HAND DELIVERED

ID#910

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Due By April 30, 2010

Rhode Island Ethics Commission

2009 YEARLY FINANCIAL STATEMENT

MICHAEL J PINGA
42 NEWELL STREET
WEST WARWICK RI 02893

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ETHICS COMMISSION
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ALL QUESTIONS REFER TO THE CALENDAR YEAR JANUARY 1, 2009 THROUGH DECEMBER 31, 2009 UNLESS OTHERWISE SPECIFIED.

PLEASE ANSWER ALL QUESTIONS AND WHERE YOUR ANSWER IS "NONE" OR "NOT APPLICABLE" SO STATE. ANSWERS SHOULD BE PRINTED OR TYPED, and additional sheets may be used if more space is needed. For clarification of any question, read instruction sheet.

Note: If you are a state or municipal official or employee who is required to file a Yearly Financial Statement, a failure to file the Statement is a violation of the law and may subject you to substantial penalties, including fines. If you received a 2009 Yearly Financial Statement in the mail but believe you did not hold a public position in 2009 or 2010 that requires such filing, you should contact the Ethics Commission (See Instruction Sheet for contact information).

1. NAME OF OFFICIAL: PINGA (LAST) MICHAEL (FIRST) J. (INITIAL)

2. HOME ADDRESS: 42 Newell ST. (STREET) West Warwick (CITY/TOWN), 02893 (ZIP CODE)

MAILING ADDRESS (If different from home address)

3. List Public Position(s) you hold and governmental unit:

STATE SENATOR (PUBLIC POSITION) West Warwick District 9 (MUNICIPALITY, STATE OR REGIONAL)

(PUBLIC POSITION) (MUNICIPALITY, STATE OR REGIONAL)

I was elected on 11-4-08 (date). I was appointed on _____ (date). I was hired on _____ (date).

If you no longer hold a public position, state date of termination or resignation _____.

4. List elected office(s) for which you were/are a candidate in either calendar year 2009 or 2010 (Read instruction #4)

SENATE DISTRICT 9

5. List the following: NAME OF SPOUSE

Jill E. Pinga

6. List the names of any employer from which you, your spouse, or dependent child received $1,000 or more gross income during calendar year 2009. If self-employed, list any occupation from which $1,000 or more gross income was received. If employed by a state or municipal agency, or if self-employed and services were rendered to a state or municipal agency for an amount of income in excess of $250, list the date and nature of services rendered. If the public position or employment listed in #3, above, provides you with an amount of gross income in excess of $250 it must be listed here. **(Do Not List Amounts.)**

NAME OF FAMILY MEMBER EMPLOYED	NAME AND ADDRESS OF EMPLOYER OR OCCUPATION	DATES AND NATURE OF SERVICES RENDERED
Michael J. Pinga	Westcott Baking Co. Inc. 30 Newell St. W.W. R.I. 02893	Jan - Dec. 2009 Management
Jill E. Pinga	Barr. Christian Academy 9 Old County Rd. Barr. Public Schools	Jan - Dec. 2009 Sub. Teacher

7. List the address or legal description of any real estate, other than your principal residence, in which you, your spouse, or dependent child had a financial interest.

NAMES	NATURE OF INTEREST	ADDRESS OR DESCRIPTION
N/A		

8. List the name of any trust, name and address of the trustee of any trust, from which you, your spouse, or dependent child or children individually received $1,000 or more gross income. List assets if known. **(Do Not List Amounts.)**

NAME OF TRUST: The Michael J. Pinga IRR. Trust of 1998.

NAME OF TRUSTEE AND ADDRESS: Michael J. Pinga
42 Newell St. W.W. RI. 02893

NAME OF FAMILY MEMBER RECEIVING TRUST INCOME: Michael J. Pinga

ASSETS: Ntm Properties LLC, Pincor LLC, Westcott Baking Co. Inc.

9. List the name and address of any business organization or other entity, whether for profit or non-profit, in which you, your spouse, or dependent child held a position as a director, officer, partner, trustee, or a management position.

NAME OF FAMILY MEMBER	NAME AND ADDRESS OF BUSINESS	POSITION
Michael J. Pinga	Westcott Baking Co. Inc. 30 Newell St. W.W. R.I. 02893	Pres.

