



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. 109285		2. Name of Corporation Thomas H. DiPrete, Attorney and Counselor at Law, PC	
3. Street Address Principal Business Office TWO STAFFORD COURT		City CRANSTON	State RI
		Zip 02920-	
4. Business Phone No. 401-464-6000	5. State of Incorporation RHODE ISLAND		6. SIC Code 0
7. Brief Description of the Character of Business Conducted in Rhode Island PROVIDING LEGAL SERVICES.			
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name Thomas H. DiPrete		Vice President Name Thomas H. DiPrete	
Street Address 2 Stafford Court		Street Address 2 Stafford Court	
City Cranston	State RI	Zip 02920	City Cranston
			State RI
			Zip 02920
Secretary Name Thomas H. DiPrete		Treasurer Name Thomas H. DiPrete	
Street Address 2 Stafford Court		Street Address 2 Stafford Court	
City Cranston	State RI	Zip 02920	City Cranston
			State RI
			Zip 02920
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name Thomas H. DiPrete		Director Name	
Street Address 2 Stafford Court		Street Address	
City Cranston	State RI	Zip 02920	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
1,000 NO PAR VALUE			500
			(ONLY 1 CLASS)
			NONE

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



1 0 9 2 8 5

109285 DBC 01/07/05 02:37:59 PM

File Date 1-12-05

Check No. 6207

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] 1/8/05
Date
Signature of Officer
Thomas H. DiPrete
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. 109285
2. Name of Corporation Thomas H. DiPrete, Attorney and Counselor at Law, PC
3. Street Address Principal Business Office TWO STAFFORD COURT City CRANSTON State RI Zip 02920
4. Business Phone No. 401-464-6000 5. State of Incorporation RHODE ISLAND 6. SIC Code 0
7. Brief Description of the Character of Business Conducted in Rhode Island Providing legal services

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

President Name THOMAS H. DIPRETE Vice President Name THOMAS H. DIPRETE
Street Address 2 STAFFORD COURT Street Address 2 STAFFORD COURT
City CRANSTON State RI Zip 02920 City CRANSTON State RI Zip 02920
Secretary Name THOMAS H. DIPRETE Treasurer Name THOMAS H. DIPRETE
Street Address 2 STAFFORD COURT Street Address 2 STAFFORD COURT
City CRANSTON State RI Zip 02920 City CRANSTON State RI Zip 02920

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

Director Name THOMAS H. DIPRETE Director Name NONE
Street Address 2 STAFFORD COURT Street Address
City CRANSTON State RI Zip 02920 City State Zip
Director Name NONE Director Name NONE
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
1,000 NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
500 (ONLY 1 CLASS) NONE

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



1 0 9 2 8 5

File Date 9/7/04
Check No. 6018
By: DA
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 [Signature] Date 9/2/04
Thomas H. DiPrete
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 02903-1335
401.222.3040

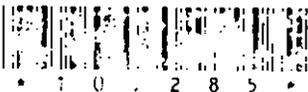
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. *109285*		2. Name of Corporation Thomas H. DiPrete, Attorney and Counselor at Law, PC			
3. Street Address Principal Business Office TWO STAFFORD COURT			City CRANSTON	State RI	Zip 02920-
4. Business Phone No. 4014646000		5. State of Incorporation RHODE ISLAND			6. SIC Code 0
7. Brief Description of the Character of Business Conducted in Rhode Island PROVIDING LEGAL SERVICES.					
8. NAMES AND ADDRESSES OF THE OFFICERS (X) BOX FOR ATTACHMENT FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name THOMAS H. DIPRETE			Vice President Name THOMAS H. DIPRETE		
Street Address TWO STAFFORD COURT			Street Address TWO STAFFORD COURT		
City CRANSTON	State RI	Zip 02920	City CRANSTON	State RI	Zip 02920
Secretary Name THOMAS H. DIPRETE			Treasurer Name THOMAS H. DIPRETE		
Street Address TWO STAFFORD COURT			Street Address TWO STAFFORD COURT		
City CRANSTON	State RI	Zip 02920	City CRANSTON	State RI	Zip 02920
9. NAMES AND ADDRESSES OF THE DIRECTORS (X) BOX FOR ATTACHMENT FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name THOMAS H. DIPRETE			Director Name NONE		
Street Address TWO STAFFORD COURT			Street Address .		
City CRANSTON	State RI	Zip 02920	City	State	Zip
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED: (X) BOX FOR ATTACHMENT 					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000	NO PAR VALUE		500	(ONLY 1 CLASS)	NONE
11. SHARES ISSUED (X) BOX FOR ATTACHMENT 					

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



**109285* 1/15/03 10:28:58 AM*

File Date 1-12-03

Check No 4881

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.

