



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. 72476		2. Name of Corporation Dufour & Schmitt, Ltd.			
3. Street Address Principal Business Office 50 EXCHANGE TERRACE STE 310			City PROVIDENCE	State RI	Zip 02903
4. Business Phone No. 401-754-7154		5. State of Incorporation RHODE ISLAND		6. SIC Code 7658	
7. Brief Description of the Character of Business Conducted in Rhode Island TO FURNISH PUBLIC ACCOUNTING SERVICES TO THE PUBLIC.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Roger M. Dufour			Vice President Name Robert J. Schmitt		
Street Address 50 EXCHANGE TERRACE STE 310			Street Address SAME		
City PROVIDENCE	State RI	Zip 02903	City	State	Zip
Secretary Name Robert J. Schmitt			Treasurer Name Roger M. Dufour		
Street Address SAME			Street Address SAME		
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 NONE			Director Name NONE		
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
600 NO PAR VALUE			100	Common	NO PAR VALUE

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



72476

File Date	<u>2.3.05</u>
Check No.	<u>3036</u>
By:	<u>Rd</u>
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.

Roger M. Dufour 2-2-05
Signature of Officer Date
Roger M. Dufour
Print or Type Name of Officer
President
Title of Officer



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. 72476		2. Name of Corporation Dufour & Schmitt, Ltd.	
3. Street Address Principal Business Office 50 Exchange Terrace, Suite 310		City Providence	State RI
4. Business Phone No. 401-754-7154		5. State of Incorporation RHODE ISLAND	6. SIC Code 7658
7. Brief Description of the Character of Business Conducted in Rhode Island TO FURNISH PUBLIC ACCOUNTING SERVICES TO THE PUBLIC.			
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name Roger M. Dufour		Vice President Name Robert J. Schmitt	
Street Address 50 Exchange Terrace, Suite 310		Street Address Same	
City Providence	State RI	Zip 02903	
Secretary Name Robert J. Schmitt		Treasurer Name Roger M. Dufour	
Street Address Same		Street Address Same	
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 None		Director Name	
Street Address		Street Address	
City	State	Zip	
Director Name		Director Name	
Street Address		Street Address	
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	
600 NO PAR VALUE		100	Common
			No Par Value

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



* 7 2 4 7 6 *

File Date 1-28-04
Check No. 2501
By: R
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.

Roger M. Dufour 1-27-04
Signature of Officer Date

Roger M. Dufour
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. **72476** 2. Name of Corporation **Dufour & Schmitt, Ltd.**
3. Street Address Principal Business Office **50 Exchange Terrace, suite 310** City **Providence** State **RI** Zip **02903**
4. Business Phone No. **401-754-7154** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7658**
7. Brief Description of the Character of Business Conducted in Rhode Island
Certified Public Accountant Service

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

President Name Roger M. Dufour	Vice President Name Robert J. Schmitt
Street Address 50 Exchange Terrace, Suite 310	Street Address same
City Providence State RI Zip 02903	City _____ State _____ Zip _____
Secretary Name Robert J. Schmitt	Treasurer Name Roger M. Dufour
Street Address same	Street Address same
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 none	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
600 NO PAR VALUE		

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

ISSUED SHARES	Class/Series	Par Value
100	Common	No Par Value

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



File Date: 1/10/03
Check No: 1955
By: [Signature]

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Roger M. Dufour 1-9-03
Signature of Officer Date

Roger M. Dufour
Print or Type Name of Officer

President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 72476 2. Name of Corporation Dufour & Schmitt, LTD
3. Street Address Principal Business Office 50 Exchange Terrace, Suite 310 City Providence State RI Zip 02903
4. Business Phone No. 401-453-0550 5. State of Incorporation Rhode Island 6. SIC Code 7658

7. Brief Description of the Character of Business Conducted in Rhode Island
Certified Public Accountant service

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

President Name Roger M. Dufour
Street Address 50 Exchange Terrace, Suite 310
City Providence State RI Zip 02903

Vice President Name Robert Schmitt
Street Address same
City _____ State _____ Zip _____

Secretary Name Rob Schmitt
Street Address Same
City _____ State _____ Zip _____

Treasurer Name Roger M. Dufour
Street Address Same
City _____ State _____ Zip _____

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

Director Name None
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 600 SHS Class/Series NO PAR VALUE Par Value _____

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

ISSUED SHARES
Number of Shares 100 Class/Series Common Par Value No Par Value

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

File Date 1/24/02
Check No. 1489
By DA

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.

