

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

2011

401.222.3040

Filing Period: January 1 - M * In accordance with R.I.G.L. 7-1.2-1	arch 1 • Filing Fee: 501(e), each corporation fa	\$50.00* • THIS REPOR	RT MUST BE TYPED OR wal report within thirty (30) days a	PRINTED LEGIBLY II  the time prescribed by law	N BLACK INK. (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				
58936 Mark S. Krieger, Esq., Ltd.					
3. Street Address Principal Business O	ffice		City	State	Zip
132 Old River Road, Ste. 205		Lincoln	BI	02865	
4. Business Phone No. 5. State of Incorporation				02000	
(401)333-6300 Rhode Isla		and			
6. Brief Description of the Character of Practice of Law		bode Island			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTAC					
President Name			Vice President Name		
Mark S. Krieger			Mark S. Krieger		
Street Address			Street Address		
132 Old River Road, Ste. 205			132 Old River Road, Ste. 205		
City Lincoln	State RI	<sup>Zip</sup> 02865	<sup>City</sup> <b>Lincoln</b>	State RI	02865
Secretary Name	#*************************		Treasurer Name		
Mark S. Krieger Street Address			Mark S. Krieger Street Address		
132 Old River Road, Ste. 205			132 Old River Road, Ste. 205		
City Lincoln	State RI	<sup>Zip</sup> 02865	City Lincoln	State <b>RI</b>	02865
8. NAMES AND ADDRESSES	OF THE DIRECTOR	' S:	ACHMENT) ☐ FILL IN S	PACES BEFORE USING	ATTACHMENTS
Director Name  Mark S. Kriege:		•	Director Name		
Street Address 132 Old River Road, Ste. 205			Street Address		
City Lincoln	State RI	Zip <b>0286</b> 5	City	State	Zip
Director Name	J	.,	Director Name		
Street Address			Street Address		
		- <del></del>	:		Ta:
City	State	Zip	City :	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)  ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares	Class/Series	Par Value
This information is currently			Number of Shares	Cluss/scries	) the ventre
State. Changes require an additional filing. See Section 9 of instruction sheet.			1000	COMMON	NO PAR VALUE
This report must be executed this report must be executed or				poration is in the hands	of a receiver or trustee,
<del></del>			Under penalty of per	jury, I declare and affirm th	nat I have examined this repor
		_	including any accom	panying schedules and star	tements, and that all statemen
		7	contained herein are	true and correct.	
		1			ニル フーノノー

File Date Check No.

	and affirm that I have examined this report, they and statements, and that all statements
contained herein are true and conte	/- 7 //
Signature Mark S. Krieger	Date
Print or Type Name	
President	
Title	Form 630 Rev. 08/08