

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 <u>2008</u>

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 falling 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)) is subject to a penalty fee of \$25.00

1. Corporate ID No. 66596		2. Name of Corporation WRIGHT LAW ASSOCIATES, INC.				
3. Street Address Principal Business Office 572 MAIN STREET			City WARREN	State RI	<i>гір</i> 02885	
4. Business Phone No. 5. State of Incorporate 401-245-5650 RHODE ISLAI						
TO ENGAGE IN T	Character of Business Con HE GENERAL PRAC	CTICE OF LAW				
7. NAMES AND ADI	DRESSES OF THE OF	FICERS: ("X" BOX FOR A		SPACES BEFORE USING	ATTACHMENTS	
President Name			Vice President Name			
THOMAS E. WRIGHT Street Address			THOMAS E. WRIGHT			
33 MAPLE ROAD			Street Address 33 MAPLE ROAD			
City WARREN	State RI	<i>Ζφ</i> 02885	City WARREN	State RI	<i>z ψ</i> 02885	
Secretary Name THOMAS E. WRIGHT			Treasurer Name THOMAS E. WRIGHT			
Street Address 33 MAPLE ROAD			Street Address 33 MAPLE ROAD			
City WARREN	State RI	^{Zip} 02885	City WARREN	State RI	7.ip 02886	
	DRESSES OF THE DI	RECTORS: ("X" BOX FOR	•	N SPACES BEFORE USING	G ATTACHMENTS	
Director Name CHRISTINE D. WRIGHT			Director Name LINDA DUPONT			
Street Address 33 MAPLE ROAD			Street Address 20 ALICIA CIRCLE			
City	State	Zip	City	State	Zip	
WARREN	RI	02885	WARWICK	RI	02886	
Director Name			Director Name			
Street Address			Street Address			
			Street Audress			
City	State	Zip	Сіцу	State	Zip	
9. SHARES AUTHOR	RIZED ("X" BOX FO	R ATTACHMENT)		 <i>("X" BOX FOR ATTACH</i> ECTION <u>MUST</u> BE COMPLETED	IMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value	
300	COMMON	NO PAR VALUE	300	COMMON	NO PAR VALUE	
, , , , , , , , , , , , , , , , , , ,						
This report must be en	executed on behalf of	the corporation by an author	orized representative. If the	corporation is in the hands	of a receiver or trustee.	

FILED
File Date FEB 0 8 2008
Check No.
Ву:
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm	that I have examined this report,
including any accompanying schedules and s	tatements, and that all statements
contained havein are true and purget	2/5/08
Signature	Date
THOMAS E. WRIGHT	
Print or Type Name	
PRESIDENT	
Title	

Form 630 Rev. 12/06