Roger M. Dufour 1-23-02
Signature of Officer Date

Roger M. Dufour
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. **72476** 2. Name of Corporation ~~XXXXXX~~ **Dufour & Schmitt, LTD**
3. Street Address Principal Business Office **50 Exchange Terrace, Suite 310** City **Providence** State **RI** Zip **02903**
4. Business Phone No. **401-453-0550** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7658**

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

Certified Public Accountant service

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

President Name Roger M. Dufour	Vice President Name Robert Schmitt
Street Address 50 Exchange Terrace Suite 310	Street Address Same
City Providence State RI Zip 02903	City Same State RI Zip 02903
Secretary Name Rob Schmitt	Treasurer Name Roger M. Dufour
Street Address Same	Street Address Same
City Providence State RI Zip 02903	City Same State RI Zip 02903

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

Director Name None	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
	600 SHS	NO PAR VALUE	

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	100	Common	No Par Value

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



* 7 2 4 7 6 *

FILED

File Date: _____
Check No.: **MAR 01 2001**
By: *CS 1020*
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.

Roger M. Dufour **2-28-01**
Signature of Officer Date
Roger M. Dufour
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. **72476** 2. Name of Corporation **Roger M. Dufour, Ltd.**

3. Street Address Principal Business Office City State Zip
One Citizens Plaza, Suite 830 **Providence** **RI** **02903**

4. Business Phone No. 5. State of Incorporation 6. SIC Code
(401) 751-7154 **RHODE ISLAND** **7658**

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

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

President Name			Vice President Name		
Roger M. Dufour			none		
Street Address			Street Address		
One Citizens Plaza, Suite 830					
City	State	Zip	City	State	Zip
Providence	RI	02903			
Secretary Name			Treasurer Name		
Roger M. Dufour			Roger M. Dufour		
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			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
600 SHS NO PAR VALUE		

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
100	common	no per value

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



* 7 2 4 7 6 *

File Date: 12/30/99

Check No: 350

By: GAA

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: Roger M. Dufour Date: 12-29-99

Print or Type Name of Officer: Roger M. Dufour

Title of Officer: President



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. **72476** 2. Name of Corporation **Roger M. Dufour, Ltd.**
3. Street Address Principal Business Office **One Citizens Plaza, Suite 830** City **Providence** State **RI** Zip **02903**
4. Business Phone No. **751-7154** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7658**

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

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

President Name Roger M. Dufour	Vice President Name none
Street Address One Citizens Plaza, Suite 830	Street Address
City Providence State RI Zip 02903	City State Zip
Secretary Name Roger M. Dufour	Treasurer Name Roger M. Dufour
Street Address same	Street Address same
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 none	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
600 SHS NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
100 common no par value

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



File Date: Jan 21, 99
Check No.: 2703
By: [Signature]

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer: Roger M. Dufour Date: 1-20-99
Print or Type Name of Officer: Roger M. Dufour
Title of Officer: President



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. **72476** 2. Name of Corporation **Roger M. Dufour, Ltd.**
3. Street Address Principal Business Office **One Citizens Plaza, Suite 830** City **Providence** State **RI** Zip **02903**
4. Business Phone No. **751-7154** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7658**

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

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

President Name Roger M. Dufour	Vice President Name none
Street Address One Citizens Plaza, Suite 830	Street Address
City Providence State RI Zip 02903	City State Zip
Secretary Name Roger M. Dufour	Treasurer Name Roger M. Dufour
Street Address same	Street Address same
City State Zip	City State Zip

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

Director Name none	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
	600 SHS	NO PAR VALUE	

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	100	COMMON	no par value

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



7 2 4 7 6 *

File Date: 1/28/98
Check No.: 2163
By: KID

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.

Roger M. Dufour 1-27-98
Signature of Officer Date

Roger M. Dufour
Print or Type Name of Officer

President
Title of Officer



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. **72476** 2. Name of Corporation **Roger M. Dufour, Ltd.**
3. Street Address Principal Business Office **One Citizens Plaza, Suite 830** City **Providence** State **RI** Zip **02903**
4. Business Phone No. **751-7154** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7658**

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

Accounting services

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

President Name Roger M. Dufour	Vice President Name none
Street Address One Citizens Plaza, Suite 830	Street Address
City Providence State RI Zip 02903	City State Zip
Secretary Name Roger M. Dufour	Treasurer Name Roger M. Dufour
Street Address same	Street Address same
City State Zip	City State Zip

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

Director Name None	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 AND ISSUED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600 SHS NO PAR VALUE			100	Common	No par value

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



File Date: 1/17/97
Check No.: 1606
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.

