



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 BLACK)

1. Corporate ID No. 122397		2. Name of Corporation D & P INVESTMENT ADVISORS, LTD.			
3. Street Address Principal Business Office 133 OLD TOWER Hill RD			City WAKEFIELD	State RI	Zip 02879
4. Business Phone No. 401-792-0100		5. State of Incorporation RHODE ISLAND			6. SIC Code 6882
7. Brief Description of the Character of Business Conducted in Rhode Island INVESTMENT MANAGEMENT AND CONSULTATIONS					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name MARK R. PROVOST			Vice President Name		
Street Address 25 MANNING DRIVE			Street Address		
City NARRAGANSETT	State RI	Zip 02882	City	State	Zip
Secretary Name RICHARD J. DESISMA			Treasurer Name MARK R. PROVOST		
Street Address 86 MILLSTONE RD			Street Address 25 MANNING DR.		
City SO. KINGSTOWN	State RI	Zip 02879	City NARRAGANSETT	State RI	Zip 02882
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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"/> AUTHORIZED SHARES			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,200 COMM NO PAR VALUE			200	COMMON	NO PAR

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



File Date	1-26-05
Check No.	1087
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 1/25/2005
MARK R. PROVOST PRES.
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
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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 OR PRINTED IN BLACK)

1. Corporate ID No. 122397		2. Name of Corporation D & P INVESTMENT ADVISORS, LTD.		
3. Street Address Principal Business Office 133 OLD TOWER HILL RD.		City WAKEFIELD	State RI	Zip 02879
4. Business Phone No. (401) 792-0100		5. State of Incorporation RHODE ISLAND		6. SIC Code 6882
7. Brief Description of the Character of Business Conducted in Rhode Island INVESTMENT MANAGEMENT AND CONSULTATIONS				
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Mark R. Provost		Vice President Name		
Street Address 25 MANNING DR.		Street Address		
City NARRAGANSETT	State RI	Zip 02882	City	State
Secretary Name Richard J. Desista		Treasurer Name Mark R. Provost		
Street Address 86 MILLSTONE RD		Street Address 25 MANNING DR.		
City SO. KINGSTOWN	State RI	Zip 02879	City NARRAGANSETT	State RI
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
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
1,200 COMM NO PAR VALUE			200	COMMON
				NO PAR

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



* 1 2 2 3 9 7 *

File Date 1-5-04
Check No. 1029
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 12/31/2003
Mark R. Provost
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 OR PRINTED IN BLACK)

1. Corporate ID No.

2. Name of Corporation

122397

D & P INVESTMENT ADVISORS, LTD.

3. Street Address Principal Business Office

133 OLD TOWER HILL RD.

4. Business Phone No.

401-792-0100

5. State of Incorporation

RHODE ISLAND

City

WAKEFIELD

State

RI

Zip

02879

6. SIC Code

~~6882~~ 6882

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

INVESTMENT ADVISORS

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

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

MARK R. PROVOST

Street Address

P.O. BOX 416

City

NARRAGANSETT RI

State

Zip

02882

Vice President Name

Street Address

City

State

Zip

Secretary Name

RICHARD J. DESISTA

Street Address

P.O. BOX 5188

City

WAKEFIELD RI

State

Zip

02880

Treasurer Name

MARK R. PROVOST

Street Address

PO BOX 416

City

State

Zip

NARRAGANSETT RI

02882

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

FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

MARK R. PROVOST

Street Address

PO BOX 416

City

NARRAGANSETT RI

State

Zip

02882

Director Name

Street Address

City

State

Zip

Director Name

RICHARD J. DESISTA

Street Address

PO BOX 5188

City

WAKEFIELD RI

State

Zip

02880

Director Name

Street Address

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

1,200 COMM NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

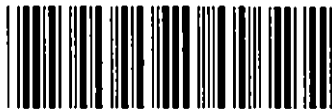
Par Value

200

Common

NO PAR

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



* 1 2 2 3 9 7 *

File Date: 1-13-03

Check No.: 1009

By: re

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.

Mark R. Provost Pres. 1/9/2003
Signature of Officer Date

MARK R. PROVOST, PRES
Print or Type Name of Officer

PRESIDENT
Title of Officer

Form 630 12/02