

FOR SECRETARY OF STATE USE ONLY

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 2010

* In accordance with R.I.G.L. 7-1 subject to a penalty fee of \$25.00.	- Warch 1 • Filing .2-1501(e), each corpor	Fee: \$50.00° • THIS REPOR	ial report within thirty (30) days	after the time prescribed by l	ıw (R.I.G.L. 7-1.2-1501(c&d))	
1. Corporate ID No.	1 " '	2. Name of Corporation MICHAEL J. MULCAHY ATTORNEY AT LAW, INC.				
87786		J. MULCAHY ATTORN	1	State	Zip	
3. Street Address Principal Business Office		Cronston	RI	02910		
375 Pontiac Avenue 4. Business Phone No. 5. State of Incorporation		Cranston	T_KT_	1 02910		
4. Missiness Phone No. (401) 467–1960 RHODE ISLAND						
6. Brief Description of the Character of Business Conducted in Rhode Island				·	·	
TO ENGAGE THE PR						
		CERS: ("X" BOX FOR ATTAC	CHMENT) FILL IN SI	PACES BEFORE USING	ATTACHMENTS	
President Name			Vice President Name			
Michael J. Mulcahy			none			
Street Address			Street Address			
375 Pontiac Aver	nue					
City	State	Zip	City	State	Zip	
Cranston	RI	02910	• • •		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Secretary Name			Treasurer Name			
Michael J. Mulcahy			Michael J. Mulcahy			
Street Address 375 Pontiac Avenue			Street Address 375 Pontiac Avenue			
City	State	Zip	Сйу	State	Ζip	
Cranston	RI	02910	Cranston	RI	02910	
8. NAMES AND ADDRESS Director Name Michael J. Mulca		CTORS: ("X" BOX FOR ATT	ACHMENT) FILL IN Director Name	SPACES BEFORE USIN	NG ATTACHMENTS	
Street Address			Street Address			
375 Pontiac Aver	nue					
City	State	Zip	Clty	State	Zip	
Cranston	RI	02910	<u>:</u>			
Director Name			Director Name			
			: Constant			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
					<u> </u>	
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)			
			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	Class/Series	Par Value	
			500 shares	None	\$10.00 PAI	
		ne corporation by an authorize e corporation by the receiver		orporation is in the han	ds of a receiver or truste	
-		•				
			Under nenalty of n	eriury. I declare and affirm	n that I have examined this i	
					statements, and that all state	
,	rd o i		contained herein a		. 1	
File Date	1- 2010	2	Much	rel / Mul	welly 1/6/	
1	4/2/		Signature	1/	Pate	