



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. 98390		2. Name of Corporation VIEIRA & DIGIANFILIPPO LTD.	
3. Street Address Principal Business Office 50 PARK ROW WEST, SUITE 111		City PROVIDENCE	State RI
4. Business Phone No. 4014532950		5. State of Incorporation RHODE ISLAND	Zip 02903
			6. SIC Code 7617

7. Brief Description of the Character of Business Conducted in Rhode Island  
CONDUCTING THE PRACTICE OF LAW ONLY THROUGH PERSONS QUALIFIED TO PRACTICE LAW IN THE STATE OF RHODE ISLAND.

**8. NAMES AND ADDRESSES OF THE OFFICERS (4X BOX FOR ATTACHMENT) MAIL IN SPACES BEFORE USING ATTACHMENTS**

President Name Joseph DiGianfilippo			Vice President Name Stephen J. DiGianfilippo		
Street Address 45 Laurel Wood Drive			Street Address 45 Laurel Wood Drive		
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
Secretary Name Joseph DiGianfilippo			Treasurer Name Daniel J. Vieira		
Street Address 45 Laurel Wood Drive			Street Address 35 Luke Street		
City East Greenwich	State RI	Zip 02818	City Wrentham	State MA	Zip 02093

**9. NAMES AND ADDRESSES OF THE DIRECTORS (4X BOX FOR ATTACHMENT) MAIL IN SPACES BEFORE USING ATTACHMENTS**

Director Name Joseph DiGianfilippo			Director Name Daniel J. Vieira		
Street Address 45 Laurel Wood Drive			Street Address 35 Luke Street		
City East Greenwich	State RI	Zip 02818	City Wrentham	State MA	Zip 02093
Director Name Stephen J. DiGianfilippo			Director Name		
Street Address 45 Laurel Wood Drive			Street Address		
City East Greenwich	State RI	Zip 02818	City	State	Zip

**10. SHARES AUTHORIZED (4X BOX FOR ATTACHMENT) SHARES ISSUED (4X BOX FOR ATTACHMENT)**

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 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



9 8 3 9 0

File Date	2/25/05
Check No.	30289
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 of Officer  
Joseph DiGianfilippo

Print or Type Name of Officer

President

Title of Officer

Date  
2/23/05



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 2004**

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. *98390*		2. Name of Corporation VIEIRA & DIGIANFILIPPO LTD.			
3. Street Address Principal Business Office 50 PARK ROW WEST, SUITE 111		City PROVIDENCE	State RI	Zip 02903	
4. Business Phone No. 4014532700		5. State of Incorporation RHODE ISLAND			6. SIC Code 7617
7. Brief Description of the Character of Business Conducted in Rhode Island CONDUCTING THE PRACTICE OF LAW ONLY THROUGH PERSONS QUALIFIED TO PRACTICE LAW IN THE STATE OF RHODE ISLAND.					
8. NAMES AND ADDRESSES OF THE OFFICERS (X) BOX FOR ATTACHMENT ( ) FILL IN SPACES BEFORE USING ATTACHMENT					
President Name Joseph DiGianfilippo			Vice President Name Daniel J. Vieira		
Street Address 45 Laurel Wood Drive			Street Address 35 Luke Street		
City East Greenwich	State RI	Zip 02818	City Wrentham	State MA	Zip 02093
Secretary Name Joseph DiGianfilippo			Treasurer Name Daniel J. Vieira		
Street Address 45 Laurel Wood Drive			Street Address 35 Luke Street		
City East Greenwich	State RI	Zip 02818	City Wrentham	State RI	Zip 02093
9. NAMES AND ADDRESSES OF THE DIRECTORS (X) BOX FOR ATTACHMENT ( ) FILL IN SPACES BEFORE USING ATTACHMENT					
Director Name Joseph DiGianfilippo			Director Name Daniel J. Vieira		
Street Address 45 Laurel Wood Drive			Street Address 35 Luke Street		
City East Greenwich	State RI	Zip 02818	City Wrentham	State MA	Zip 02093
Director Name			Director Name		
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 COMM NO PAR VALUE			300	Common	No Par Value

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



\* 9 8 3 9 0 \*

File Date 1-7-04  
Check No. 25724  
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 of Officer [Signature] Date 1-4-04  
Joseph DiGianfilippo  
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. *98390*		2. Name of Corporation VIEIRA & DIGIANFILIPPO LTD.	
3. Street Address Principal Business Office 50 PARK ROW WEST, SUITE 100		City PROVIDENCE	State RI
4. Business Phone No. 401 453 2950		Zip 02903	6. SIC Code 7617
5. State of Incorporation RHODE ISLAND			

7. Brief Description of the Character of Business Conducted in Rhode Island  
CONDUCTING THE PRACTICE OF LAW ONLY THROUGH PERSONS QUALIFIED TO PRACTICE LAW IN THE STATE OF RHODE ISLAND.

