

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 - N * In accordance with R.I.G.L. 7-1.2- subject to a penalty fee of \$25.00.	March 1 • Filing Fee 1501(e), each corporation for	: \$50.00* • THIS REPO	ORT MUST BE TYPED OR nual report within thirty (30) days a	PRINTED LEGIRLY	' IN BLACK INK. law (R.I.G.L. 7-1.2-1501(c&d)) is	
1. Corporate ID No.	2. Name of Corporation					
88279		EDWARD A. SHAPIRA, ESQUIRE, INC.				
3. Street Address Principal Business Office 400 Reservoir Avenue			City Providence	State R.I.	<sup>Zip</sup> 02907	
4. Business Phone No. 401–781–0755		5. State of Incorporation RHODE ISLAN	ion			
6. Brief Description of the Character of Business Conducted in Rhode Island			ע			
To engage in the						
7. NAMES AND ADDRESSES President Name	OF THE OFFICERS:	( A BUX FUR ATTA	: Was Brook of New York	CES BEFORE USING	G ATTACHMENTS	
EDWARD A. SHAPIRA	A		Vice President Name NONE			
360 Gilbert Stuart Drive			Street Address			
Warwick	R.I.	<sup>Zip</sup> 02818	City	State	Zip	
Secretary Name			Treasurer Name			
NONE			NONE			
Street Address			Street Address			
City	State	Zip	Clty	State	Zip	
					-	
8. NAMES AND ADDRESSES	OF THE DIRECTORS	S: ("X" BOX FOR AT	FACHMENT) □ FILL IN SE	ACES BEFORE USIN	I NG ATTACHMENTS	
Director Name			Director Name			
NONE			NONE			
Street Address			Street Address			
			•			
City	State	Zip	City	State	Zip	
PPRPRATECTION 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			:		1	
Director Name		***************************************	Director Name			
Street Address			Street Address			
	T					
City	State	Zip	City	State	Zip	
	İ	-				
9. SHARES AUTHORIZED 400 \$12.50 par value			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)  ISSUED SHARES — THIS SECTION MUST BE COMPLETED			
This information is currently	of record in the Offic	e of the Secretary of	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 filing. See Section 9 of instruction sheet.			NONE			
			NONE		\$5,000.00	
	<del>-</del>					
This report must be executed of this report must be executed of	on behalf of the corpo	oration by an authorize	d representative. If the corne	ration is in the term		
this report must be executed o	n behalf of the corpor	ration by the receiver of	or trustee.	ration is in the hand	s of a receiver or trustee,	
	•	•				
			Under penalty of perjur	y, I declare and affirm	that I have examined this report,	
			menumg any accompan	nying schedules and sta	atements, and that all statements	
File Date FILED	<b>)</b>		contained herein are tru	e and correct.		
i ne Date			Claus Z	1	2/13/09	
Check No. FFR 1 7 200	<b>10</b>		Signature		Date	

including any accompanying schedules and contained herein are true and correct.	rm that I have examined this report, d statements, and that all statements
- Can Zo	2/13/09
Signature	Date
EDWARD A. SHAPIRA	
Print or Type Name	
PRESIDENT	
Title	
	Form 630 Rev. 08/08