57265	JOSEPH PA	ASSARETTI, CPA, IN	IC.		
3. Street Address Principal Busin			City	State	i Zip
357	PUTHAM	PIKL	SMITHFIELD	KZ	02917
4 Business Phone No		5 State of Incorporation		•	6 SIC Code
401-231-408	22	RHODE ISLAI	ND		7658
7 Brief Description of the Chara	cter of Business Conducted i	n Rhode Island	•	•	• • • • • •
Accountial	+ TAX				
8. NAMES AND ADDR	ESSES OF THE OFF	ICERS ("X" BOX FOR ATTA	CHMENT) FILL IN SPACES I	SEFORE USING ATTA	CHMENTS
President Name			Vice President Name		
JOSEPH PA	55,41 e Hu		JOSEPH PAS	C211+4"1"	
Street Address	-		Street Address	3/7//- / / '	
36 Connors	Farn O	rive	36 conson	Fan DIN	/ 人
City	State		City	State	Zip
SMITURELD	N)	02917	Sminstell b	AI	02917
Secretary Name	•		Treasurer Name		
JOSEPH JASSI	ALE 177'		JOSEPH PIAS	and I File	
Street Address			Street Address		
36 COMMEM	FAIN DA	22	357 PULLAR	Pike	
City	Unte	Zıp	City .	State	Žip
SINITATION	N	02917	Smiruffeld	M	02912
9. NAMES AND ADDR	ESSES OF THE DIR	ECTORS ("X" BOX FOR AT	TACHMENT) FILL IN SPACE	S BEFORE USING ATI	ACHMENTS
Director Name			Director Name		, .
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Street Address .			Street Address		
36 Curron	from Dr	ive.			
City	State	Zip	City	State	Zip
2011111551N	· 19	02917			ļ.
Director Name			Director Name		
Street Address			Street Address		
City	State	Zıp	City	State	Zip
10 6111000 111011001					
10. SHARES AUTHORIZ	ZED ("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED (*	X° BOX FOR ATTACHMEN	IT)
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
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This report must be significant	gned in ink by eitl	her the President, Vice	e President, Secretary, Assis	stant Secretary, Treas	surer, Receiver or Truste
			·	•	
LIRE		RIII 1881			

* 5 7 2 6 5 *	Under penalty of perjury, I declare and affirm that I have examined
File Date	this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.
Check No.:	TOS ON PAGE 172 6777 Print or Type Name of Officer
FOR SECRETARY OF STATE USE ONLY	Private of Officer



James R. Langevin, Secretary of State Corporations Division 100 North Main Streff: Providence, RI 02903-1335

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998 Filing Period: January 1-March 1 • Filing Fee: \$50.00

STOP STANLREAD INCRECTIONS

(FORM MUST BE TYPED IN BLACK) 1. Corporate ID No JOSEPH PASSARETTI, CPA. INC. 3. Street Address Principal Business Office City State SmitHFIELD 401-231-4022 RHODE ISLAND 7. Brief Description of the Character of Business Conducted in Rhode Island HCCOUNTING AND TAK PREPARQTION 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) Vice President Name JOSEPH ASSANETTI JOSEPH PAESARETTI Street Address SMITHERELE 02917 JOSEPA 02917 02917 9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) Director Name JOSEPH Street Address Street Address City 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/Senes Par Value Number of Shares Par Value 1,000 SHS COM NO PAR VAL No PAR Value 1.000

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	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.

TOSEPH PASS ANETTA Print or Type Name of Officer

RISIOCNI



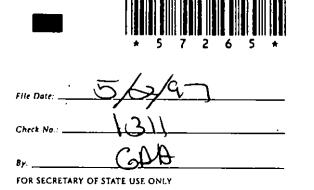
Filing Period: January 1-March 1 • Filing Fee: \$50.00

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

PROFIT	CORPORATION	ANNUAL	REPORT	1997

(FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 57265 JOSEPH PASSARETTI, CPA, INC. 3. Street Address Principal Business Office Zip State SmiTHFIELD 02917 R.7 6. SIC Code 401-231-4022 RHODE ISLAND 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) Vice President Name JOSEPH Sa m Street Address City State ZIp 02917 Treasurer Name Same SAM Street Address Street Address City State City State . Zip 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) JOSEPH City Director Name SAN Street Address SANC Street Address City State Zip City State 10. SHARES AUTHORIZED AND ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Series Par Volue Number of Shares Class/Series 1,000 SHS COM NO PAR VAL 1,000

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.

