RI SOS Filing Number: 200940349300 Date: 01/13/2009 4:00 PM

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filing Period: January 1 - March 1 ● Filing Fee: $50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 63587

2. Name of Corporation John J. Kupa, Jr., Attorney at Law, P.C.

3. Street Address Principal Business Office 20 Oakdale Road

City North Kingstown *State* RI *Zip* 02852

4. Business Phone No. 401-294-5566

5. State of Incorporation RHODE ISLAND

6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island
LAW PRACTICE

8. NAMES AND ADDRESSES OF THE OFFICERS ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name John J. Kupa, Jr.
Street Address 20 Oakdale Road
City North Kingstown *State* RI *Zip* 02852

Vice President Name John J. Kupa, Jr.
Street Address 20 Oakdale Road
City North Kingstown *State* RI *Zip* 02852

Secretary Name John J. Kupa, Jr.
Street Address 20 Oakdale Road
City North Kingstown *State* RI *Zip* 02852

Treasurer Name John J. Kupa, Jr.
Street Address 20 Oakdale Road
City North Kingstown *State* RI *Zip* 02852

9. NAMES AND ADDRESSES OF THE DIRECTORS ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name John J. Kupa, Jr.
Street Address 20 Oakdale Road
City North Kingstown *State* RI *Zip* 02852

Director Name
Street Address
City *State* *Zip*

Director Name None
Street Address
City *State* *Zip*

Director Name None
Street Address
City *State* *Zip*

10. SHARES AUTHORIZED ***("X" BOX FOR ATTACHMENT)*** ☐

AUTHORIZED SHARES

Number of Shares	*Class/Series*	*Par Value*
300 No Par Value		

11. SHARES ISSUED ***("X" BOX FOR ATTACHMENT)*** ☐

ISSUED SHARES

Number of Shares	*Class/Series*	*Par Value*
None	Common	No Par

*This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee*

[redacted] 6 3 5 8 7 [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.

Signature of Officer *Date* 1-12-09

John J. Kupa, Jr.
Print or Type Name of Officer

[redacted] President
Title of Officer

File Date 1-13-09
Check No. 6439
By: mnc
FOR SECRETARY OF STATE USE ONLY

Form 630 12/01

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