

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

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

(FORM MUST BE TYPED IN BLACK) I. Corporate ID No. 2. Name of Corporation 99080 Mal A. Salvadore, Ltd. 3. Street Address Principal Business Office State 7.ip 400 RESERVOIR AVENUE PROVIDENCE RI 02907 4. Business Phone No. 5. State of Incorporation 6. SIC Code (401)780-8686 RHODE ISLAND 7617 7. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN AND RENDER PROFESSIONAL SERVICES AS AN ATTORNEYAT LAW. 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name Mal A. Salvadore .Mal A. Salvadore Street Address Street Address 400 Reservoir Avenue . 400 Reservoir Avenue City State Zip Cin State Zip 02907 Providence RΙ Providence RΙ 02907 Secretary Name Treasurer Name Mal A. Salvadore Mal A. Salvadore Street Address Street Address 400 Reservoir Avenue 400 Reservoir Avenue City *City State Zip State Zip RΙ 02907 . Providence Providence RI 02907 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) | FILL, IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name Mal A. Salvadore, Esq. Street Address · Street Address 400 Reservoir Avenue City State State 7.ip ·City Providence 02907 RI Director Name Director Name Sireei Address Street Address City State 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 NO PAR VALUE 100 Common No Par Value This report must be signed in link 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 *99080 DBC 05/06/05 11:35:25 AM* 160 Signature of Office Mal A. Salvadore Check No Print or Type Name of Officer President FOR SECRETARY STATE LISE Title of Officer Form 630 12/01



FOR SECRETARY OF STATE USE ONLY

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

Form 630 12/01

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004 Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN E		anng 7 cc. 250.00			
1. Corporate ID No.	2. Name of Curpor				- ,
99080	Mal A. Salva	dore, Ltd.			
3 Street Address Principal Busin			City	State	Zip
400 RESERVOIR AVE	NUE		PROVIDENCE	RI	02907
4. Business Phone No.		5. State of Incorpor	ation		6. SIC Code
4017808686		RHODE ISLA	ND		7617
7. Brief Description of the Char- TO ENGAGE IN AND RE	acter of Business Con NDER PROPESSI	ducted in Rhode Island ONAL SERVICES AS	AN ATTORNEYAT LAW.		
8. NAMES AND ADDRES	SES OF THE OFF	ICERS ("X" BOX FOR	ATTACHMENT) FILL IN S	PACES BEFORE USING AT	TTACHMENTS .
President Name			Vice President Name		
Mal A. Salvadore			-Mal A. Salvado	ore	
; Sireei Address			Street Address	_	
400 Reservoir Aver			- 400 Reservoir		
City	State	Zip	City	State	Zip
Providence	RI	02907	· Providence	RI	02907
Secretary Name			Treasurer Name		
Mal A. Salvadore			Mal A. Salvado	re	
Street Address			Sireei Address	_	
400 RESERVOIR AVE		·····	.400 Reservoir		····
Cin	State	Zip	City	State	Zip
Providence	RI	02907	. Providence	RI	02907
5 9: NAMES AND ADDRES	SES OF THE DIR	ECTORS ("X" BOX FO	OR ATTACHMENT) FILL IN Director Name	SPACES BEFORE USING	ATTACHMENTS
Mal A. Salvadore			'Mal A. Salvado	ore	
Sireei Address			Street Address		, ,, , , , , , , , , , , , , , , , , ,
400 RESERVOIR AVE	√UE		'400 Reservoir	Avenue	
City	State	Zip	·City	State	Zp
Providence	RI	02907	Providence	RI	02907
Director Name			Director Name		
Sireei Address			·Sireei Address		
<u></u>		les.	·	··-	
City	State	Zip	.City	State	72ip
10. SHARES AUTHORIZI	ED. ("X" BOX FOR	ATTACHMENT) []	11 SHARES ISSUED (*	'X" BOX FOR ATTACHMEN	$m \sqcap$
AUTHORIZED SHARES	<u> </u>		ISSUED SHARES		· · · · · · · · · · · · · · · · · · ·
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
2 000 NO DAD VALUE			100	Common	No par value
2,000 NO PAR VALUE			100	Common	No par value
This report must be signed	d in ink by eithe	er the President, Vic	e President, Secretary, Ass	istant Secretary, Treas	urer, Receiver or Truste
•					
18 18118 12111 2011	11 (0 2)) 00 2				
11 TO 11	II ÎBIII ÎBI				
y y u	8 0			erjury, I declare and affirm	
				ng any accompanying schedents contained fice in are true	
99080 DBC 01/07/04	04:23:28 PM		and that all stateme	ms contained herein are tre	se and sorrect.
File Date - 3 -	-O 4		flatfal	alue	1/20 /2004
2	_	-	Signature of Officer		Date
Check No. 250	<u> </u>	_ 0	Mal A. Salv		
			Print or Type Name of		
by:		-	President		

Title of Officer



2. Name of Corporation

Mal A. Salvadore, Ltd.

