



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Division
100 North Main St
Providence, RI 02903-13
(401) 222-36

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. 75585		2. Name of Corporation A-1 COURT REPORTERS, INC.		
3. Street Address Principal Business Office 2180 Mendon Road, Suite 22		City Cumberland	State Rhode Island	Zip 02864
4. Business Phone No. (401) 333-3381		5. State of Incorporation RHODE ISLAND		6. SIC Code 7856
7. Brief Description of the Character of Business Conducted in Rhode Island TO CONDUCT AND CARRY ON THE BUSINESS OF COURT REPORTING, STENOGRAPHY AND ALL ALLIED SERVICES.				
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name JoAnne M. Sutcliffe		Vice President Name JoAnne M. Sutcliffe		
Street Address 2180 Mendon Road, Suite 22		Street Address 2180 Mendon Road, Suite 22		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI
Secretary Name JoAnne M. Sutcliffe		Treasurer Name JoAnne M. Sutcliffe		
Street Address 2180 Mendon Road, Suite 22		Street Address 2180 Mendon Road, Suite 22		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name JoAnne M. Sutcliffe		Director Name JoAnne M. Sutcliffe		
Street Address 2180 Mendon Road, Suite 22		Street Address 2180 Mendon Road, Suite 22		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
AUTHORIZED SHARES				
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series
100 COMM NO PAR VALUE			100	Common
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
ISSUED SHARES				
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series

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



File Date **2-7-05**
Check No **1731**
By **KTB**

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 statement contained herein are true and correct.

JoAnne M. Sutcliffe 2/3/05
Signature of Officer Date

Jo Anne M. Sutcliffe
Print or Type Name of Officer

President
Title of Officer



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. 75585		2. Name of Corporation A-1 COURT REPORTERS, INC.			
3. Street Address Principal Business Office 2180 MENDON ROAD, SUITE 22		City CUMBERLAND	State RI	Zip 02864-	
4. Business Phone No. 4013333381		5. State of Incorporation RHODE ISLAND			6. SIC Code 7856
7. Brief Description of the Character of Business Conducted in Rhode Island TO CONDUCT AND CARRY ON THE BUSINESS OF COURT REPORTING, STENOGRAPHY AND ALL ALLIED SERVICES.					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name JoAnne M. Sutcliffe			Vice President Name JoAnne M. Sutcliffe		
Street Address 2180 Mendon Road, Suite 22			Street Address 2180 Mendon Road, Suite 22		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
Secretary Name JoAnne M. Sutcliffe			Treasurer Name JoAnne M. Sutcliffe		
Street Address 2180 Mendon Road, Suite 22			Street Address 2180 Mendon Road, Suite 22		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Joanne M. Sutcliffe			Director Name		
Street Address 2180 Mendon Road, Suite 22			Street Address		
City Cumberland,	State RI	Zip 02864	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100 COMM 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



7 5 5 8 5

75585 DBC 02/09/04 01:14:14 PM

File Date 3.01.04

Check No. 39942

By: JP

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.

JoAnne M. Sutcliffe 3/18/04
Signature of Officer Date
JoAnne M. Sutcliffe
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 02903-13
401-222-30

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. 75585		2. Name of Corporation A-1 COURT REPORTERS, INC.	
3. Street Address Principal Business Office 2180 Mendon Road, Suite 22		City Cumberland	State RI
4. Business Phone No. (401) 333-3381		Zip 02864	
5. State of Incorporation RHODE ISLAND		6. SIC Code 7856	
7. Brief Description of the Character of Business Conducted in Rhode Island to conduct & carry on the business of court reportings, stenography & all allied services related thereto & connected therewith			
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City Cumberland	State RI	City Cumberland	State RI
Zip 02864		Zip 02864	
Secretary Name JoAnne M. Sutcliffe		Treasurer Name JoAnne M. Sutcliffe	
Street Address 2180 Mendon Road, Suite 22		Street Address 2180 Mendon Road, Suite 22	
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Street Address 2180 Mendon Road, Suite 22		Street Address	
City Cumberland	State RI	City	State
Zip 02864		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)			
AUTHORIZED SHARES			
Number of Shares	Class/Series	Par Value	
100 COMM 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



* 7 5 5 8 5 *

File Date: 1.02.03
Check No.: 39370
By: UP
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: JoAnne M. Sutcliffe Date: 1/13/03
Print or Type Name of Officer: JoAnne M. Sutcliffe
Title of Officer: President



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 02903-1333
401-222-3044

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.

