

AMENDED  
CHANGE OF ADDRESS

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



1. Corporate ID No. 14785  
2. Name of Corporation Streicker & Company Inc.  
3. Principal Business Office 37 EASTERN AVE  
4. City, State, and Zip Code Providence R.I. 02914  
5. State of Incorporation RHODE ISLAND

BOOK #1518 2/26/03

Zip 02914  
~~02903~~  
6. SIC Code 7716

7. Brief Description of the Character of Business Conducted in Rhode Island  
Advertising & public relations agency

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

FILL IN SPACES BEFORE USING ATTACHMENTS

Officer Name: Paul W. Streicker  
Street Address: 18 Sheldon Street  
City: Providence R.I. Zip: 02906

Vice President Name: Paul W. Streicker  
Street Address: 18 Sheldon Street  
City: Providence R.I. Zip: 02906  
Treasurer Name: Paul W. Streicker  
Street Address: 18 Sheldon Street  
City: Providence R.I. Zip: 02906

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

FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name: Paul W. Streicker  
Street Address: 18 Sheldon Street  
City: Providence R.I. Zip: 02906

Director Name: Paul W. Streicker  
Street Address: 18 Sheldon Street  
City: Providence R.I. Zip: 02906

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

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

Authorized Shares: 1,000 \$ .10 PAR VALUE

Issued Shares: 0 Common

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



\* 1 4 7 8 5 \*

Date: 9/5/03

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: [Handwritten Signature] Date: 9/4/03

Print or Type Name of Officer: PAUL W. STREICKER

Title of Officer: President

Upon completion, please detach and mail the annual report below including payment in the amount of \$50.00 made payable to Secretary of State. If the registered office and/or registered agent to whom the annual report was mailed have changed, Form 640, along with the appropriate filing fee, if any, must be filed in this office. Form 640 may be obtained by contacting this office at 401-222-3040, or from our web site, [www.state.ri.us](http://www.state.ri.us).

22681

**RETAIN FOR YOUR RECORDS**  
ID# 14785  
Streicker & Company Inc.

Streicker & Company Inc.  
c/o PAUL W. STREICKER  
~~1555 GREENBERRY STREET~~  
37 ~~GREENBERRY~~ ~~STREET~~  
EAST PROVIDENCE, RI ~~02908~~  
02914

DETACH HERE