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

President Name Joseph DiGianfilippo			Vice President Name Daniel J. Vieira		
Street Address 45 Laurel Wood Drive			Street Address 35 Luke Street		
City East Greenwich	State RI	Zip 02818	City Wrentham	State MA	Zip 02093
Secretary Name Joseph DiGianfilippo			Treasurer Name Daniel J. Vieira		
Street Address 45 Laurel Wood Drive			Street Address 35 Luke Street		
City East Greenwich	State RI	Zip 02818	City Wrentham	State RI	Zip 02093

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

Director Name Joseph DiGianfilippo			Director Name Daniel J. Vieira		
Street Address 45 Laurel Wood Drive			Street Address 35 Luke Street		
City East Greenwich	State RI	Zip 02818	City Wrentham	State MA	Zip 02093
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

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

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

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

Number of Shares	Class/Series	Par Value
300	Common	No Par Value

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



\* 9 8 3 9 0 \*

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

Joseph DiGianfilippo

Print or Type Name of Officer

Secretary

Title of Officer

Date

1-21-03

\*\*98390\* 1/15/03 12:22:33 PM\*

File Date

Check No.

By:

FOR SECRETARY OF STATE USE ONLY

**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. **98390**  
2. Name of Corporation **VIEIRA & DIGIANFILIPPO LTD.**  
3. Street Address Principal Business Office  
**50 Park Row West, Suite 100**  
4. Business Phone No. **(401) 453-2700**  
5. State of Incorporation **RHODE ISLAND**  
6. Brief Description of the Character of Business Conducted in Rhode Island  
**General Practice of Law**

City **Providence** State **RI** Zip **02903**  
6. SIC Code **7617**

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

President Name  
**Joseph DiGianfilippo**  
Street Address  
**45 Laurel Wood Drive**  
City **East Greenwich** State **R.I.** Zip **02814**

Vice President Name  
**Daniel J. Vieira**  
Street Address  
**35 Luke Street**  
City **Wrentham** State **MA** Zip **02093**

Secretary Name  
**Joseph DiGianfilippo**  
Street Address  
**45 Laurel Wood Drive**  
City **East Greenwich** State **R.I.** Zip **02814**

Treasurer Name  
**Daniel J. Vieira**  
Street Address  
**35 Luke Street**  
City **Wrentham** State **MA** Zip **02093**

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

Director Name  
**Joseph DiGianfilippo**  
Street Address  
**45 Laurel Wood Drive**  
City **East Greenwich** State **R.I.** Zip **02814**

Director Name  
**Daniel J. Vieira**  
Street Address  
**35 Luke Street**  
City **Wrentham** State **MA** Zip **02093**

Street Address

Street Address

City State Zip

City State Zip

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

AUTHORIZED SHARES

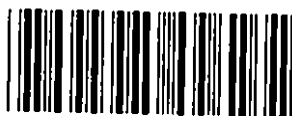
Number of Shares Class/Series Par Value  
**1,000 COMM NO PAR VALUE**

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

ISSUED SHARES

Number of Shares Class/Series Par Value  
**300 Common No Par Value**

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



\* 9 8 3 9 0 \*

File Date: **2-5-02**

Check No.: **15562**

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.

**VIEIRA & DIGIANFILIPPO LTD.**

Signature of Officer

Date

**Joseph DiGianfilippo, President**

Print or Type Name of Officer

Title of Officer

5



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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

98390

2. Name of Corporation

VIEIRA & DIGIANFILIPPO LTD.

3. Street Address Principal Business Office

50 Park Row West, Suite 100

City

Providence

State

RI

Zip

02903

4. Business Phone No.

(401) 453-2700

5. State of Incorporation

RHODE ISLAND

6. SIC Code

7617

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

General Practice of Law

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

**FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name

Joseph DiGianfilippo

Street Address

45 Laurel Wood Drive

City

East Greenwich

State

RI

Zip

02818

Vice President Name

Daniel J. Vieira

Street Address

50 Park Row West

City

Providence,

State

RI

Zip

02903

Secretary Name

Joseph DiGianfilippo

Street Address

45 Laurel Wood Drive

City

East Greenwich

State

RI

Zip

02818

Treasurer Name

Daniel J. Vieira

Street Address

50 Park Row West

City

Providence,

State

RI

Zip

02903

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

**FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name

Joseph DiGianfilippo

Street Address

45 Laurel Wood Drive

City

East Greenwich

State

RI

Zip

02818

Director Name

Daniel J. Vieira

Street Address

50 Park Row West

City

Providence,

State

RI

Zip

02903

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

1,000 COMM NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

200

Common

No par value

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



\* 9 8 3 9 0 \*

File Date: 2/21

Check No.: 12307

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 of Officer

Joseph DiGianfilippo

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.

2. Name of Corporation

98390

CRAVEN VIEIRA & DIGIANFILIPPO P.C.