Roger M. Dufour 1-17-97
Signature of Officer Date
Roger M. Dufour
Print or Type Name of Officer
President
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. 72476		2. NAME OF CORPORATION Roger M. Dufour, Ltd.		
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE One Citizens Plaza, Suite 830		CITY Providence	STATE RI	ZIP CODE 02903
4. BUSINESS PHONE NO. (401) 751-7154	5. STATE OF INCORPORATION RHODE ISLAND		6. SIC CODE 7658	
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND Accounting services				

B. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME Roger M. Dufour			VICE PRESIDENT NAME		
STREET ADDRESS One Citizens Plaza, Suite 830			STREET ADDRESS		
CITY Providence	STATE RI	ZIP CODE 02903	CITY	STATE	ZIP CODE
SECRETARY NAME Roger M. Dufour			TREASURER NAME Roger M. Dufour		
STREET ADDRESS same			STREET ADDRESS same		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE

9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME none			DIRECTOR NAME		
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
DIRECTOR NAME			DIRECTOR NAME		
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	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
600 SHS	NO PAR VALUE		NONE		

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: 2/20/96

Roger M. Dufour
Signature of Officer

Check No: 1102

Roger M. Dufour
Print or Type Name of Officer

By: ME59

President February 2, 1996
Title of Officer Date



OK 677 89

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

0072476

1995

Corporate ID:

Annual Report for the year:

Roger M. Dufour, Ltd.

Name of Corporation:

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

Business Entity is (check one):

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

Business Corporation (See RIGL Chapter 7-1.1)

N/A

Professional Service Corporation (See RIGL Chapter 7-5.1)

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

accounting services

Phone: ()

Address and telephone of the principal office of business entity in Rhode

Island (Provide street address - Not P.O. Box):

One Citizens Plaza, Suite 830
Providence, RI 02903

Phone: (401) 751-7154

THE NAMES OF THE OFFICERS ARE:

OFFICER	STREET ADDRESS	CITY/STATE	ZIP CODE
PRESIDENT Roger M. Dufour	One Citizens Plaza, Suite 830	Providence, RI	02903
VICE PRESIDENT			
SECRETARY Roger M. Dufour	same		
TREASURER Roger M. Dufour	same		

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED (Rider may be attached)			NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)		
Number of Shares	Class / Series		Number of Shares	Class / Series	
600	common	No par value			

Date February 19 95

By: *Roger M. Dufour*
Roger M. Dufour

PRINT OR TYPE NAME OF OFFICER SIGNING

TITLE OF OFFICER SIGNING

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.

PAUL FLOURDE
ONE CITIZENS PLAZA, SUITE 830
PROVIDENCE RI 02903

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
LLC: Sept 1 - Nov 1
CORP: Jan 1 - March 1

Corporate ID: 0072476 Annual Report for the year: 1994

Name of Business Entity: Roger M. Dufour, Ltd.

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: ()

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box)
One Citizens Plaza, Suite 830
Providence, RI 02903

Phone: 401 751-7154

Business Entity is (check one):

- Business Corporation (See RIGL Chapter 7-11)
- Professional Service Corporation (See RIGL Chapter 7-51)
- Limited Liability Company (See RIGL 7-16)

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

Paul Plourde, Esq.
Plourde & Leonard, Ltd.
One Citizens Plaza, Suite 830
Providence, RI 02903

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

Date of Organization: May 5, 1993

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 (ON A O/S)	Roger M. Dufour	One Citizens Plaza, Suite 830, Prov., RI	RI	02903
<input type="checkbox"/> CHIEF OPERATING OFFICER OR <input type="checkbox"/> VICE PRESIDENT (ON A O/S)				
<input type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input checked="" type="checkbox"/> SECRETARY (ON A O/S)	Roger M. Dufour	One Citizens Plaza, Suite 830, Prov., RI	RI	02903
<input type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input checked="" type="checkbox"/> TREASURER (ON A O/S)	Roger M. Dufour	One Citizens Plaza, Suite 830, Prov., RI	RI	02903

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED (If Applicable)		NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)	
NUMBER	CLASS	NUMBER	CLASS
600	Common Stock		
			NONE AmL
	Without Par Value		

Roger M. Dufour, Ltd.

Date: February 3, 19 94

By: Roger M. Dufour

FILED

FEB 15 1994

Roger M. Dufour

PRINT OR TYPE NAME OF OFFICER SIGNING

President

TITLE OF OFFICER SIGNING

Form 21 1994

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form 11C-3 must be filed.

PAUL PLOURDE
ONE CITIZENS PLAZA, SUITE 830
PROVIDENCE RI 02903