



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 02904-261
401.222.304

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2010

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. 122062	2. Name of Corporation Law Offices of Gregory J. Schadone, Ltd.
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3. Street Address Principal Business Office 7 Waterman Avenue	City North Providence	State RI	Zip 02911
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4. Business Phone No. (401) 232-4000	5. State of Incorporation Rhode Island
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5. Brief Description of the Character of Business Conducted in Rhode Island
The practice of law

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

President Name Gregory J. Schadone	Vice President Name Gregory J. Schadone
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Street Address 6 Middle Street	Street Address 6 Middle Street
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City North Providence	State RI	Zip 02911	City North Providence	State RI	Zip 02911
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Secretary Name Gregory J. Schadone	Treasurer Name Gregory J. Schadone
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Street Address 6 Middle Street	Street Address 6 Middle Street
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City North Providence	State RI	Zip 02911	City North Providence	State RI	Zip 02911
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8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name Gregory J. Schadone	Director Name
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Street Address 6 Middle Street	Street Address
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City North Providence	State RI	Zip 02911	City	State	Zip
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Director Name	Director Name
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Street Address	Street Address
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City	State	Zip	City	State	Zip
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9. SHARES AUTHORIZED

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.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value
2,000	Common	no par

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.

File Date **FILED**
 Check No. **JAN 07 2010**
 By: **173/12**
 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 **[Signature]** Date **1/6/09**
 Gregory J. Schadone
 Print or Type Name
 President
 Title