2. Name of Corporation

75585

A-1 COURT REPORTERS, INC.

3. Street Address Principal Business Office

City

State

Zip

2180 Mendon Road, Suite 22

Cumberland

RI

02864

4. Business Phone No.

5. State of Incorporation

6. SIC Code

(401) 333-3381

Rhode Island

7856

7. Brief Description of the Character of Business Conducted in Rhode Island to conduct & carry on the business of court re-
portings, stenography & all allied services related thereto & connected therewith

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

President Name

Vice President Name

JoAnne M. Sutcliffe

JoAnne M. Sutcliffe

Street Address

Street Address

2180 Mendon Road, Suite 22

2180 Mendon Road, Suite 22

City

State

Zip

City

State

Zip

Cumberland

RI

02864

Cumberland

RI

02864

Secretary Name

Treasurer Name

JoAnne M. Sutcliffe

JoAnne M. Sutcliffe

Street Address

Street Address

2180 Mendon Road, Suite 22

2180 Mendon Road, Suite 22

City

State

Zip

City

State

Zip

Cumberland

RI

02864

Cumberland

RI

02864

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

Director Name

Director Name

JoAnne M. Sutcliffe

Street Address

Street Address

2180 Mendon Road, Suite 22

City

State

Zip

City

State

Zip

Cumberland

RI

02864

Director Name

Director Name

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

100 SHS COMM 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

FILED

AUG 30 2002

File Date:

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

JoAnne M. Sutcliffe

Print or Type Name of Officer

President

Title of Officer



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

Corporations Division
100 North Main Street, Providence, RI 02903-1
401-222-31

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.

75585

2. Name of Corporation

A-1 COURT REPORTERS, INC.

3. Street Address Principal Business Office

357 Putnam Pike

City

Smithfield

State

RI

Zip

02917

4. Business Phone No.

(401) 231-8860

5. State of Incorporation

RHODE ISLAND

6. SIC Code

7856

7. Brief Description of the Character of Business Conducted in Rhode Island to conduct & carry on the business of court re-
protings, stenography & all allied services related thereto & connected therewi

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

President Name

JoAnne M. Sutcliffe

Street Address

357 Putnam Pike

City

State

Zip

Smithfield

RI

02917

JoAnne M. Sutcliffe

Street Address

357 Putnam Pike

City

State

Zip

Smithfield

RI

02917

Vice President Name

JoAnne M. Sutcliffe

Street Address

357 Putnam Pike

City

State

Zip

Smithfield

RI

02917

JoAnne M. Sutcliffe

Street Address

357 Putnam Pike

City

State

Zip

Smithfield

RI

02917

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

Director Name

JoAnne M. Sutcliffe

Street Address

357 Putnam Pike

City

State

Zip

Smithfield

RI

02917

Director Name

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

100 SHS COMM 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



* 7 5 5 8 5 *

File Date. 3-30-01

Check No. 3459

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] 3/27/01

JoAnne M. Sutcliffe

Print or Type Name of Officer

PRESIDENT

Title of Officer



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

James R. Langevin, Secretary of State
Corporations Div.
100 North Main Street, Providence, RI 02903-1
401-222-3

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.

75585

2. Name of Corporation

A-1 COURT REPORTERS, INC.

