



**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. 134099		2. Name of Corporation Thomas P Callahan, Ph.D. Inc.			
3. Street Address Principal Business Office 91 Second Avenue			City Newport	State RI	Zip 02840
4. Business Phone No. 845-6682		5. State of Incorporation RHODE ISLAND			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island TO ACT AS AN EDUCATIONAL CONSULTANT					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Thomas P. Callahan			Vice President Name Thomas P. Callahan		
Street Address 91 Second Avenue			Street Address 91 Second Avenue		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
Secretary Name Thomas P. Callahan			Treasurer Name Thomas P. Callahan		
Street Address 91 Second Avenue			Street Address 91 Second Avenue		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Thomas P. Callahan			Director Name		
Street Address 91 Second Avenue			Street Address		
City Newport	State RI	Zip 02840	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"/>			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	Par Value
1,000	\$1.00 PAR VALUE		1,000	\$1.00 PAR VALUE	

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



\*134099\*

File Date 2-11-05  
Check No. 1158  
By: KB-  
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.

Thomas P. Callahan 2/9/05  
Signature of Officer Date  
Thomas P. Callahan 2/11/05  
Print or Type Name of Officer  
President  
Title of Officer



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



\* 1 3 4 0 9 9 \*

File Date 1-20-04  
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.

Thomas P. Callahan 1/20/04  
Signature of Officer Date  
Thomas P. Callahan 1/20/04  
Print or Type Name of Officer  
President  
Title of Officer