EUMMEY

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

-iiing Fee: \$50.00		DI EACE TYDE OO	PRINT IN BLACK INK.		
1. CORPORATE ID NO	2. NAME OF CORPORATION	FLEASE TIPE UN	FRINT IN BLACK INA.		······································
57265	JOSEPH	JOSEPH PASSARETTI, CPA, INC.			
3 STREET ADDRESS PRINCIPAL BUSINESS			апу	STATE	ZIP CODE
357 PUTMAN	m Pilla		Smithfull	n	02917
4. BUSINESS PHONE NO.		5 STATE OF INCORPORATION			6. SIC COOE
401-231-40 BRIEF DESCRIPTION OF THE CHARACTER	7}	RHODE I	SLAND		7658
		SLAND			
CPA +	7111				- سر ند، منتقوبریوستوموشوات
PRESIDENT NAME		WES AND ADDR	ES, SES OF, TH, E OF, F-I	CERS	
JOSEPH P	ASSANOTTI		SAM		•
		·	STREET ADDRESS		
PUBON 17 ESMOND	778	720 00006	CITY	07477	
ESMONO	121	02917	ţ un	STATE	ZIP C00E
SECRETARY MANE		en la semina demandante, e	TREASURER NAME		
SAM STREET ADDRESS		·	GAM		
STREET ADORESS			STREET ADDRESS		
ally	STATE	ZP C00E	, ary	STATE	ZIP CODE
DIRECTOR NAME	9 N A I	MES AND A.D.D.R	ESSES OF THE DIRE	CTORS	
OURECTOR HAME SAM			DIRECTOR HAVE		
STREET ADDRESS			STREET ADDRESS		
				-	
QTY	STATE	DP COD€	άπ	STATE	ZTP CODE
DIRECTOR NAME		THE RESERVE AND DESCRIPTION OF THE PERSON NAMED IN COLUMN 2 IN COL			
OFFICE I OT INVISE			DRECTOR NAME		
STREET ADDRESS			STREET ADDRESS		
OTY	STATE	71P C000E	ξ ζητν i	STATE	21P C00E
A CONTRACTOR OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN					
	1 0 . S I	IARES AUTHOR	IZED AND ISSUED	ICCUED CHAREC	
MAMBER OF SHARES	CLASS / SERIES	PAR VALUE	MUMBER OF SHARES	ISSUED SHARES CLASS / SERIES	PAR VALUE
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1,000 303	CON NO PAR VAL	***************************************	1000 SHANE	Common	no pa
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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:

Check No:

By:.

Print or Type Name of Officer

Title of Officer DETACH ROTTOM REFORE RETURNING

Signature of Officer

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

0057265

Corporate ID:

ANNUAL REPOR

Please Type or Pri-File Annually - Jan. 1 - March

Filing Fee \$50.0

Make Checks Payable to: Secretary of Sta

1995

Annual Report for the years

ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.

		Annual Report	Tor the year.	• • • •
Name of Corporation:	JOSEPH PASSARETT	I, CPA, INC.		
Business entity organized un	nder the laws of the State of: $RHoo\epsilon$ and telephone number of principal office:	[U Busine	ntity is.(check one). ess Corporation (See RIGL Chapter is ssional Service Corporation (See RIG	
Island (Provide street address 357 PUTNIAM SWILL THE ECO	Pilet , RI 02917	PRAG PREI ANO	nent of the character of business conc CTICE OF POBLIC PARATION OF FNOID CONPONATION TA PLANNING	ACCOUNTING
Phone: (401) 231-	9022			
	THE NAM	ES OF THE OFFICERS	SARE:	
TOSEPH PASS VICE PRESIDENT	ALE TT: 36 CC	STREET ADDRESS N/ORS FARM STREET ADDRESS	ORIVE SINITHIFIELD	
SEURETARY	5,7111 8	STREET ADDRESS	CHYSTATE	ZIP COI
TREASURER	-	STREET ADDRESS	CHYSTATE	ZIP CO:
	THE NAME	S OF THE DIRECTOR	OC A D fr.	
NAME.		STREET ADDRESS	CITYSTATE	ZIP COL
NAME		STRUET ADDRESS	CHYSTATE	ZIP COL
NAME	J	STREET ADDRESS	CITY/STATE	ZIP COI
NUMBER OF SHARES AUT	HORIZED (Rider may be attached)	NUMBER OF S	HARES ISSUED AND OUTSTANDING	(Rider may be attached)
Number of Shares	Class / Series	Number of Sha	res Class / Series	
1000	NO PAR VAC	1000	NO DAY	VALVE
Date FEBRUAR 2	14	By: PA	S.SARETT!	
Form 31 1:95		PRINT OF TYPE NAME OF OFFICER TITLE OF OFFICER SIGNING	RSIGNING PRESIDE	Ent
	DESIGNATED REGISTE		PVICE OF PROCESS	
PLEASE NOTE: If the rea	istered office and/or registered agent indic			- ~- · · · · · · · · · · · · · · · · · ·
	more office and in regimered agent mun	aired octow is incorrect, POR	or a must be then.	

