

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000005703

FILED
Jan 04, 2005
Secretary of State

Entity Name: RDW ADVERTISING AND PUBLIC RELATIONS COMPANY

Current Principal Place of Business:

125 HOLDEN STREET
PROVIDENCE, RI 02908

New Principal Place of Business:

Current Mailing Address:

125 HOLDEN STREET
PROVIDENCE, RI 02908

New Mailing Address:

FEI Number: 05-0421718

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION
1200 SOUTH PINE STREET, NE
FORT LAUDERDALE, FL 33324 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: DOYLE, PATRICIA A
Address: 125 HOLDEN ST
City-St-Zip: PROVIDENCE, RI 02908

Title: DP () Delete
Name: DOYLE, MICHAEL M
Address: 166 THAYER DRIVE
City-St-Zip: PORTSMOUTH, RI 02871

Title: DT () Delete
Name: WALSH, THOMAS E SR
Address: 164 HOWARD HILL ROAD
City-St-Zip: FOSTER, RI 02825

Title: V () Delete
Name: MONTI, DAVID
Address: 125 HOLDEN ST
City-St-Zip: PROVIDENCE, RI 02908

Title: V () Delete
Name: CONWAY, JAMES G
Address: 125 HOLDEN ST
City-St-Zip: PROVIDENCE, RI 02908

Title: V () Delete
Name: PATCH, JEFFREY
Address: 125 HOLDEN ST
City-St-Zip: PROVIDENCE, RI 02908

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS E. WALSH, SR.

DT

01/04/2005

Electronic Signature of Signing Officer or Director

Date