3. Street Address Principal Business Office

357 Putnam Pike

City

Smithfield

State

RI

Zip

02917

4. Business Phone No.

(401) 231-8860

5. State of Incorporation

RHODE ISLAND

6. SIC Code

7856

7. Brief Description of the Character of Business Conducted in Rhode Island to conduct and carry on the business of court reportings, stenography and all allied services related there to and connected with

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

President Name

JoAnne M. Sutcliffe

Vice President Name

JoAnne M. Sutcliffe

Street Address

357 Putnam Pike

Street Address

357 Putnam Pike

City

Smithfield

State

RI

Zip

02917

City

Smithfield

State

RI

Zip

02917

Secretary Name

JoAnne M. Sutcliffe

Treasurer Name

JoAnne M. Sutcliffe

Street Address

357 Putnam Pike

Street Address

357 Putnam Pike

City

Smithfield

State

RI

Zip

02917

City

Smithfield

State

RI

Zip

02917

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

Director Name

JoAnne M. Sutcliffe

Director Name

Street Address

357 Putnam Pike

Street Address

City

Smithfield

State

RI

Zip

02917

City

Smithfield

State

RI

Zip

Director Name

Director Name

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

100 SHS COMM 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



* 7 5 5 8 5 *

File Date:

2/15/00

Check No.:

3275

By:

JoAnne M. Sutcliffe

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

JoAnne M. Sutcliffe

Print or Type Name of Officer

PRESIDENT

Title of Officer



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

James R. Langevin, Secretary of S
Corporations Divi.
100 North Main Street, Providence, RI 02903-1
401-222-3

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **1999**

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

75585

2. Name of Corporation

A-1 COURT REPORTERS, INC.

3. Street Address Principal Business Office

357 Putnam Pike

4. Business Phone No.

(401) 231-8860

5. State of Incorporation

RHODE ISLAND

City

Smithfield

State

RI

Zip

02917

6. SIC Code
7856

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

to conduct and carry on the business of court reporting, stenography and all allied services related there to and connected

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

President Name

JoAnne M Sutcliffe

Street Address

357 Putnam Pike

City

Smithfield

State

RI

Zip

02917

Secretary Name

JoAnne M. Sutcliffe

Street Address

357 Putnam Pike

City

Smithfield

State

RI

Zip

02917

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

Director Name

JoAnne M. Sutcliffe

Street Address

357 Putnam Pike

City

Smithfield

State

RI

Zip

02917

Director Name

Street Address

City

State

Zip

Vice President Name

JoAnne M Sutcliffe

Street Address

357 Putnam Pike

City

Smithfield

State

RI

Zip

02917

Treasurer Name

JoAnne M. Sutcliffe

Street Address

357 Putnam Pike

City

Smithfield

State

RI

Zip

02917

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

100 SHS COMM 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.



* 7 5 5 8 5 *

File Date: **3.1.99**

Check No.: **3117**

By: **WP**

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.

JoAnne M. Sutcliffe 2/14/99
Signature of Officer Date

JoAnne M. Sutcliffe
Print or Type Name of Officer

President
Title of Officer

ANNUAL MEETING OF DIRECTORS

A-1 COURT REPORTERS, INC.

Held: February 5, 1999

The annual meeting of the Board of Directors was held immediately after the meeting of the Stockholders in accordance with the provisions of the By-Laws.

All of the Directors were present.

Upon motion duly made and seconded, it was unanimously

VOTED:

That all acts and doings of the officers of said corporation on behalf of and in the name of said corporation be adopted, ratified, confirmed and approved as the acts and doings of this corporation.

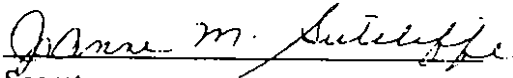
There being no further business to come before the meeting, it was unanimously

VOTED:

To adjourn.

ADJOURNED:

A TRUE RECORD, ATTEST:


Secretary

ANNUAL MEETING OF MEMBERS

A-1 COURT REPORTERS, INC.

Held: February 5, 1999

The President presided over the meeting.

All the Stockholders were present.

Upon motion duly made and seconded, it was unanimously

VOTED:

To proceed with the election of officers and directors. A ballot was then taken and the following persons were elected to the following offices to serve until the next annual meeting or until their successors are duly elected and qualified.

President:	JoAnne M. Sutcliffe
Vice President:	JoAnne M. Sutcliffe
Secretary:	JoAnne M. Sutcliffe
Treasurer:	JoAnne M. Sutcliffe
Director:	JoAnne M. Sutcliffe

There being no further business to come before the meeting, it was unanimously

VOTED:

To adjourn.

