



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
401.222.4040

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 109579		2. Name of Corporation Sowa Financial Group, Inc.			
3. Street Address Principal Business Office 855 WATERMAN AVE		City E. PROVIDENCE		State RI	Zip 02914
4. Business Phone No. 401.434.8090		5. State of Incorporation RHODE ISLAND			6. SIC Code 0
7. Brief Description of the Character of Business Conducted in Rhode Island TO DO BUSINESS AS AN INVESTMENT ADVISER.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Donald Sowa			Vice President Name		
Street Address 855 WATERMAN AVE			Street Address N/A		
City E. PROVIDENCE	State RI	Zip 02914	City	State	Zip
Secretary Name SAME			Treasurer Name		
Street Address			Street Address N/A		
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 Donald J. Sowa			Director Name		
Street Address 25 Lonesome Pine Rd.			Street Address N/A		
City Cumberland	State RI	Zip 02864	City	State	Zip
Director Name			Director Name		
Street Address			Street Address N/A		
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
8,000 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 **FILED**
Check No. **MAR 03 2005** 3640
By **KB**
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 Donald J. Sowa Date 2/17/05
Print or Type Name of Officer Donald J. Sowa
Title of Officer President



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. 109579		2. Name of Corporation Sowa Financial Group, Inc.			
3. Street Address Principal Business Office 855 Waterman Ave.		City East Prov.	State R.I.	Zip 02914	
4. Business Phone No. 401-434-8090		5. State of Incorporation RHODE ISLAND		6. SIC Code 0	
7. Brief Description of the Character of Business Conducted in Rhode Island TO DO BUSINESS AS AN INVESTMENT ADVISER.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Donald J. Sowa			Vice President Name N/A		
Street Address 25 Ronesome Pine Rd.			Street Address		
City Cumberland	State R.I.	Zip 02864	City	State	Zip
Secretary Name N/A			Treasurer Name N/A		
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 Donald J. Sowa			Director Name N/A		
Street Address 25 Ronesome Pine Rd			Street Address		
City Cumberland	State R.I.	Zip 02864	City	State	Zip
Director Name N/A			Director Name N/A		
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
8,000 NO PAR VALUE			none		

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



* 1 0 9 5 7 9 *

File Date	1-13-04
Check No.	3153
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.

Donald J. Sowa **1-12-04**
Signature of Officer Date
Donald J. Sowa
Print or Type Name of Officer
President
Title of Officer



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

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No

109579

2. Name of Corporation

Sowa Financial Group, Inc.

3. Street Address Principal Business Office

35 Highland Ave

City

East Prov.

State

R.I.

Zip

02914

4. Business Phone No

401-434-8090

5. State of Incorporation

RHODE ISLAND

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

Investment Advisory Firm/Services

Professional Activity Code 06130

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

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Donald T. Sowa

Vice President Name

none

Street Address

25 Lonesome Pine Rd.

Street Address

City

Cumberland R.I.

State

Zip

02864

City

State

Zip

Secretary Name

none

Treasurer Name

none

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

Donald T. Sowa, CFP

Director Name

None

Street Address

25 Lonesome Pine Rd.

Street Address

City

Cumberland RI

State

Zip

02864

City

State

Zip

Director Name

none

Director Name

none

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

8,000 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



* 1 0 9 5 7 9 *

File Date: 1-14-03

Check No.: 2680

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.

Donald T. Sowa 1-13-03

Signature of Officer Date

President Donald T. Sowa

Print or Type Name of Officer

President

Title of Officer

Form 630 12/02



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

Edward S. Innan, 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. **109579** 2. Name of Corporation **Sowa Financial Group, Inc.**

3. Street Address Principal Business Office **35 Highland Avenue** City **East Providence** State **RI** Zip **02914**
4. Business Phone No. **(401) 434-8090** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **0**

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

Investment Advisory Firm/ Services

Professional Activity Code * **6130**

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

President Name **Donald J. Sowa, CFP** Vice President Name **N/A**
Street Address **25 Lonesome Pine Rd** Street Address
City **Cumberland** State **RI** Zip **02864** City State Zip
Secretary Name **N/A** Treasurer Name **N/A**
Street Address **N/A** 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 **Donald J. Sowa, CFP** Director Name **N/A**
Street Address **Same** Street Address
City State Zip City State Zip
Director Name **N/A** Director Name **N/A**
Street Address **N/A** Street Address
City State Zip City State Zip

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

AUTHORIZED SHARES

Number of Shares **8,000 NO PAR VALUE** Class/Series Par Value

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

ISSUED SHARES

Number of Shares **N/A** Class/Series Par Value

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



* 1 0 9 5 7 9 *

File Date: **1-3-02**
Check No.: **2145**
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 **Donald J. Sowa** Date **1/2/2002**
Print or Type Name of Officer **Donald J. Sowa**
Title of Officer **President**



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

Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **109579** 2. Name of Corporation **Sowa Financial Group, Inc.**
3. Street Address Principal Business Office **35 HIGHLAND AVENUE** City **PROVIDENCE** State **RI** Zip **02914**
4. Business Phone No. **(401) 434-8090** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **0**

7. Brief Description of the Character of Business Conducted in Rhode Island
Investment Brokerage & Advisory Services

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

President Name Donald J. Sowa	Vice President Name SAME
Street Address 25 Lonesome Pine Rd.	Street Address
City Cumberland State RI Zip 02864	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) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name Donald J. Sowa	Director Name NONE
Street Address 25 Lonesome Pine Rd.	Street Address
City Cumberland State RI Zip 02864	City State Zip
Director Name	Director Name NONE
Street Address NONE	Street Address
City State Zip	City State Zip

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
8,000	NO PAR VALUE	

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
8,000	NO PAR VALUE	

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



* 1 0 9 5 7 9 *

File Date 1/16
Check No. 1585
By CS

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 Donald J. Sowa Date 1/11/01
Print or Type Name of Officer Donald J. Sowa
Title of Officer President