

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000004606

FILED
Apr 15, 2004
Secretary of State

Entity Name: THE PROVIDENCE GROUP INVESTMENT ADVISORY COMPANY, INC.

Current Principal Place of Business:

200 TURKS HEAD PLACE
PROVIDENCE, RI 02903

New Principal Place of Business:

Current Mailing Address:

200 TURKS HEAD PLACE
PROVIDENCE, RI 02903

New Mailing Address:

FEI Number: 05-0506526

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FIELD, H. JAMES JR.
5065 NORTH A1A
VERO BEACH, FL 32963 US

Name and Address of New Registered Agent:

FIELD, H. JAMES JR.
190 LAKE VIEW WAY
VERO BEACH, FL 32963 US

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: H. JAMES FIELD, JR.

04/15/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LAURANS, SCOTT B
Address: 35 BARBERRY HILL
City-St-Zip: PROVIDENCE, RI 02906

Title: V () Delete
Name: O'REILLY, GAIL M
Address: 180 WEEDEN DRIVE
City-St-Zip: WARWICK, RI 02818

Title: CT () Delete
Name: FIELD, H. JAMES JR
Address: 129 BENEFIT STREET, UNIT #3
City-St-Zip: PROVIDENCE, RI 02903

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: V (X) Change () Addition
Name: CAMPBELL, GAIL M
Address: 180 WEEDEN DRIVE
City-St-Zip: WARWICK, RI 02818

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: GAIL M. CAMPBELL

V

04/15/2004

Electronic Signature of Signing Officer or Director

Date