ADJOURNED:

A TRUE RECORD, ATTEST:

JoAnne M. Sutcliffe
Secretary



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 02903-1
401-277-31

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **1998**

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

(FORM MUST BE TYPED IN BLACK)



1. Corporate ID No. 75585		2. Name of Corporation A-1 COURT REPORTERS, INC.	
3. Street Address Principal Business Office 357 Putnam Pike		City Smithfield	State RI
4. Business Phone No. (401)231-8860		Zip 02917	6. SIC Code 7856
5. State of Incorporation RHODE ISLAND			
7. Brief Description of the Character of Business Conducted in Rhode Island to conduct and carry on the business of reporting, stenography and all allied services related thereto and connected therewith.			
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)			
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Street Address 357 Putnam Pike		Street Address 357 Putnam Pike	
City Smithfield	State RI	City Smithfield	State RI
Zip 02917		Zip 02917	
Secretary Name JoAnne M. Sutcliffe		Treasurer Name JoAnne M. Sutcliffe	
Street Address 357 Putnam Pike		Street Address 357 Putnam Pike	
City Smithfield	State RI	City Smithfield	State RI
Zip 02917		Zip 02917	
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)			
Director Name JoAnne M. Sutcliffe		Director Name	
Street Address 357 Putnam Pike		Street Address	
City Smithfield	State RI	City	State
Zip 02917		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)			
AUTHORIZED SHARES			
Number of Shares	Class/Series	Par Value	
100 SHS COMM NO PAR VALUE			
11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)			
ISSUED SHARES			
Number of Shares	Class/Series	Par Value	
100	common	no par val	

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



File Date: **5-11-98**

Check No.: **36097**

By: **AMF**

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.

JoAnne M. Sutcliffe **5/25/98**
Signature of Officer Date

JO-ANNE M. SUTCLIFFE
Print or Type Name of Officer

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 02903-1311
401-277-3040



PROFIT CORPORATION ANNUAL REPORT 1997

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

75585

2. Name of Corporation

A-1 COURT REPORTERS, INC.

3. Street Address Principal Business Office

357 Putnam Pike

City

Smithfield

State

RI

Zip

02917

4. Business Phone No.

(401) 231-8860

5. State of Incorporation

RHODE ISLAND

6. SIC Code

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7. Brief Description of the Character of Business Conducted in Rhode Island to conduct and carry on the business of court reporting, stenography and all allied services related thereto and connected therewith.

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Vice President Name

JoAnne M. Sutcliffe

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Street Address

357 Putnam Pike

City

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State

RI

Zip

02917

City

Smithfield

State

RI

Zip

02917

Secretary Name

JoAnne M. Sutcliffe

Treasurer Name

JoAnne M. Sutcliffe

Street Address

357 Putnam Pike

Street Address

357 Putnam Pike

City

Smithfield

State

RI

Zip

02917

City

Smithfield

State

RI

Zip

02917

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

Director Name

JoAnne M. Sutcliffe

Director Name

Street Address

357 Putnam Pike

Street Address

City

Smithfield

State

RI

Zip

02917

City

State

Zip

Director Name

Street Address

City

State

Zip

Street Address

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

ISSUED SHARES

Number of Shares

Class/Series

Par Value

100 SHS COMM 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



* 7 5 5 8 5 *

File Date:

2-10-97

34695

1UP

Y 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.

JoAnne M. Sutcliffe
Signature of Officer

1/29/97
Date

JO ANNE M. SUTCLIFFE

Print or Type Name of Officer

President

Title of Officer

ROFIT CORPORATION ANNUAL REPORT

1996



State of Rhode Island and Providence Plantations
James R. Langevin, Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335 • (401) 277-30

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

RECEIVED JAN 22 1996

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. 75585		2. NAME OF CORPORATION A-1 COURT REPORTERS, INC.	
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 357 Putnam Pike		CITY Smithfield	STATE RI
4. BUSINESS PHONE NO. 231-8860		5. STATE OF INCORPORATION RHODE ISLAND	ZIP CODE 02917
			6. SIC CODE 7856

7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND
To conduct and carry on the business of court reporting, stenography and all allied services related thereto and connected therewith.

8. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME JoAnne M. Sutcliffe			VICE PRESIDENT NAME JoAnne M. Sutcliffe		
STREET ADDRESS 357 Putnam Pike			STREET ADDRESS 357 Putnam Pike		
CITY Smithfield	STATE RI	ZIP CODE 02917	CITY Smithfield	STATE RI	ZIP CODE 02917
SECRETARY NAME JoAnne M. Sutcliffe			TREASURER NAME JoAnne M. Sutcliffe		
STREET ADDRESS 357 Putnam Pike			STREET ADDRESS 357 Putnam Pike		
CITY Smithfield	STATE RI	ZIP CODE 02917	CITY Smithfield	STATE RI	ZIP CODE 02917

9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME JoAnne M. Sutcliffe			DIRECTOR NAME		
STREET ADDRESS 357 Putnam Pike			STREET ADDRESS		
CITY Smithfield	STATE RI	ZIP CODE 02917	CITY	STATE	ZIP CODE
DIRECTOR NAME			DIRECTOR NAME		
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE

10. SHARES AUTHORIZED AND ISSUED

AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
100 SHS COMM 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

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.

File Date:

2/26/96

Check No:

3351

By:

cc *UP*

For Secretary of State Use Only

Signature of Officer

JoAnne M. Sutcliffe

Print or Type Name of Officer

President

Title of Officer

Date

DETACH BOTTOM BEFORE RETURNING

ANNUAL REPORT

Please Type or Print
File Annually - Jan. 1 - March
Filing Fee \$50.00
Make Checks Payable to: Secretary of State

ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.

Corporate ID: 0075585 Annual Report for the year: 1995

Name of Corporation: A-1 COURT REPORTERS, INC.

Business entity organized under the laws of the State of: Rhode Island.

For foreign entity, address and telephone number of principal office:

Business Entity is (check one):

☒ Business Corporation (See RIGL Chapter 7-1.1)

☐ Professional Service Corporation (See RIGL Chapter 7-5.1)

Phone: ()

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

303A Putnam Pike
Smithfield, RI 02917

Brief statement of the character of business conducted in Rhode Island:
to conduct and carry on court reporting, stenography and allied services related thereto, typing transcripts, duplicating, etc.

Phone: (401) 231-8860

THE NAMES OF THE OFFICERS ARE:

OFFICER	NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
PRESIDENT	<u>JoAnn M. Sutcliffe</u>	<u>303A Putnam Pike, Smithfield,</u>	<u>RI 02917</u>	
VICE PRESIDENT	<u>JoAnn M. Sutcliffe</u>	<u>303A Putnam Pike, Smithfield,</u>	<u>RI 02917</u>	
SECRETARY	<u>JoAnn M. Sutcliffe</u>	<u>303A Putnam Pike, Smithfield,</u>	<u>RI 02917</u>	
TREASURER	<u>JoAnn M. Sutcliffe</u>	<u>303A Putnam Pike, Smithfield,</u>	<u>RI 02917</u>	

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>JoAnn M. Sutcliffe</u>	<u>303A Putnam Pike, Smithfield,</u>	<u>RI 02917</u>	

NUMBER OF SHARES AUTHORIZED (Rider may be attached)

Number of Shares	Class / Series
<u>100</u>	<u>common no par value</u>

NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)

Number of Shares	Class / Series
<u>100</u>	<u>common no par value</u>

Date December 29, 19 94

By: JoAnn M. Sutcliffe
JO ANN M. SUTCLIFFE
PRINT OR TYPE NAME OF OFFICER SIGNING
President
TITLE OF OFFICER SIGNING

Form 31 1/95

DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

JONATHAN F. OSTER
936 SMITHFIELD AVENUE
LINCOLN RI 02865

Filed
DEC 29 1994
JO ANN M. SUTCLIFFE
31330