

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615

401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2007

Filing Period: January 1 - March 1 • Filing Fee: \$50.00\* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

\* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by

law (R.I.G.L. 7-1.2-1501(c&d)) i			ig to fac its unital report t	and the sty ( ) or any a tyter to	oe time prescribed by
1. Corporate 1D No.	2. Name of Corporation	· w. v	11 O x x		
000157406	The Law	Office of SU	zetle Pinterd,	Ltd.	
3. Street Address Principal Business (	Office	4 < 11 700	A City	State T	Zip
155 South 1	May Str	er, wites	1 Providence	<u>                                  </u>	02903
401-273-6963   KI  6. Brief Description of the Character of Business Conducted in Rhode Island					
Mediation	of Divo	re Herreen	neits		
7. NAMES AND ADDRESSES President Name	OF THE OFFICERS	: ( X BOX FOR ALLA	Vice President Name	PACES BEFORE USING AT	TACHMENTS
Suzetle Pintard			The Francisco Control of the Control		
Street Address			: Street Address		
3 mules street			DUCEL MANIES		
City	State	Zip	City	State	Zip
Processianilar	RT	02806			· · · ·
Secretary Name			; Treasurer Name		
N 1000			17-24		
Street Address			: Street Address		
City	State	Zip	City	State	Zip
		'			'
8. NAMES AND ADDRESSES	OF THE DIRECTOR	RS: ("X" BOX FOR AT	<i>TACHMENT)</i> [ ] FILL IN	SPACES BEFORE USING A	TTACHMENTS
Director Name	•	•	Director Name		
Sizette Kintard			None		
Street Address			Street Address		
3 Mules St	reet				
City	State	Zip	City	State	Zip
Berringon	RI	02806			
Director Name			Director Name		
None			None		
Street Address			Street Address		
			:		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
				Kontin	
100 Notar Value			10.0	one class)	No service
					3
(c/ve	e class only	<del>i )</del>			
This report must be executed	on behalf of the cor	poration by an authoriz	ed representative. If the c	orporation is in the hands or	f a receiver or trustee,
This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation in the corporation is in the hands of a receiver or trustee.					
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		OCT 0 9 200	1		
		. P.	Lindar nanalty of a	orium: I dealers and offices that	1 hour annuing dating and a
		By NH	including ony acco	erjury, I declare and affirm that empanying schedules and staten	
		23-3880	18 contained herein a	re true and correct.	, min and an amountains
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	5: 20	ZI 114 6 - 100 1 1	Signature		<u>C - C - C 7</u> Date
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	r.	n	Suzette	2 tintard	
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POR SECRETARI OF SI	ALL COL CITEMEN		Title		