



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. 141393	2. Name of Corporation Tricarico Design Group PC
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3. Street Address Principal Business Office 500 Valley Road	City Wayne	State NJ	Zip 07470
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4. Business Phone No. 973 692-0222	5. State of Incorporation New Jersey	6. SIC Code 7682
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7. Brief Description of the Character of Business Conducted in Rhode Island
Architecture

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

President Name Nicholas J. Tricarico	Vice President Name
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Street Address 500 Valley Road	Street Address
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City Wayne	State NJ	Zip 07470	City	State	Zip
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Secretary Name Nicholas J. Tricarico	Treasurer Name
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Street Address 500 Valley Road	Street Address
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City Wayne	State NJ	Zip 07470	City	State	Zip
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9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name Nicholas J. Tricarico	Director Name
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Street Address 500 Valley Road	Street Address
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City Wayne	State NJ	Zip 07470	City	State	Zip
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Director Name	Director Name
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Street Address	Street Address
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City	State	Zip	City	State	Zip
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10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1000	Common	0	100	Common	0

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. 50196
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.

02/25/05

Signature of Officer _____
Date

Nicholas J. Tricarico
Print or Type Name of Officer

President
Title of Officer