



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 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. 7-1.2-1501(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.<br>67445                                                                                                                               |             | 2. Name of Corporation<br>Heffernan Law Offices, P.C. |                                                                     |              |                   |
| 3. Street Address Principal Business Office<br>2145 Diamond Hill Road, Suite One                                                                           |             |                                                       | City<br>Cumberland                                                  | State<br>RI  | Zip<br>02864      |
| 4. Business Phone No.<br>401-334-5600                                                                                                                      |             | 5. State of Incorporation<br>Rhode Island             |                                                                     |              |                   |
| 6. Brief Description of the Character of Business Conducted in Rhode Island<br>General practice of law                                                     |             |                                                       |                                                                     |              |                   |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                          |             |                                                       |                                                                     |              |                   |
| President Name<br>William M. Heffernan                                                                                                                     |             |                                                       | Vice President Name<br>William M. Heffernan                         |              |                   |
| Street Address<br>15 Stagecoach Road                                                                                                                       |             |                                                       | Street Address<br>15 Stagecoach Road                                |              |                   |
| City<br>Cumberland                                                                                                                                         | State<br>RI | Zip<br>02864                                          | City<br>Cumberland                                                  | State<br>RI  | Zip<br>02864      |
| Secretary Name<br>Same as above                                                                                                                            |             |                                                       | Treasurer Name<br>Same as above                                     |              |                   |
| Street Address                                                                                                                                             |             |                                                       | Street Address                                                      |              |                   |
| City                                                                                                                                                       | State       | Zip                                                   | City                                                                | State        | Zip               |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                         |             |                                                       |                                                                     |              |                   |
| Director Name<br>None                                                                                                                                      |             |                                                       | 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                                                                                                                                       |             |                                                       | 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |              |                   |
| 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. |             |                                                       | ISSUED SHARES — THIS SECTION <u>MUST</u> BE COMPLETED               |              |                   |
|                                                                                                                                                            |             |                                                       | Number of Shares<br>1,000                                           | Class/Series | Par Value<br>None |
|                                                                                                                                                            |             |                                                       |                                                                     |              |                   |

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.

**FILED**

File Date JAN 15 2009  
Check No. By 11831  
By: \_\_\_\_\_

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 statements, and that all statements contained herein are true and correct.

William M. Heffernan 1/14/09  
Signature Date  
William M. Heffernan  
Print or Type Name  
President  
Title