10. List the name and address of any interested person, or business entity, that made total gifts or total contributions in excess of $100 in cash or property during calendar year 2009 to you, your spouse, or dependent child. Certain gifts from relatives and certain campaign contributions are excluded. (See instruction #10)

NAME OF PERSON RECEIVING GIFT OR CONTRIBUTION	NAME AND ADDRESS OF PERSON OR ENTITY MAKING GIFT OR CONTRIBUTION
N/A	

11. List the name and address of any business in which you, your spouse, or dependent child individually or collectively holds a 10% or greater ownership interest, or a $5,000 or greater ownership or investment interest.

NAME OF FAMILY MEMBER	NAME AND ADDRESS OF BUSINESS
Michael J. Pinga	N+M Properties LLC 30 Newell ST. W.W. RI 02893
Michael J. Pinga	Pincor LLC. 2573 Post Road Warwick, RI 02886 Various Stocks

12. If any business listed in #11, above, did business in excess of a total of $250 in calendar year 2009 with a state or municipal agency, **AND** you are a member or employee of the agency or exercise direct or legislative control over the agency, list the following:

NAME AND ADDRESS OF BUSINESS	NAME OF AGENCY	DATE AND NATURE OF TRANSACTION
N/A		

13. If any business listed in #11, above, was a business entity subject to direct regulation by a state or municipal agency, **AND** you are a member or employee of the agency or exercise direct or legislative control over the agency, list the following:

NAME AND ADDRESS OF BUSINESS	NAME OF REGULATING AGENCY
N/A	

14. If you, your spouse, or dependent child individually or collectively acquired or divested a 10% ownership interest or a $5,000 or greater ownership or investment interest in a business after January 1, 2010 and before the date you file this statement **AND** if said business was regulated by a state or municipal agency of which you are an employee or a member, or over which you exercise direct or legislative authority, list the following:

NAME AND ADDRESS OF BUSINESS	DESCRIPTION OF INTEREST (NOT AMOUNT) AND DATE ACQUIRED AND/OR DIVESTED
N/A	

NAME OF REGULATING AGENCY	HOW REGULATED

15. If you, your spouse, or dependent child individually or collectively acquired or divested a 10% ownership interest or a $5,000 or greater ownership or investment interest in a business after January 1, 2010 and before the date you file this statement, which did business in excess of $250 with a state or municipal agency of which you are an employee or a member, or over which you exercise direct or legislative authority, list the following:

NAME AND ADDRESS OF BUSINESS	DESCRIPTION OF INTEREST DATE ACQUIRED AND/OR DIVESTED (DO NOT INCLUDE AMOUNT)	NAME OF STATE OR MUNICIPAL AGENCY
N/A		

16. If you, your spouse or dependent child were indebted in an amount in excess of $1,000 to any person, business entity or other organization other than (i) any person related to you, your spouse or dependent child at any time within the third degree of consanguinity, or (ii) a financial institution regulated by any state or by the United States where such indebtedness is secured solely by a mortgage of record on real property used exclusively as your principal residence, or (iii) any indebtedness arising from transactions involving credit cards, please list the following:

NAME AND ADDRESS OF DEBTOR	NAME AND ADDRESS OF LENDER
Michael J. Pingia 42 Newell St. W.W. R.I. 02893	Nixon Peabody LLC. Attorney's at Law One Citizen Plaza Suite 502 Prov. RI 02903

I certify under penalty of perjury, that this Financial Statement is a complete and accurate response to the questions presented as to the financial information and interests during the year 2009 of myself, my spouse, and my dependent children. I acknowledge that I may request an advisory opinion from the Ethics Commission as to my conduct under the Code of Ethics. I understand that a copy of the Code of Ethics will be provided to me at no cost upon request by contacting the Ethics Commission.

Michael J. Pingia
SIGNATURE

State of Rhode Island
County of Kent

Subscribed and sworn to before me at Citizens Bank this 30 day of April 20 10.

My Commission expires: THOMAS A. MCKITTRICK NOTARY PUBLIC STATE OF RHODE ISLAND MY COMMISSION EXPIRES 1 JANUARY 2012

SIGNATURE OF NOTARY PUBLIC

THIS STATEMENT WILL BE RETURNED IF IT IS NOT SIGNED AND NOTARIZED AND IF ANY QUESTION IS NOT ANSWERED.