



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(c), 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. 121009		2. Name of Corporation Motley Rice Inc.			
3. Street Address Principal Business Office 28 BRIDGESIDE BOULEVARD			City MT. PLEASANT	State SC	Zip 29464
4. Business Phone No. (843) 216-9000		5. State of Incorporation SOUTH CAROLINA			
6. Brief Description of the Character of Business Conducted in Rhode Island TO COLLECT MONETARY OBLIGATIONS OWED IN CONNECTION WITH LEGAL SERVICES RENDERED.					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name RONALD L. MOTLEY			Vice President Name JOSEPH F. RICE		
Street Address 28 BRIDGESIDE BLVD.			Street Address 28 BRIDGESIDE BLVD.		
City MT. PLEASANT	State SC	Zip 29464	City MT. PLEASANT	State SC	Zip 29464
Secretary Name JOSEPH F. RICE			Treasurer Name RONALD L. MOTLEY		
Street Address SAME AS ABOVE.			Street Address SAME AS ABOVE.		
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 RONALD L. MOTLEY			Director Name JOSEPH F. RICE		
Street Address SAME AS ABOVE.			Street Address SAME AS ABOVE.		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED					
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
ISSUED SHARES THIS SECTION MUST BE COMPLETED					
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 20		Class/Series COMM.	Par Value 100

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 **FEB 13 2009**  
Check No. **By 1173**  
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.

Signature **Joseph F. Rice** Date **2/9/2009**  
JOSEPH F. RICE  
Print or Type Name  
VICE PRESIDENT/SECRETARY  
Title