



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. 94969		2. Name of Corporation NICHOLAS PASYANOS, LTD.			
3. Street Address Principal Business Office 2 TONI LYNN TERRACE			City MIDDLETOWN	State RI	Zip 02842
4. Business Phone No. 401-847-1958		5. State of Incorporation RHODE ISLAND		6. SIC Code 8334	
7. Brief Description of the Character of Business Conducted in Rhode Island PORTRAIT PHOTOGRAPHY AND THE PRODUCTION AND DISTRIBUTION OF FILMS.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name NICHOLAS P. PASYANOS			Vice President Name SAME		
Street Address 2 TONI LYNN TERRACE			Street Address		
City MIDDLETOWN	State R.I.	Zip 02842	City	State	Zip
Secretary Name			Treasurer Name SAME		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name SAME AS ABOVE			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) <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
2,000 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



File Date 1-14-05
Check No 3271
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] 12 Jan 05
Signature of Officer Date
NICHOLAS P. PASYANOS
Print or Type Name of Officer
PRESIDENT
Title of Officer



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1. Corporate ID No. 94969		2. Name of Corporation NICHOLAS PASYANOS, LTD.			
3. Street Address Principal Business Office 2 TONI LYNN TERRACE			City MIDDLETOWN	State RI	Zip 02842
4. Business Phone No. 401-847-1958		5. State of Incorporation RHODE ISLAND		6. SIC Code 8334	
7. Brief Description of the Character of Business Conducted in Rhode Island PORTRAIT PHOTOGRAPHY AND THE PRODUCTION AND DISTRIBUTION OF FILMS.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name NICHOLAS P. PASYANOS			Vice President Name SAME		
Street Address 2 TONI LYNN TERRACE			Street Address		
City MIDDLETOWN	State RI	Zip 02842	City	State	Zip
Secretary Name			Treasurer Name SAME		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name SAME AS ABOVE			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) <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
2,000 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 4 9 6 9 *

File Date 2/18/04
Check No. 3100
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] 16 FEB 04
Signature of Officer Date
NICHOLAS P. PASYANOS
Print or Type Name of Officer
PRESIDENT
Title of Officer



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. **94969**
2. Name of Corporation **NICHOLAS PASYANOS, LTD.**
3. Street Address Principal Business Office
2 TONI LYNN TERRACE
4. Business Phone No. **401-847-1958** 5. State of Incorporation **RHODE ISLAND**

City **MIDDLETOWN** State **RI** Zip **02842**
6. SIC Code **8334**

7. Brief Description of the Character of Business Conducted in Rhode Island
PHOTOGRAPHY AND FILM MAKING

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

President Name **NICHOLAS P. PASYANOS**
Street Address **2 TONI LYNN TERRACE**
City **MIDDLETOWN** State **RI.** Zip **02842**
Secretary Name
Street Address
City State Zip

Vice President Name **SAME**
Street Address
City State Zip
Treasurer Name **SAME**
Street Address
City State Zip

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

Director Name **SAME AS ABOVE**
Street Address
City State Zip
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
2,000 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



* 9 4 9 6 9 *

File Date: **1-21-03**
Check No. **2898**
By: **lp**

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 **19 JAN 03**

Print or Type Name of Officer **NICHOLAS P. PASYANOS**

Title of Officer **PRESIDENT**



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. **94969** 2. Name of Corporation **NICHOLAS PASYANOS, LTD.**

3. Street Address Principal Business Office **2 TONI LYNN TERRACE** City **MIDDLETOWN** State **RI** Zip **02842**

4. Business Phone No **401-847-1958** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **8334**

7. Brief Description of the Character of Business Conducted in Rhode Island
PHOTOGRAPHY AND FILM MAKING

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

President Name **NICHOLAS P. PASYANOS** Vice President Name **SAME**

Street Address **2 TONI LYNN TERRACE** Street Address

City **MIDDLETOWN** State **RI** Zip **02842** City State Zip

Secretary Name Treasurer Name **SAME**

Street Address Street Address

City State Zip City State Zip

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

Director Name **SAME AS ABOVE** 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) 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
2,000	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 4 9 6 9 *

File Date **3-15-02**

Check No **2706**

By **NMF**

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 P. Pasyanos 18 Feb 02
Secretary of Officer Date

NICHOLAS P. PASYANOS
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. **94969** 2. Name of Corporation **NICHOLAS PASYANOS, LTD.**
3. Street Address Principal Business Office **2 TONI LYNN TERRACE** City **MIDDLETOWN** State **RI** Zip **02842**
4. Business Phone No. **401-847-1958** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **8334**

