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. | 2. Name of Corporation |
|---|---|
| 99080 | Mal A. Salvadore, Ltd. |

| 3. Street Address Principal Business Office | City | State | Zip |
|---|---|---|---|
| 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**

| President Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| Mal A. Salvadore | 400 Reservoir Avenue | Providence | RI | 02907 |

| Vice President Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| Mal A. Salvadore | 400 Reservoir Avenue | Providence | RI | 02907 |

| Secretary Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| Mal A. Salvadore | 400 Reservoir Avenue | Providence | RI | 02907 |

| Treasurer Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| Mal A. Salvadore | 400 Reservoir Avenue | Providence | RI | 02907 |

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

| Director Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| Mal A. Salvadore, Esq. | 400 Reservoir Avenue | Providence | RI | 02907 |

| Director Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| | | | | |

| Director Name | Street Address | 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 ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee*

[redacted] 990080 [redacted]

*99080 DBC 05/06/05 11:35:25 AM*
*File Date* FILED
*Check No.* 3233
MAY 13 2005
*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* 5/6/2005

Mal A. Salvadore
*Print or Type Name of Officer*

[redacted] President
*Title of Officer*

Form 630 12/01

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 2004

*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 | | City | State | Zip |
| 400 RESERVOIR AVENUE | | PROVIDENCE | RI | 02907 |
| 4. Business Phone No. | 5. State of Incorporation | | | 6. SIC Code |
| 4017808686 | 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

| President Name | | | Vice President Name | | |
|---|---|---|---|---|---|
| Mal A. Salvadore | | | Mal A. Salvadore | | |
| Street Address | | | Street Address | | |
| 400 Reservoir Avenue | | | 400 Reservoir Avenue | | |
| City | State | Zip | City | State | Zip |
| Providence | RI | 02907 | Providence | RI | 02907 |
| **Secretary Name** | | | **Treasurer Name** | | |
| Mal A. Salvadore | | | Mal A. Salvadore | | |
| Street Address | | | Street Address | | |
| 400 RESERVOIR AVENUE | | | 400 Reservoir Avenue | | |
| City | State | Zip | City | State | Zip |
| Providence | RI | 02907 | 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 | | | Mal A. Salvadore | | |
| Street Address | | | Street Address | | |
| 400 RESERVOIR AVENUE | | | 400 Reservoir Avenue | | |
| City | State | Zip | City | State | Zip |
| Providence | RI | 02907 | Providence | RI | 02907 |
| 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 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*

[redacted] 9 9 0 8 0 [redacted]

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* 1/20/2004

Mal A. Salvadore
*Print or Type Name of Officer*

[redacted] President
*Title of Officer*

Form 630 12/01

*99080 DBC 01/07/04 04:23:28 PM*
*File Date* 1-23-04
*Check No.* 2567
*By:*
FOR SECRETARY OF STATE USE ONLY

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 IN BLACK)*

| 1. Corporate ID No. | 2. Name of Corporation |
|---|---|
| *99080* | Mal A. Salvadore, Ltd. |

| 3. Street Address Principal Business Office | City | State | Zip |
|---|---|---|---|
| 400 RESERVOIR AVENUE | PROVIDENCE | RI | 02907 |

| 4. Business Phone No. | 5. State of Incorporation | 6. SIC Code |
|---|---|---|
| 4017808686 | RHODE ISLAND | 7617 |

7. Brief Description of the Character of Business Conducted in Rhode Island
TO ENGAGE IN AND RENDER PROFESSIONAL SERVICES AS AN ATTORNEY AT LAW.

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

| President Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| Mal A. Salvadore | 400 Reservoir Avenue | Providence | RI | 02907 |

| Vice President Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| Mal A. Salvadore | 400 Reservoir Avenue | Providence | RI | 02907 |

| Secretary Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| Mal A. Salvadore | 400 Reservoir Avenue | Providence | RI | 02907 |

| Treasurer Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| Mal A. Salvadore | 400 Reservoir Avenue | Providence | RI | 02907 |

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

| Director Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| Mal A. Salvadore | 400 Reservoir Avenue | Providence | RI | 02907 |

| Director Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| | | | | |

| Director Name | Street Address | 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 ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee*

[redacted] [barcode] * 9 9 0 8 0 *

*99080 DBC1/8/031:02:40 PM*
*File Date* 1-16-03
*Check No.* 2089
*By:* JP
FOR SECRETARY OF STATE USE ONLY

[redacted]

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* 1/14/2003

Mal A. Salvadore
*Print or Type Name of Officer*

[redacted] President
*Title of Officer*

Form 630 12/01

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*

STOP
PLEASE READ INSTRUCTIONS

# 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.* **99080**

*2. Name of Corporation* **Mal A. Salvadore, Ltd.**

*3. Street Address Principal Business Office* 400 Reservoir Avenue — *City* Providence — *State* RI — *Zip* 02907

