

Ammended



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. 14082 2 Name of Corporation STAUCH VETROMILE & MITCHELL ADVERTISING, INC.

3 Street Address Principal Business Office 2 CHARLES STREET, 3RD FLOOR NORTH City PROVIDENCE State RI Zip 02904

4 Business Phone No. 490-9700 5 State of Incorporation RHODE ISLAND 6 SIC Code 7716

7 Brief Description of the Character of Business Conducted in Rhode Island
PROVIDE ADVERTISING SERVICES

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

President Name ROBERT W. VETROMILE, JR. Street Address 18 BRENTONWOOD City BARRINGTON State RI Zip 02806	Vice President Name WILLIAM A. MITCHELL Street Address 134 BARBER'S POND ROAD City SOUTH KINGSTOWN State RI Zip 02892
Secretary Name ROBERT W. VETROMILE, JR. Street Address 18 BRENTONWOOD City BARRINGTON State RI Zip 02806	Treasurer Name ROBERT W. VETROMILE, JR. Street Address 18 BRENTONWOOD City BARRINGTON State RI Zip 02806

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

Director Name ROBERT W. VETROMILE, SR. Street Address 290 RUMSTICK POINT City BARRINGTON State RI Zip 02806	Director Name ROBERT W. VETROMILE, JR. Street Address 18 BRENTONWOOD City BARRINGTON State RI Zip 02806
Director Name WILLIAM A. MITCHELL Street Address 134 BARBER'S POND ROAD City SOUTH KINGSTOWN State RI Zip 02892	Director Name ROBERT W. VETROMILE, JR. Street Address 18 BRENTONWOOD City BARRINGTON State RI Zip 02806

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

Number of Shares	Class/Series	Par Value
3000	COMMON	\$1.00

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

Number of Shares	Class/Series	Par Value
1498	COMMON	\$1.00

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



1 4 0 8 2

File Date 12/8/05

Check No.

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 12/6/05

ROBERT W. VETROMILE, JR.

Print or Type Name of Officer

PRESIDENT

Title of Officer