JOSEPH PASSARETTI 303 A PUTNAM PIKE SMITHFIELD RI 02917 FILED

NAY /2 1995

By C. 00954

Filing Fee \$50.00 Payable to: Secretary of State

PLEASE TYPE or PRINT

File Annually LLC: Sept. 1 - Nov. 1 CORP: Jan. 1 - Marcl

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

Corporate ID:0057265	Annual Report for the year:1994
Name of Business Entity:	JOSEPH PASSARETTI, CPA, INC.
Business entity organized under the laws of the State of R	Business Entity is (check one):
	4 Business Corporation (See RIGL Chapter 7-1.1)
Federal Taxpayer Identification Number	Professional Service Corporation (See RIGL Chapter 7-5.1)
For foreign entity, address and telephone number of principal	
	Name, title and mailing address of contact person to whom communications may be directed:
	JOSEPH MESALETTI
(401) 721-4013	357 Puntan Pike
	SMITHFIEL & NE 0291)
Address and telephone of the principal office of business en	itity in Rhode
Island povide street address - Not P.O. Box):	Brief statement of the character of business conducted in Rhode Island:
357 PUTMAN PIKE	- Voci c Accounting
- SmiTHFIELD , RI 0291	
	
Phone: (401) 231-4022	Date of Qualification to do business in Rhode Island (if foreign entity):
	HE NAMES OF THE OFFICERS ARE:
CHIEF EXECUSIVE OF FICER OR LEGITRE SIDENT (CHICAGO)	STREET ADDRESS CITYASTATE : XIP CO
CHER OPERMING OFFICE OR CONTROL OF CHICAGO	BOX 17118 ESMOND 10 01917
CUSTODIAN OF RECORDS OR SECREL ARY (Check Onc)	11 11 11 11
CUSTODIAN OF RECORDS OR SECRETARY (Check Onc)	STREET ADDRESS CITYSTATE ZIPCE
GREET INANCIAL OFFICER OR PERCASURER (Chack One)	STRUET ADDRESS CITY/STATE ZIPCO
<u> </u>	<u> </u>
NAME TI	HE NAMES OF THE DIRECTORS ARE: STREET ADDRESS CHARACTER ZUCCE
NAME.	STRUCT ADDRESS CULVISTATE ZIPCO
NAME	STREEL ADDRESS CTLYSTATE ZIPCC
NUMBER OF SHARES AUTHORIZED (If Applicable)	NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)
NUMBER / d v 0	NUMBER 100
CLASS COMMON	CLASS COMMAN
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WITHOUT PAR NO PAR Value	WITHOUT PAR NO PAR VOICA
Date2/25	
,	By: Jag Cold Cold Cold Cold Cold Cold Cold Cold
FILED	PRINT OR TYPE NAME OF OUTCER SIGNING
MAR 0 1 1994	THE CHANGE SUSTAN
a. Mm K8K	HELECT OFFICE SHOWING
Form 31 1/94 By (00 0 0 0)	

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID	<u> 265</u>	Annual R	deport for the year	1993
First: The name of the	e corporation is	JUSEPH FA	NSSABETTI, CA	fâINC
Second: It is incorpor	ated under the laws of RHC	DDE ISLAND		
THIRD: Character of be	usiness, briefly stated, is	ecounting and	Tax Planning &	Preparation.
FOURTH: If foreign cor	poration, address of its pri	ncipal office		
Fитн: Business addres	s in Rhode Island 303A	Putnam Pike,	•	917
SIXTH: Names and add	resses of its directors and o		ddress (including number, st	(Attach rider if necessary)
	Director		•••••	
		***************************************	······································	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Joseph Passaretti		113 Scenery L	ane, Johnston,	RI 02919
Joseph Passaretti		113 Scenery L	ane, Johnston,	RI 02919
Joseph Passaretti	0 .		ane, Johnston,	
Joseph Passaretti	Treasurer	113 Scenery E	ane, Johnston,	RI 02919
SEVENTH: Number of S	Shares authorized:	PAGI	0	Par Value or statement that shares are without par value
	Common	MAR 8 8	1993	NO PAR VALUE
EIGHTH: Number of St	nares issued:	SECRETARY Series	Ot 2 mm	Par Value or statement that shares are without par value
500	Common		Ch. I	NO PAR VALUE
DatedPEBRUARY 15; -1993	19	seph Passarett	i, CPA, Inc.	:
(Report must be signe	d by an officer)	tle Phisilis	7	· · · · · · · · · · · · · · · · · · ·