*4. Business Phone No.* (401) 785-0100

*5. State of Incorporation* **RHODE ISLAND**

*6. SIC Code* 0

*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
*Street Address* 400 Reservoir Avenue, 3C
*City* Providence *State* RI *Zip* 02907

*Vice President Name* Mal A. Salvadore
*Street Address* 400 Reservoir Avenue, 3C
*City* Providence *State* RI *Zip* 02907

*Secretary Name* Mal A. Salvadore
*Street Address* 400 Reservoir Avenue, 3C
*City* Providence *State* RI *Zip* 02907

*Treasurer Name* Mal A. Salvadore
*Street Address* 400 Reservoir Avenue, 3C
*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* Mal A. Salvadore
*Street Address* 400 Reservoir Avenue, 3C
*City* Providence *State* RI *Zip* 02907

*Director Name*
*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 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

[redacted]

* 9 9 0 8 0 *

*File Date:* 2/4/02

*Check No.:* 16005

*By* CE

FOR SECRETARY OF STATE USE ONLY

[redacted]

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* 1/31/2002

*Print or Type Name of Officer* Mal A. Salvadore

*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***

STOP PLEASE READ INSTRUCTIONS

*(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 — *City* Providence — *State* RI — *Zip* 02907

4. *Business Phone No* (401) 785-0100

5. *State of Incorporation* RHODE ISLAND

6. *SIC Code* 0

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
*Street Address* 400 Reservoir Avenue, 3C
*City* Providence *State* RI *Zip* 02907

*Vice President Name* Mal A. Salvadore
*Street Address* 400 Reservoir Avenue, 3C
*City* Providence *State* RI *Zip* 02907

*Secretary Name* Mal A. Salvadore
*Street Address* 400 Reservoir Avenue, 3C
*City* Providence *State* RI *Zip* 02907

*Treasurer Name* Mal A. Salvadore
*Street Address* 400 Reservoir Avenue, 3C
*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* Mal A. Salvadore
*Street Address* 400 Reservoir Avenue, 3C
*City* Providence *State* RI *Zip* 02907

*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 | 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

[redacted] *99080*

*File Date* 2/21

*Check No.* 1057

*By.* [redacted]

FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

[redacted] 2/17/2001
*Signature of Officer* *Date*

Mal A. Salvadore
*Print or Type Name of Officer*

[redacted] President
*Title of Officer*

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

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

STOP
PLEASE READ INSTRUCTIONS

# 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 — *City* Providence — *State* RI — *Zip* 02907

4. *Business Phone No.* (401) 785-0100

5. *State of Incorporation* RHODE ISLAND

6. *SIC Code*

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
*Street Address* 400 Reservoir Avenue, 3G
*City* Providence *State* RI *Zip* 02907

*Vice President Name* Mal A. Salvadore
*Street Address* 400 Reservoir Avenue, 3G
*City* Providence *State* RI *Zip* 02907

*Secretary Name* Mal A. Salvadore
*Street Address* 400 Reservoir Avenue, 3G
*City* Providence *State* RI *Zip* 02907

*Treasurer Name* Mal A. Salvadore
*Street Address* 400 Reservoir Avenue, 3G
*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* Mal A. Salvadore
*Street Address* 400 Reservoir Avenue, 3G
*City* Providence *State* RI *Zip* 02907

*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 | 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

[redacted] [redacted]

*99080*

*File Date:* PAID 1140 2057

*Check No.:* FEB 15 2000

*By:* SEC'Y 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.

*Signature of Officer* — *Date* 2/14/2000

Mal A. Salvadore
*Print or Type Name of Officer*

[redacted] President
*Title of Officer*

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

*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
PLEASE READ INSTRUCTIONS

*(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
   City: Providence State: RI Zip: 02907
4. Business Phone No.: (401) 785-0100
5. State of Incorporation: RHODE ISLAND
6. SIC Code:
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
Street Address: 400 Reservoir Avenue, 3G
City: Providence State: RI Zip: 02907

Vice President Name: Mal A. Salvadore
Street Address: 400 Reservoir Avenue, 3G
City: Providence State: RI Zip: 02907

Secretary Name: Mal A. Salvadore
Street Address: 400 Reservoir Avenue, 3G
City: Providence State: RI Zip: 02907

Treasurer Name: Mal A. Salvadore
Street Address: 400 Reservoir Avenue, 3G
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: Mal A. Salvadore
Street Address: 400 Reservoir Avenue, 3G
City: Providence State: RI Zip: 02907

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 | NO PAR VALUE | |

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

ISSUED SHARES

| Number of Shares | Class/Series | Par Value |
|---|---|---|
| 100 | Common | NONE |

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

[redacted] [barcode] *99080*

[redacted]

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* 1/26/99 *Date*

Mal A. Salvadore
*Print or Type Name of Officer*

[redacted] President
*Title of Officer*

File Date: Jan 28, 99

Check No.: 1409

By: J.D.

FOR SECRETARY OF STATE USE ONLY