(FORM MUST BE TYPED IN BLACK)

3. Street Address Principal Business Office

FOR SECRETARY OF STATE USE ONLY

400 RESERVOIR AVENUE

1. Corporate ID No. *99080*

Edward S. Inman, III. Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

Zip

02907

Form 630 12/01

State

RI

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003
Filing Period: January 1 - March 1 Filing Fee: \$50.00

4. Business Phone No.		5. State of Incorporation	n		6. SIC Code
4017808686	017808686 RHODE ISLAN		D		7617
7. Brief Description of the C TO ENGAGE IN AND	Character of Business C RENDER PROPES!	onducted in Rhode Island SIONAL SERVICES AS A	N ATTORNEY AT LAW.		
8. NAMES AND ADDE	RESSES OF THE O	FFICERS ("X" BOX FOR A	TTACHMENT) [] FILL IN SP	ACES BEFORE USING AT	TACHMENTS
President Name			Vice President Name		
Mal A. Salvador	'e		Mal A. Salvador	re	
Street Address			Street Address		
400 Reservoir A			.400 Reservoir A		Ta.
City	State	Zip	City	State	Zip
Providence	RI	02907	Providence	RI	02907
<i>ecremry Name</i> Mal A. Salvador	e		Mal A. Salvador	e	
Street Address			* Street Address		· · · · · · · · · · · · · · · · · · ·
400 Reservoir A	venue		.400 Reservoir A	venue	
City	State	Zip	'City	State	Zıp
Providence	RI	02907	. Providence	RI	02907
9. NAMES AND ADDI Director Name Mal A. Salvador		RECTORS ("X" BOX FOR	ATTACHMENT) FILL IN	SPACES BEFORE USING	ATTACHMENTS
	<u>—————————————————————————————————————</u>		Comment deliberation		
Street Address			· Sireei Address		
400 Reservoir A		13.		State	Zip
Ciny Providence	State RI	<i>Zip</i> 02907	·Ciry	Signe	гар
Director Name	J		Director Name		
Street Address			Street Address		
City	State	Zip	.City	State	Zip
10. SHARES AUTHO	PIZED CHYP ROY FO	OR ATTACHMENT)	11. SHARES ISSUED (*)	" BOX FOR ATTACHMEN	<u>vā</u> □
AUTHORIZED SHARES	CIELD IX BOX FE	ZKATACIIALET	ISSUED SHARES		<u></u>
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
2,000 NO PAR VAL	UE		100	Common	No Par Valu
This report must be s	iened in ink by ei	ther the President. Vice	President, Secretary, Assi	stant Secretary, Treas	urer, Receiver or Trust
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* 9	9080*			rjury, I declare and affirm	
	 		this report, includin	g any accom pan ying sche nts contained herein are tr	unies and statements,
99080 DBC1/8/03	1:02:40 PM			ins contained referr are tr	uc and correct.
File Dote 1	(G-03		Much a	cerulus	//14/200
~ (1701	-	Signature of Officer	<u> </u>	Date
Check No.	<u> </u>	'	Mal A. Salv		· ·
· 0			Print or Type Name of	f Officer	·
B_{Y} :			President		

Tule of Officer

City

PROVIDENCE

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR _

401-222-3040

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

2 Name of Corporation

99080

Mal A. Salvadore, Ltd.

