



# 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	Zip 02903
4. Business Phone No. 4014532950		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 (USE BOX FOR ATTACHMENT)  FILL 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 (USE 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 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 (USE BOX FOR ATTACHMENT)  SHARES ISSUED (USE 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



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: [Signature]  
Date: 2/23/05  
Print or Type Name of Officer: Joseph DiGianfilippo  
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 02903-1335  
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 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 ( ) H. SHARES ISSUED (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] 1-4-04  
Signature of Officer Date  
Joseph DiGianfilippo  
Print or Type Name of Officer  
President  
Title of Officer



**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		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 ("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



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

File Date 1-22-03

Check No. 19976

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] Date 1-21-03

Joseph DiGianfilippo  
Print or Type Name of Officer  
Secretary  
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. **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**  
7. 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**  
Secretary 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**  
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**

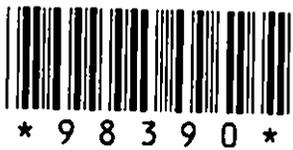
**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

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



File Date: 2-5-02  
Check No.: 15562  
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.  
**VIEIRA & DIGIANFILIPPO LTD.**  
Signature of Officer: [Signature] Date: 2-4-02  
**Joseph DiGianfilippo, President**  
Print or Type Name of Officer

FOR SECRETARY OF STATE USE ONLY



**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**

<b>President Name</b> Joseph DiGianfilippo Street Address 45 Laurel Wood Drive City East Greenwich State RI Zip 02818	<b>Vice President Name</b> Daniel J. Vieira Street Address 50 Park Row West City Providence, State RI Zip 02903
<b>Secretary Name</b> Joseph DiGianfilippo Street Address 45 Laurel Wood Drive City East Greenwich State RI Zip 02818	<b>Treasurer Name</b> 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**

<b>Director Name</b> Joseph DiGianfilippo Street Address 45 Laurel Wood Drive City East Greenwich State RI Zip 02818	<b>Director Name</b> Daniel J. Vieira Street Address 50 Park Row West City Providence, State RI Zip 02903
<b>Director Name</b>	<b>Director Name</b>
<b>Street Address</b>	<b>Street Address</b>
<b>City</b>	<b>City</b>
<b>State</b>	<b>State</b>
<b>Zip</b>	<b>Zip</b>

**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]

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: 1/26/21  
 Print or Type Name of Officer: Joseph DiGianfilippo  
 Title of Officer: President

**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. **98390** 2. Name of Corporation **CRAVEN VIEIRA & DIGIANFILIPPO P.C.**  
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) FILE IN SPACES BEFORE USING ATTACHMENTS**

President Name <b>Joseph DiGianfilippo</b> Street Address <b>45 Laurel Wood Drive</b> City <b>East Greenwich</b> State <b>RI</b> Zip <b>02818</b>	Vice President Name <b>Daniel J. Vieira</b> Street Address <b>10 Otis Street</b> City <b>Wrentham</b> State <b>MA</b> Zip <b>02093</b>
Secretary Name <b>Joseph DiGianfilippo</b> Street Address <b>50 Park Row West</b> City <b>East Greenwich</b> State <b>RI</b> Zip <b>02818</b>	Treasurer Name <b>Daniel J. Vieira</b> Street Address <b>10 Otis Street</b> City <b>Wrentham</b> State <b>MA</b> Zip <b>02093</b>

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

Director Name <b>Joseph DiGianfilippo</b> Street Address <b>45 Laurel Wood Drive</b> City <b>East Greenwich</b> State <b>RI</b> Zip <b>02818</b>	Director Name <b>Daniel J. Vieira</b> Street Address <b>10 Otis Street</b> City <b>Wrentham</b> State <b>MA</b> Zip <b>02093</b>
Director Name  Street Address  City State Zip	Director Name  Street Address  City State Zip

RECEIVED  
SECRETARY OF STATE  
MAR 9 9 50 AM '00

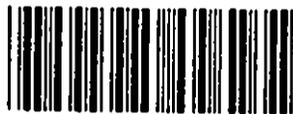
**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES	Class/Series	Par Value
<b>1,000 COMM NO PAR VALUE</b>	<b>No Par Value</b>	

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

ISSUED SHARES	Class/Series	Par Value
<b>300</b>	<b>Common</b>	<b>No Par Value</b>

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]**

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



**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**

<p>President Name <b>Joseph DiGianfilippo</b> Street Address <b>45 Laurel Wood</b> City State Zip <b>East Greenwich RI 02818</b> Secretary Name <b>Joseph DiGianfilippo</b> Street Address <b>45 Laurel Wood</b> City State Zip <b>East Greenwich RI 02818</b></p>	<p>Vice President Name <b>Robert E. Craven</b> Street Address <b>25 Highland Road</b> City State Zip <b>Saunderstown RI 02874</b> Treasurer Name <b>Daniel J. Vieira</b> Street Address <b>10 Otis Street</b> City State Zip <b>Wrentham MA 02093</b></p>
--	---

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

<p>Director Name <b>Joseph DiGianfilippo</b> Street Address <b>45 Laurel Wood</b> City State Zip <b>East Greenwich RI 02818</b></p> <p>Director Name <b>Daniel J. Vieira</b> Street Address <b>10 Otis Street</b> City State Zip <b>Wrentham MA 02093</b></p>	<p>Director Name <b>Robert E. Craven</b> Street Address <b>25 Highland Road</b> City State Zip <b>Saunderstown RI 02874</b></p> <p>Director Name  Street Address  City State Zip  </p>
---	--

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

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

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	<b>300</b>	<b>Common</b>	<b>No Par Value</b>

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



**FILED**

File Date: **FEB 10 1999**

Check No.: **CC 7035**

By: \_\_\_\_\_

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** Date: **1-15-99**  
Print or Type Name of Officer: **Joseph DiGianfilippo**  
Title of Officer: **President**



**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 Providence RI 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)**

<b>President Name</b> Joseph DiGianfilippo Street Address 45 Laurel Wood City East Greenwich RI 02818	<b>Vice President Name</b> Robert E. Craven Street Address 25 Highland Road City Sanderstown RI 02874
<b>Secretary Name</b> Anthony A. Giannini Jr. Street Address 112 Village Drive City East Providence RI 02915	<b>Treasurer Name</b> Daniel J. Vieira Street Address 10 Otis Street City Wrentham MA 02093

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

<b>Director Name</b> Anthony A. Giannini, Jr. Street Address 112 Village Drive City East Providence RI 02915	<b>Director Name</b> Robert E. Craven Street Address 25 Highland Road City Saunderstown RI 02874
<b>Director Name</b> Daniel J. Vieira Street Address 10 Otis Street City Wrentham MA 02093	<b>Director Name</b> Joseph DiGianfilippo Street Address 45 Laurel Wood City East Greenwich RI 02818

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

AUTHORIZED SHARES		
Number of Shares	Class/Series	Par Value
1000	Common	No Par Value

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

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
1000	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: 6/17/98  
Check No.: 1989  
By: [Signature]

[Signature] 6-12-98  
Date  
Joseph DiGianfilippo  
Print or Type Name of Officer

FOR SECRETARY OF STATE USE ONLY

**President**  
Title of Officer