RI SOS Filing Number: 201173818250 Date: 01/19/2011 4:00 PM

State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, *Secretary of Stat*
Corporations Divisio
148 W. River Stre
Providence, RI 02904-261
401.222.304

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011

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

6. 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			Vice President Name		
Gregory J. Schadone			Gregory J. Schadone		
Street Address			Street Address		
72 Julia Drive			72 Julia Drive		
City	State	Zip	City	State	Zip
North Providence	RI	02911	North Providence	RI	02911
Secretary Name			Treasurer Name		
Gregory J. Schadone			Gregory J. Schadone		
Street Address			Street Address		
72 Julia Drive			72 Julia Drive		
City	State	Zip	City	State	Zip
North Providence	RI	02911	North Providence	RI	02911

8. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name			Director Name		
Gregory J. Schadone					
Street Address			Street Address		
72 Julia Drive					
City	State	Zip	City	State	Zip
North Providence	RI	02911			
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

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SECRETARY OF STATE
CORPORATIONS DIV

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.

[redacted] [redacted]

Under penalty of perjury, I declare and affirm that I have examined this repor including any accompanying schedules and statements, and that all statemen contained herein are true and correct.

Signature *Date* 1/14/11

Gregory J. Schadone
Print or Type Name

President
Title

[redacted]

FILED
File Date JAN 19 2011
Check No. By MNC
By: 18503
57286-74-559905
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Form 630 Rev. 08/08