3 Street Address Principal Business Office

Providence

State RI ^{Zip} 02907

400 Reservoir Avenue 4. Business Phone No.

5 State of Incorporation

6 MC Code

(401) 785-0100

RHODE ISLAND

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

Practice of Law

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

Vice President Name

Street Address

Mal A. Salvadore

Mal A. Salvadore Street Address

400 Reservoir Avenue, 3C

Mal A. Salvadore

400 Reservoir Avenue,

State

Zip

02907

400 Reservoir Avenue, 3C

Providence

02907

Providence Secretary Name

Providence

RI

State

RI

02907

Treasurer Name

Mal A. Salvadore

Street Address

Director Name

Street Address

400 Reservoir Avenue, 3C

Providence

State RΙ

State

RΙ

02907

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

Director Name

Street Address

Mal A. Salvadore

Street Address

400 Reservoir Avenue,

State

Providence

City

Zip

RI

02907

Director Name

Director Name

Street Address

Citi

State

212

Street Address

City

State

 Z_{ip}

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

AUTHORIZED SHARES

2,000 NO PAR VALUE

Number of Shares

Class/Series

Par Value

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

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

FOR SECRETARY OF STATE USE ONLY

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

Salvadore عر

Print or Type Name of Officer President

litte of Officer

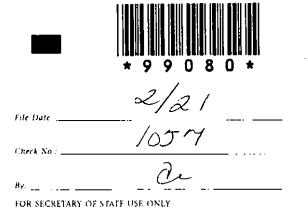
Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

2001 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR Filing Period: January 1-March, 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1 Corporate ID No. 99080	Name of Corporation	adore, Ltd.			
3. Street Address Principal Business Off 400 Reservoir A			^{Criy} Providence	State RI	^{Zip} 02907
4 Business Phone No (401) 785-0100		S. State of Incorporation RHODE ISLAND			6 SIC Code
7 Brief Description of the Character of Practice of Law	Business Conducted in Rh	ode Island			
8. NAMES AND ADDRESSE President Name	S OF THE OFFICE	RS ("X" BOX FOR ATTACH!	MENT) FILL IN SPACES B Vice President Name	EFORE USING ATTACH	IMENTS
Mal A. Salvadore Street Address			Mal A. Salvado	ore	
400 Reservoir Av	enue, 3C State	Žip.	400 Reservoir	Avenue, 3C	Zıp
Providence Secretary Name	RI	02907	Providence Treasurer Name	RI	02907
Mal A. Salvadore			Mal A. Salvado	ore	
400 Reservoir Av	enue, 3C	Zip	400 Reservoir	Avenue, 3C	Ζίρ
Providence 9. NAMES AND ADDRESSE Director Name	RI S OF THE DIRECT	02907 **CORS (*X** BOX FOR ATTAC	Providence (HMENT) FILLIN SPACES (Director Name)	RI S BEFORE USING ATTAC	02907 CHMENTS
Mal A. Salvadore			Street Address		
400 Reservoir Av	enue, 3C	Zıp	City	State	Zip
Providence Director Name	. RI	02907	Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED AUTHORIZED SHARES	("X" BOX FOR ATTACH	IMENT)	11. SHARES ISSUED (*)	(* BOX FOR ATTACHMENT)	
Number of Shares	Class/Series	Pat Value	Number of Shares	Class/Series	Par Value
2,000 NO PAR VALU	E		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



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

Signature of Office Mal A. Salvadore

Print or Type Name of Officer

President Title of Officer

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 99080 2 Name of Corporation

Mal A. Salvadore, Ltd.

3. Street Address Principal Business Office

400 Reservoir Avenue, Suite 3G

Providence

State

RI

Zip

02907

6. SIC Code

4. Business Phone No.

5. State of Incorporation

RHODE ISLAND

(401) 785-0100

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

Practice of Law

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

President Name

Mal A. Salvadore

Mal A. Salvadore

Vice President Name Mal A. Salvadore

400 Reservoir Avenue, 3G

400 Reservoir Avenue, 3G

City

400 Reservoir Avenue,

Providence

RI

029**07**

Providence

State

RI

^ሬያ በ2907

Secretary Name

Treasurer Name

Mal A. Salvadore

Street Address

400 Reservoir Avenue, 3G

City Providence State RI

02907

City Providence State RI Zip 02907

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

Director Name

Street Address

Director Name

Mal A. Salvadore

Street Address

Street Address

400 Reservoir Avenue, 3G

City

State

Providence

RI

Zip

Director Name

02907

Director Name

Street Address

Street Address

City

State

Zip

City

Zio

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

AUTHORIZED SHARES

Number of Shares

2,000 NO PAR VALUE

Class/Series

Par Value

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

this report, including any accompanying schedules and statements, and contained herein are true and correct.

