

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 2009

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 subject to a penalty fee of \$25.00.	?-1501(e), each corporation	n failing or refusing to file its an	nual report within thirty (30) day.	s after the time prescribed by la	w (R.I.G.L. 7-1.2-1501(c&d)) is						
1. Corporate ID No.	2. Name of Corporati										
87641	Jessup &	Conroy P.C.									
3. Street Address Principal Business Office			City	State	Zip						
72 Pine Street			Providence	e RI	02903						
4. Business Phone No. 5. State of Incorporation			_								
(401) 331-3511 Rhode Isla			ind								
6. Brief Description of the Character	-	n Rhode Island									
To practice law											
7. NAMES AND ADDRESSE	S OF THE OFFICER	S: ("X" BOX FOR ATTA	<u> </u>	PACES BEFORE USING	ATTACHMENTS						
i				Vice President Name							
Richard Jessup, Jr., Esq.			Maureen P. Conroy, Esq.								
			Street Address								
72 Pine Street	State	Zip	: 72 Pine St		72						
Providence Secretary Name	RI	02903	Providence	State RI	02903						
Maureen P. Conroy, Esq.			Treasurer Name Richard Jessup, Jr., Esq.								
Street Address			Street Address								
72 Pine Street			72 Pine Street								
City	State	Zip	City State Zip								
Providence	RI	02903	Providence	RI	02903						
8. NAMES AND ADDRESSES											
Director Name			Director Name								
						Street Address			Street Address		
City	State	Zip	City	State	Zip						
					'						
Director Name	***************************************		Director Name								
Street Address			Street Address								
City	State	Zip	: City	State	Zip						
		•									
9. SHARES AUTHORIZED	1	ļ	: 10, SHARES ISSUED ("X" BOX FOR ATTACH	MENT) []						
2,000 No Par Value			ISSUED SHARES — THIS SECTION MUST BE COMPLETED								
			Number of Shares	Class/Series	Par Value						
This information is currently of record in the Office of the Secretary of State. Changes require an additional filling. See Section 9 of instruction sheet.											
			150	Common	NO NO						
This report must be executed	on hehalf of the cor	noration by an authorize	d representative. If the co-	moration is in the heads	of a receiver or trusts-						
this report must be executed	on behalf of the corp	poration by the receiver of	or trustee.	poration is in the hands	of a receiver or trustee,						
		FILED									
		JAN 12 2009	Under penalty of per including any accom	jury, I declare and affirm the	at I have examined this report ements, and that all statements						
· ·		1 1	contained berein are	true and correct.	10100						
File Date9	0:1	By /11/	12	>/-/	1/7/07						
	MIS PH	10 Can 1.0/2	Signature /	/	Date						
Check No. 310 SMOLLAND BY: 71834			Richard Jessup, Jr. Esq. Print or Type Name								
						FOR SECRETARY OF STA	TE USE ONLY	1-1-20	President		
						TOTAL DESCRIPTION OF DIV	- 332 S	<u> </u>	Title		