7. Brief Description of the Character of Business Conducted in Rhode Island •
PHOTOGRAPHY AND FILMMAKING

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

President Name NICHOLAS P. PASYANOS	Vice President Name SAME
Street Address 2 TONI LYNN TERRACE	Street Address
City MIDDLETOWN State RI Zip 02842	City State Zip
Secretary Name SAME AS ABOVE	Treasurer Name SAME
Street Address	Street Address
City State Zip	City State Zip

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

Director Name SAME AS ABOVE	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
2,000 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



* 9 4 9 6 9 *

File Date: 2/21
2472
Check No: 22
By: _____

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 P. PASYANOS 19 Feb 01
Signature of Officer Date
NICHOLAS P. PASYANOS
Print or Type Name of Officer
PRESIDENT
Title of Officer



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. **94969** 2. Name of Corporation **NICHOLAS PASYANOS, LTD.**
3. Street Address Principal Business Office **2 Toni Lynn Terrace** City **MIDDLETOWN** State **RI** Zip **02842**
4. Business Phone No. **401-847-1958** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **8334**

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

PHOTOGRAPHY AND FILM MAKING

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

President Name NICHOLAS P. PASYANOS	Vice President Name SAME
Street Address 2 TONI LYNN TERRACE	Street Address SAME
City MIDDLETOWN State RI Zip 02842	City _____ State _____ Zip _____
Secretary Name SAME AS ABOVE	Treasurer Name SAME
Street Address _____	Street Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____

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

Director Name SAME AS ABOVE	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	Class/Series	Par Value
2,000 COMM NO PAR VALUE		

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

ISSUED 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



* 9 4 9 6 9 *

File Date: **FEB 29 2001**
Check No: _____
By: **SECY OF STATE**
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.

NICHOLAS P. PASYANOS 14 Feb 00
Signature of Officer Date
Print or Type Name of Officer
PRESIDENT
Title of Officer



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. **94969** 2. Name of Corporation **NICHOLAS PASYANOS, LTD.**

3. Street Address Principal Business Office **2 Toni Lynn Terrace** City **Middletown** State **RI** Zip **02842**

4. Business Phone No. **401 847-1958** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **8334/959;**

7. Brief Description of the Character of Business Conducted in Rhode Island
portrait photography and production and distribution of films

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

President Name Nicholas P. Pasyanos	Vice President Name Nicholas P. Pasyanos
Street Address 2 Toni Lynn Terrace	Street Address 2 Toni Lynn Terrace
City State Zip Middletown RI 02842	City State Zip Middletown RI 02842
Secretary Name Nicholas P. Pasyanos	Treasurer Name Nicholas P. Pasyanos
Street Address 2 Toni Lynn Terrace	Street Address 2 Toni Lynn Terrace
City State Zip Middletown RI 02842	City State Zip Middletown RI 02842

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

Director Name Nicholas P. Pasyanos	Director Name
Street Address 2 Toni Lynn Terrace	Street Address
City State Zip Middletown RI 02842	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
2,000 COMM NO PAR VALUE		

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

ISSUED 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



PAID *klb*

File Date **FEB 25 1999** *1999*

Check No. **SECY OF STATE**

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 *[Signature]* Date **24 Feb 99**

Nicholas P. Pasyanos
Print or Type Name of Officer

President
Title of Officer



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. **94969**
2. Name of Corporation **NICHOLAS PASYANOS, LTD.**
3. Street Address Principal Business Office
2 Toni Lynn Terrace
4. Business Phone No. _____
5. State of Incorporation **RHODE ISLAND**

City **Middletown** State **RI** Zip **02842**
6. SIC Code _____

7. Brief Description of the Character of Business Conducted in Rhode Island
portrait photography and production and distribution of films

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

President Name Nicholas P. Pasyanos Street Address 2 Toni Lynn Terrace City Middletown State RI Zip 02842	Vice President Name Nicholas P. Pasyanos Street Address 2 Toni Lynn Terrace City Middletown State RI Zip 02842
Secretary Name Nicholas P. Pasyanos Street Address 2 Toni Lynn Terrace City Middletown State RI Zip 02842	Treasurer Name Nicholas P. Pasyanos Street Address 2 Toni Lynn Terrace City Middletown State RI Zip 02842

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

Director Name Nicholas P. Pasyanos Street Address 2 Toni Lynn Terrace City Middletown State RI Zip 02842	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	Class/Series	Par Value
2,000 COMM NO PAR VALUE		

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

ISSUED 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



* 9 4 9 6 9 *

File Date: 3.10.98
Check No: 1714
By: WP

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: 7 MAR 98
Nicholas P. Pasyanos
Print or Type Name of Officer
President
Title of Officer