ISSUED SHARES

Number of Shares

Class/Serles

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



BY SEC'Y OF STATE FOR SECRETARY OF STATE USE ONLY

Signature of Officer Mal A. Salvadore

Print or Type Name of Officer President

Title of Officer









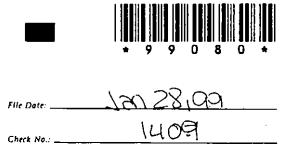
James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999 Filing Period: January 1-March 1 • Filing Fee: \$50.00

STOP PLASE RIAD INSTRUCTIONS

Providence 9. NAMES AND ADDRI Director Name Mal A. Salvado Street Address 400 Reservoir City Providence Director Name Street Address City 10. SHARES AUTHORIZ AUTHORIZED SHARES Number of Shares 2,000 NO PAR VAI	State State Class/Ser	3G RI FOR ATTACK	Zip 02907 Zip		State State State Class/Series Common	Zip Zip
9. NAMES AND ADDRI Director Name Mal A. Salvado Street Address 400 Reservoir City Providence Director Name Street Address City 10. SHARES AUTHORIZ AUTHORIZED SHARES Number of Shares	State State Class/Ser	3G RI FOR ATTACK	Zip 02907 Zip HMENT)	CHMENT) FILL IN SPACE Director Name Street Address City Director Name Street Address City 11. SHARES ISSUED (*, ISSUED SHARES	State State State X* BOX FOR ATTACHMENT.	Zip Zip
9. NAMES AND ADDRI Director Name Mal A. Salvado Street Address 400 Reservoir City Providence Director Name Street Address City	esses OF There Avenue, State	3G RI	Zip 02907 Zip	CHMENT) FILL IN SPACE Director Name Street Address City Director Name Street Address City 11. SHARES ISSUED (**)	State	Zip Zip
9. NAMES AND ADDRI Director Name Mal A. Salvado Street Address 400 Reservoir City Providence Director Name Street Address	esses OF The ore Avenue, State	3 G	zip 02907	CHMENT) FILL IN SPACE Director Name Street Address City Director Name Street Address	State 	Zip
9. NAMES AND ADDRI Director Name Mal A. Salvado Street Address 400 Reservoir City Providence Director Name	esses of the ore Avenue,	3 G	Zip	CHMENT) FILL IN SPACE Director Name Street Address City Director Name		CHMENTS .
9. NAMES AND ADDRI Director Name Mal A. Salvado Street Address 400 Reservoir Gity Providence	esses of the ore Avenue,	3 G	Zip	CHMENT) FILL IN SPACE Director Name Street Address City		CHMENTS .
9. NAMES AND ADDRI Director Name Mal A. Salvado Street Address 400 Reservoir City	esses of the ore Avenue,	3 G	Zip	CHMENT) FILL IN SPACE Director Name Street Address		CHMENTS .
9. NAMES AND ADDRI Director Name Mal A. Salvado Street Address 400 Reservoir	esses of the ore Avenue,			CHMENT) FILL IN SPACE Director Name Street Address		
9. NAMES AND ADDRI Director Name Mal A. Salvado	ESSES OF TH	IE DIREC	IORS ("X" BOX FOR ATTAC	CHMENT) FILL IN SPACE Director Name	S BEFORE USING ATTA	
9. NAMES AND ADDRI Director Name	ESSES OF TH	IE DIREC	TORS ("X" BOX FOR ATTAC	CHMENT) FILL IN SPACE	S BEFORE USING ATTA	
Providence	•					
	C	RI	02907	Providence	RI	02907
400 Reservoir	Avenue,	3G	Zip	400 Reservoir	Avenue, 3G	Zip
Mal A. Salvado Street Address				Mal A. Salvad	lore	
Secretary Name		RI	02907	Providence Treasurer Name	RI	02907
Providence	State		Zip	400 Reservoir	State	Zip
Street Address 400 Reservoir	Avanua	20		Street Address	A	
Mal A. Salvado	re			Mal A. Salvad	lore	
Practice of Law 8. NAMES AND ADDR President Name		HE OFFICI	ERS ("x" box for attachi	MENT) FILL IN SPACES I Vice President Name	BEFORE USING ATTAC	HMENTS
(401) 785-0100 7. Brief Description of the Chara	rter of Rusiness C	Conducted in R				
400 Reservoir 4. Business Phone No.	Avenue,	Suite 3	SG S. State of Incorporation RHODE ISLAND	Providence	RI	02907 6. SIC Code
·			_	City	State -	Zip
3. Street Address Principal Busin		A. Salvad	iore, Ltd.			
1. Corporate ID No. 99080 3. Street Address Principal Busin	Mai	of Corporation				

This report must be s**igned in lak** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



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

Mal A. Salvadore
Print or Type Name of Officer

President

Title of Officer
