



# 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. 143273		2. Name of Corporation TPG, Inc.			
3. Street Address Principal Business Office 200 Turks Head Place			City Providence	State RI	Zip 02903
4. Business Phone No. (401) 331-6250		5. State of Incorporation Rhode Island			6. SIC Code 6130
7. Brief Description of the Character of Business Conducted in Rhode Island To provide investment related services to individuals					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Scott B. Laurans		Vice President Name Chairman H. James Field, Jr.			
Street Address 200 Turks Head Place		Street Address 200 Turks Head Place			
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Secretary Name Scott B. Laurans		Treasurer Name H. James Field, Jr.			
Street Address 200 Turks Head Place		Street Address 200 Turks Head Place			
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Scott B. Laurans		Director Name H. James Field, Jr.			
Street Address 200 Turks Head Place		Street Address 200 Turks Head Place			
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
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
8,000	Common	\$.01 Par	100	Common	\$.01 Par

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



1 4 3 2 7 3

File Date **FILED**

Check No. **MAY 24 2005**

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]* May 11, 2005  
Signature of Officer Date  
Scott B. Laurans, President  
Print or Type Name of Officer

Title of Officer