State of Rhode Island
and Providence Plantations
Office of the Secretary of State

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 2008

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)) is subject to a penalty fee of $25.00.*

1. Corporate ID No.	2. Name of Corporation			
95977	Sheppard Leger Nowak Inc.			
3. Street Address Principal Business Office		City	State	Zip
1 Richmond Square		Providence	RI	02906
4. Business Phone No.	5. State of Incorporation			
(401)276-0233	Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island				
Advertising agency				

7. NAMES AND ADDRESSES OF THE OFFICERS (X BOX FOR ATTACHMENT) ☐ FILL IN SPACES BELOW IF NOT USING ATTACHMENT

President Name			Vice President Name		
Edward G. Nowak, Jr.			Daniel S. Sheppard		
Street Address			Street Address		
25 North Walker Street			132 Upland Way		
City	State	Zip	City	State	Zip
Taunton	MA	02780	Barrington	RI	02806
Secretary Name			Treasurer Name		
Jaime A. Leger			Daniel S. Sheppard		
Street Address			Street Address		
1 Betsy Drive			132 Upland Way		
City	State	Zip	City	State	Zip
Bristol	RI	02809	Barrington	RI	02806

8. NAMES AND ADDRESSES OF THE DIRECTORS (X BOX FOR ATTACHMENT) ☐ FILL IN SPACES BELOW IF NOT USING ATTACHMENT

Director Name			Director Name		
Voting Trust - Edward G. Nowak, Jr			Daniel S. Sheppard		
Street Address			Street Address		
26 North Walker Street			132 Upland Way		
City	State	Zip	City	State	Zip
Taunton	MA	02780	Barrington	RI	02806
Director Name			Director Name		
Jaime A. Leger					
Street Address			Street Address		
1 Betsy Drive					
City	State	Zip	City	State	Zip
Bristol	RI	02809			

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
5,000	Common	No Par	1,000	Common	No Par
			THIS SECTION MUST BE COMPLETED		

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 by the receiver or trustee.

[redacted] [redacted]

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

E G Nowak 8/19/08
Signature *Date*

Edward G. Nowak, Jr.
Print or Type Name

[redacted] President
Title

FILED
File Date AUG 21 2008
Check No. DS 1895
By By
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Form 630 Rev. 12/06

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