3. Street Address Principal Business Office

City

State

Zip

50 Park Row West, Suite 100

Providence

RI

02903

4. Business Phone No.

5. State of Incorporation

6. SIC Code

(401) 453-2700

RHODE ISLAND

7617

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

General 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

Joseph DiGianfilippo

Daniel J. Vieira

Street Address

Street Address

45 Laurel Wood Drive

10 Otis Street

City

State

Zip

City

State

Zip

East Greenwich RI

02818

Wrentham

MA

02093

Secretary Name

Treasurer Name

Joseph DiGianfilippo

Daniel J. Vieira

Street Address

Street Address

50 Park Row West

10 Otis Street

City

State

Zip

City

State

Zip

East Greenwich RI

02818

Wrentham

MA

02093

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

Director Name

Director Name

Joseph DiGianfilippo

Daniel J. Vieira

Street Address

Street Address

45 Laurel Wood Drive

10 Otis Street

City

State

Zip

City

State

Zip

East Greenwich RI

02818

Wrentham

MA

02093

Director Name

Director Name

Street Address

Street Address

City

State

Zip

City

State

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

AUTHORIZED SHARES

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

Number of Shares

Class/Series

Par Value

1,000 COMM NO PAR VALUE

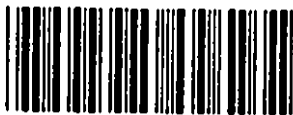
No Par Value

300

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 98390\*

File Date: MAR 9 2000

Check No.: 238880

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 of Officer: [Signature] Date: 2/7/00

Joseph DiGianfilippo, President

Print or Type Name of Officer

Title of Officer

**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.

98390

2. Name of Corporation

GIANNINI CRAVEN LEACH VIEIRA & DIGIANFILIPPO P.C.

3. Street Address Principal Business Office

50 Park Row West

City

Providence

State

RI

Zip

02903

4. Business Phone No.

401-453-2700

5. State of Incorporation

RHODE ISLAND

6. SIC Code

7817

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

Joseph DiGianfilippo

Vice President Name

Robert E. Craven

Street Address

45 Laurel Wood

Street Address

25 Highland Road

City

State

Zip

East Greenwich RI

02818

City

State

Zip

Saunderstown RI

02874

Secretary Name

Joseph DiGianfilippo

Treasurer Name

Daniel J. Vieira

Street Address

45 Laurel Wood

Street Address

10 Otis Street

City

State

Zip

East Greenwich RI

02818

City

State

Zip

Wrentham MA 02093

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

Director Name

Joseph DiGianfilippo

Director Name

Robert E. Craven

Street Address

45 Laurel Wood

Street Address

25 Highland Road

City

State

Zip

East Greenwich RI

02818

City

State

Zip

Saunderstown RI 02874

Director Name

Daniel J. Vieira

Director Name

Street Address

10 Otis Street

Street Address

City

State

Zip

Wrentham MA

02093

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

1,000 COMM NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

300

Common

No Par Value

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



\* 9 8 3 9 0 \*

FILED

File Date: FEB 10 1999

Check No.: 01 CC 7035

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

Joseph DiGianfilippo

1-15-99

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 02903-1335  
401-277-3040



**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.

98390

2. Name of Corporation

GIANNINI CRAVEN LEACH VIEIRA & DIGIANFILIPPO P.C.

3. Street Address Principal Business Office

50 Park Row West

City

Providence

State

RI

Zip

02903

4. Business Phone No.

(401) 453-2700

5. State of Incorporation

Rhode Island

6. SIC Code

7617

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)**

President Name

Joseph DiGianfilippo

Street Address

45 Laurel Wood

City

East Greenwich

State

RI

Zip

02818

Secretary Name

Anthony A. Giannini Jr.

Street Address

112 Village Drive

City

East Providence,

State

RI

Zip

02915

Vice President Name

Robert E. Craven

Street Address

25 Highland Road

City

Sanderstown

State

RI

Zip

02874

Treasurer Name

Daniel J. Vieira

Street Address

10 Otis Street

City

Wrentham

State

MA

Zip

02093

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

Director Name

Anthony A. Giannini, Jr.

Street Address

112 Village Drive

City

East Providence

State

RI

Zip

02915

Director Name

Robert E. Craven

Street Address

25 Highland Road

City

Saunderstown

State

RI

Zip

02874

Director Name

Joseph DiGianfilippo

Street Address

45 Laurel Wood

City

East Greenwich

State

RI

Zip

02818

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

AUTHORIZED SHARES

Number of Shares

1000

Class/Series

Common

Par Value

No Par Value

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

ISSUED SHARES

Number of Shares

1000

Class/Series

Common

Par Value

No Par Value

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

File Date: 6/17/98

Check No.: 1989

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 of Officer

Joseph DiGianfilippo

Print or Type Name of Officer

President

Title of Officer

6-12-98

Date