Form 31 1/85

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID	ا المرابع المر	E, RHODE ISLAND 02903	1002
Corporate ID	(0)	Annual Report for the	e year1992
FIRST: The name	of the corporation is	OSEPH PASSARETTI, CPA,	INC.
Second: It is inco	orporated under the laws of	the State of Rhode Is	sland
THIRD: Character	of business, briefly stated, i	s to perform accounting	and tax
preparation se	ervices and all ot	her related activities.	•
FOURTH: If foreign	n corporation, address of its	s principal officen/a	
FIFTH: Business ac	ddress in Rhode Island3	03 A Putnam Pike, Smith	hfield, RI 02917
SIXTH: Names and	d addresses of its directors a		(Attach rider if necessary
	Director		•••••
	Director		
••••	Director	·	
Joseph Passarett	President	113 Scenery Lane,	Johnston, RI 02919
•••••	Vice Pres	sident	
•••••	Secretary	<i>!</i>	•••••
Joseph Passarett	Treasurer	113 Scenery Lane,	Johnston, RI 02917
SEVENTH: Numbe	r of Shares authorized:		Par Value or statement that
No. of Shares	Class	Series	shares are without par value
1000	common	PAID	no par
Eighth: Number	of Shares issued:	MAR 0 3 1992	Par Value
No. of Shares		SEC'Y OF STATE	or statement that shares are without
100	Class	Series	par value
1	common		no par
Dated 2/27	19 92	JOSEPH PASSARETTI, CI	PA, INC.
,		By Mandelland	
(Panort must be	e signed by an officer)	Title Towns	

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 1991
First:	The name of the corporation is	JOSEPH PASSARETTI, CPA, INC.
Second	: It is incorporated under the law	s of PHOOL PURCON
THIRD:	Character of business, briefly stat	ed, is CENTIFIED Public Second
Fourth	: If foreign corporation, address of	of its principal office
Ејетн:	Business address in Rhode Island	1845 SINITH STREET, NO PROV. Y
		029/I
Зіхти:	Names and addresses of its director	Ors and Officers: (Attach rider if necessary) Office Address (including number, street, zip code)
Joseph	PASSARIFF: Direct	ctor 1/3 Scenery Com, Dhush, ry 0299
•	Direc	
	Direc	ctor
	President	dent
,	Vice	President
• • • • • • • • • • • • • • • • • • • •	Secre	tary
***************************************	Treas	urer
Seventh	: Number of Shares authorized:	Par Valuc or statement that
No. of Sha	ares Class	Series shares are without par value
100	Comme	
Еіднтн:	Number of Shares issued:	AN31 1991 Par Value or statement that
No. of Sha	ries Class	Series shares are without par value
Dated /	30/9/ 19	JOSCH ASSANALL CAT JOSCH (Name of Corporation)
A (Pa	enort must be signed by an office.	Tulo Ruse 2 So
Form 3* 1:85	eport must be signed by an officer)	THE WARE TRACT

Form 31 1/85

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID	in	Annual Report for the y	ear 1 E E E
FIRST: The name of	the corporation is	JOSEFH PASSASETTI C	PA. INC.
Second: It is incorporate	orated under the laws of &	loo. Is/mo	
THIRD: Character of	business, briefly stated, is	Public Geroustant	<u> </u>
FOURTH: If foreign c	orporation, address of its pri	ncipal office	
FIFTH: Business addr Rエ ひみらノノ	ess in Rhode Island 1845	- Smith STALLT	, nord from
SIXTH: Names and a	ddresses of its directors and o	Officers: Address (including num	(Attach rider if necessary) ber, street, zip code)
	Director		
	Director		
	Director		
Joseph Passage 12	,	113 SCENERY LANG	
	Vice Presiden	/	
)	Secretary	······	
	Treasurer	<u></u>	
SEVENTH: Number o	f Shares authorized:		Par Value or statement that shares are without
No. of Shares	Class	Series	par value
/ 60	Common	PAID	no Par
EIGHTH: Number of	Shares issued:	MAR 14 1998	Par Value or statement that shares are without
No. of Shares	Class	C.F. Series C.	par value
<i>, , , , , , , , , , , , , , , , , , , </i>	CO12:440		no Per
Dated 3/14	19 J.	osen l Passarl Comporation)	B. Inc.
/	Ву		
(Report must be sig	ned by an officer) Ti	the President	