

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

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.I. 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(ecd.)) is

* In accordance with R.I.G.L. /- subject to a penalty fee of \$25.00.		on jailing or rejusing to jue as unit	un report within unity (50) un	y. wyw. , ,,,,, ,,,,,,,,,,,,,,,,,,,,,,,,	
1. Corporate 1D No. 000508075		Peter A. Carvelli, P.C.	<b>_</b>		704
3. Street Address Principal Business Office 16 Cutler Street, Suite 102			Warren	State RI	<sup>Zip</sup> 02885
		5. State of Incorporation Rhode Island			
6. Brief Description of the Chara General practice of law.				-	
7. NAMES AND ADDRES President Name	SES OF THE OFFICE	RS: ("X" BOX FOR ATTA	CHMENT) TILL IN:	SPACES BEFORE USING	ATTACHMENTS
Peter A. Carvelli			None		
Street Address 95 Central Avenue			Street Address		
City East Providence	State RI	Ztp 02914	City	State	Zip
Secretary Name Peter A. Carvelli			Treasurer Name Peter A. Carvelli		
Street Address 95 Central Avenue			Street Address 95 Central Avenue		
City East Providence	State RI	<sup>Zip</sup> 02914	City East Providence	State RI	74p 02914
		ORS: ("X" BOX FOR ATT	I	ľ	1
Director Name  none			Director Name  none		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name none			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZE	(D)		20 to 10 to	) ("X" BOX FOR ATTACE ECTION 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
			8,000		.01
			18.5		
This report must be exec	cuted on behalf of the	corporation by an authoriz	ed representative. If the	corporation is in the hand	ds of a receiver or trustee,
this report must be execu	uted on behalf of the	corporation by the receiver	or trustee.		
			Under penalty of including any ac	f perjury, I declare and affirm companying schedules and st	that I have examined this report tatements, and that all statemen
2	5-2010	H1		are true and correct	~ 1/1.
File Date	INTI		Signature		
Check No.	0/2		Peter A. Ca	arvelli	l ·
mac			Print or Type Name		
By:	OF STATE HET SAIL		President	. <u></u>	
FOR SECRETARY	OF STATE USE ONLY		Title		E 630 Pay 09/09