

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

subject to a penalty fee of \$25.00.			***************************************			
1. Corporate ID No. 71971	2. Name of Corporation Little, Medeiros, Kinder, Bulman & Whitney, Inc.					
3. Street Address Principal Business Office 72 Pine Street			City Providence	State Rhode Island	<i>Ζφ</i> 02903	
4. Business Phone No. 401 272-8080 5. State of Incorporation Rhode Island						
6. Brief Description of the Character of Rendering professional lega		bode Island				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTAC President Name Christopher H. Little			CHMENT) THIL IN SPACES BEFORE USING ATTACHMENTS Vice President Name John E. Bulman			
Street Address 72 Pine Street			Street Address 72 Pine Street			
City Providence	State RI	<i>Zip</i> 02903	City Providence	State RI	Zφ 029 93	
Secretary Name Christopher H. Little			Treasurer Name Christopher H. Littel			
Street Address 72 Pine Street			Street Address 72 Pine Street			
City Providence	State RI	^{Zip} 02903	City Providence	State RI	02903.	
8. NAMES AND ADDRESSES Director Name None	OF THE DIRECTOR	Si ("X" BOX FOR ATT	ACHMENT) TILL IN SPACE Director Name	CES BEFORE USING AT	TACHMENTS SO C	
Street Address			Street Address		Q3	
Сиу	State	Zip	СШу	State	Zip	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X") ISSUED SHARES — THIS SECTION	The state of the s		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			Number of Shares	Class/Series	Par Value	
			100	CWP	\$1.00	
			78854 19			
This report must be executed this report must be executed of			d representative. If the corporate trustee.	ation is in the hands of	a receiver or trustee,	

File Date	ELE	n	Ė	
Check No. JA				
ву: Ву	124	147		

Under penalty of	of perjury, I declare and affirm	that I have examined this report,
including any a	ccompanying schedules and s	tatements, and that all statements
contained herei	n are true and correct.	1-12-89
Signature	0	Date
Christopl	her H. Little	
Print or Type No	ıme	
Presider	nt	
Title		Form 630 Rev. 08/08