Thomas H. DiPrete
Signature of Officer

1/15/03
Date

Thomas H. DiPrete
Print or Type Name of Officer

President
Title of Officer

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. **109285** 2. Name of Corporation **Thomas H. DiPrete, Attorney and Counselor at Law, PC**
3. Street Address Principal Business Office **75 Sockanosset Crossroad** City **Cranston** State **RI** Zip **02920**
4. Business Phone No. **(401)464-6000** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **0**
7. Brief Description of the Character of Business Conducted in Rhode Island **Law Firm**

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

President Name Thomas H. DiPrete	Vice President Name Thomas H. DiPrete
Street Address 75 Sockanosset Crossroad City Cranston State RI Zip 02920	Street Address 75 Sockanosset Crossroad City Cranston State RI Zip 02920
Secretary Name Thomas H. DiPrete	Treasurer Name Thomas H. DiPrete
Street Address 75 Sockanosset Crossroad City Cranston State RI Zip 02920	Street Address 75 Sockanosset Crossroad City Cranston State RI Zip 02920

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

Director Name Thomas H. DiPrete	Director Name None
Street Address 75 Sockanosset Crossroad City Cranston State RI Zip 02920	Street Address None City None State None Zip None
Director Name None	Director Name None
Street Address None City None State None Zip None	Street Address None City None State None Zip None

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

AUTHORIZED SHARES
Number of Shares **1,000 NO PAR VALUE** Class/Series **None** Par Value **None**

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

ISSUED SHARES
Number of Shares **500** Class/Series **None** Par Value **None**

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



File Date: 1-7-02
Check No.: 4325
By: [Signature]

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: [Signature] Date: 1/2/02
Print or Type Name of Officer: Thomas H. DiPrete
Title of Officer: President



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. **109285** 2. Name of Corporation **Thomas H. DiPrete, Attorney and Counselor at Law, PC**
3. Street Address Principal Business Office **75 SOCKANOSSET CROSSROAD, SUITE 300** City **CRANSTON** State **RI** Zip **02920**
4. Business Phone No. **(401) 464-6000** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **0**

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

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

President Name THOMAS H. DIPRETE	Vice President Name THOMAS H. DIPRETE
Street Address 75 SOCKANOSSET CROSSROAD, SUITE 300.	Street Address 75 SOCKANOSSET CROSSROAD, SUITE 300
City State Zip CRANSTON RI 02920	City State Zip CRANSTON RI 02920
Secretary Name THOMAS H. DIPRETE	Treasurer Name THOMAS H. DIPRETE
Street Address 75 SOCKANOSSET CROSSROAD, SUITE 300	Street Address 75 SOCKANOSSET CROSSROAD, SUITE 300
City State Zip CRANSTON RI 02920	City State Zip CRANSTON RI 02920

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

Director Name THOMAS H. DIPRETE	Director Name
Street Address 75 SOCKANOSSET CROSSROAD, SUITE 300	Street Address
City State Zip CRANSTON RI 02920	City State 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
1,000 NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
500 (ONLY 1 CLASS) NONE

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



* 1 0 9 2 8 5 *

File Date: 2/9
Check No.: 3766
By: [Signature]

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] / 2/9
Signature of Officer Date
THOMAS H. DIPRETE
Print or Type Name of Officer
PRESIDENT
Title of Officer

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. **109285** 2. Name of Corporation **Thomas H. DiPrete, Attorney and Counselor at Law, PC**
3. Street Address Principal Business Office **75 Sockanosset Crossroad** City **Cranston** State **RI** Zip **02920**
4. Business Phone No. **(401) 464-6000** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code

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

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

President Name Thomas H. DiPrete	Vice President Name Thomas H. DiPrete
Street Address 75 Sockanosset Crossroad	Street Address 75 Sockanosset Crossroad
City State Zip Cranston RI 02920	City State Zip Cranston RI 02920
Secretary Name Thomas H. DiPrete	Treasurer Name Thomas H. DiPrete
Street Address 75 Sockanosset Crossroad	Street Address 75 Sockanosset Crossroad
City State Zip Cranston RI 02920	City State Zip Cranston RI 02920

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

Director Name Thomas H. DiPrete	Director Name
Street Address 75 Sockanosset Crossroad	Street Address
City State Zip Cranston RI 02920	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

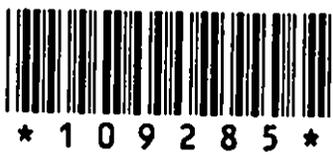
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
1,000 NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
500 (only 1 class) None

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



File Date: 10/14
Check No.: 3568
By: [Signature]

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] 3/1/00
Signature of Officer Date
Thomas H. DiPrete
Print or Type Name of Officer
President
Title of Officer