

FOR SECRETARY OF STATE USE ONLY

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 OR PRINTED IN BIACK) 1. Corporate ID No. 2. Name of Corporation . 124193 W D & Associates, Inc. Street Addres Principal Business Offic EAST BROVIDERE 5. State of Incorporation **RHODE ISLAND** 7. Brief Description of the Character of Business Conducted in Rhode Island
SELL HEALTH AND LIFE INSURANCE AND RETIREMENT AND INVESTMENT PLANS FILL IN SPACES BEFORE USING ATTACHMENTS 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) Vice President Name MIT CO Street Address Street Address Since Addres Street Address State Zip 7.Ip 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Street Address Street Address Street Address Street Address Cur State Zip Zip. 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES Number of Shares Number of Shares Par Value Classifiertes Par Value Class/Series 2,000 COMM 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 berein are true and perfect. File Date Print or Type Name of Officer



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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

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Street Address			Street Address			
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Director Name	it not it.	00113.	Director Name	•	• •	
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File Date:	4.18.03				
Check No.:	2700				
By:	ILP				
FOR SECRETARY OF STATE USE ONLY					

Under penalty of perjury, I decla	are and affirm that I have examined
this report, including any accor	ipanying schedules and statements, and
that all statements contained be	Kein are true and correct.
11/11/1/1/190	1/29/03
Signature of Officer	Bate)
WILLIAM MUSE	LMG Z
Print or Type Name of Officer	
Title of Officer	

Form 630 12/02