

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.			ng to juc us unuun report	waina iniriy (50) aays agier i	be time prescribed by
1. Corporate 1D No.	2. Name of Corporation	2 N.	11 0 1 1		
000157406	The Law	Office of Sc	y city il	, Ltd.	
3. Street Address Principal Business (Office	4 < 1 700	City	State F-I	Zip
155 South	May N Str	ea, where	1 Krouidence	 	02903
· ·	i 7	5. State of Incorporation			
401-273-69	65	,			
6. Brief Description of the Character			- 1		
Mediation	of Divo	rue Agreer	neits		
7. NAMES AND ADDRESSES President Name	OF THE OFFICERS	: (X BOX FOR ALLA	Vice President Name	PACES BEFORE USING AT	TACHMENTS
Suzetle Pintard			. \		
Street Address			: Street Address		
3 Miles Street			Sirver Address		
City	State	Zip	City	State	Zip
Processianilar	RT	02806			1.7
Secretary Name	.d		Treasurer Name		
None			N\-26.		
Street Address			Street Address		
City	State	Zip	City	State	Zip
					'
8. NAMES AND ADDRESSES	OF THE DIRECTO	RS: ("X" BOX FOR AT	<i>TACHMENT)</i> [7] FILL IN	SPACES BEFORE USING A	ATTACHMENTS
Director Name	•	•	Director Name		
Sizette Kintard			None		
Street Address			Street Address		
3 Myles St	reet				•
City	State	Zip	City	State	Ζip
Burningon	RI	02806			
Director Name			Director Name	***************************************	
None			Done		
Street Address			Street Address		
			:		
City	State	Ζip	City	State	Zip
		_	:		
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)		
AUTHORIZED SHARES		·		CTION MUST BE COMPLETED	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
. 0 .) 1				CONTY, .	
100 Notar Value			10.0	one class	10 sarvation
,	i i	\		· ·	3
	e class only	\)			
This report must be executed this report must be executed	on behalf of the cor	poration by an authoriz	ed representative. If the c	orporation is in the hands o	f a receiver or trustee,
this report must be executed	on behalf of the corp	poration by the recair er	or trustee.		
		007 4 6 200	7		
		OCT 0 9 200	1		
		- 1	Under penalty of p	erjury, I declare and affirm that	L have examined this report
		By DX+	inaludina any aga	ompanying schedules and staten	
		23-3880	16 contained herein a	re true and correct.	
File Date			L. A.	大大人	0-9-07
	: 20	Z 113 6 - 100 10	Signature		O - C - O 7 Date
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By:	j.		Sozetle Print or Type Name	2 Pintard	
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