

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(e&d)) is

. Corporate ID No. 156363	2. Name of Corporation Gonzalez Law Offices, Inc.					
: Street Address Principal Business Office 450 Warren Avenue			City East Providence	State RI	^{<i>Zip</i>} 02914	
401-432-7500 Rhode Islan		5. State of Incorpora Rhode Island				
5. Brief Description of the Characte To Render Professional Sc	ervices by Pers	ons Authorized to Practi	ce Law	ono bypony Heime	ATTA CHRAHNITE	
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR A President Name Roberto Gonzalez			Vice President Name Deborah S. Gonzalez			
Street Address 450 Warren Avenue			Street Address 450 Warren Avenue			
City East Providence	State RI	^{2ip} 02914	City East Providence	State RI	02914	
Secretary Name Deborah S. Gonzalez			Treasurer Name Roberto Gonzalez			
Street Address 450 Warren Avenue			Street Address 450 Warren Avenue			
City East Providence	State RI	^{Zip} 02914	City East Providence	State RI	02914	
8. NAMES AND ADDRESSI Director Name Roberto Gonzalez	S OF THE DIR	ECTORS: ("X" BOX FO	R ATTACHMENT) THLL IN Director Name Deborah S. Gonzale		G ATTACHMENTS	
Street Address 450 Warren Avenue			Street Address 450 Warren Avenue	450 Warren Avenue		
City East Providence	State RI	^{Zip} 02914	City East Providence	State RI	Ζώρ 02914	
Director Name			Director Name			
Street Address			Street Address		700	
City:	State	Zip	City	State	Zip	
9. SHARES AUTHORIZED		i di		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) [ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
This information is muran	tly of record in	the Office of the Secreta	ry 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.			100	Common	No Par	
State. Changes require an instruction sheet.				ı		

	including any accompanying schedules at contained herein are true and correct.
File Date FILED	Sientiture
Check FIEB 1 7 2009	Roberto Gonzalez
By 3620	Print or Type Name President
FOR SECRETARY OF STATE USE ONLY	Title

Under penalty of perjury, I declare and affirm that I have examined this report. and statements, and that all statements

Form 630 Rev. 08/08