

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

Form 630 Rev. 08/08

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(e/d)) is

| subject to a penalty fee of \$25.00. | | | | | | |
|---|------------------------|---------------------------|--|-------------------------|--------------------|--|
| 1. Corporate ID No. 2. Name of Corporation | | | | | | |
| 98430 Sullivan & Sullivan, Professional Corporation | | | | | | |
| 3. Street Address Principal Business Office | | | City North Vincetor | State D.T | <i>Σψ</i> 02852 | |
| 1130 Ten Rod Road, B206 4. Business Phone No. 5. State of Incorporation | | North Kingstow | h RI | 02832 | | |
| (401) 294-9556 Rhode Is: | | | land | | | |
| 6. Brief Description of the Character of | | | | | | |
| To engage in the practice of law | | | | | | |
| 7. NAMES AND ADDRESSES (President Name | OF THE OFFICERS: | ("X" BOX FOR ATTAC | HMENT) | | | |
| | | | | | | |
| James C. Sullivan Street Address | | | Elizabeth F. Sullivan | | | |
| 1130 Ten Rod Road, B206 | | | 1130 Ten Rod Road, B206 | | | |
| City | State | Zip | City | State B200 | Ζip | |
| NorthKingstown | L.R.I | 02852 | North Kingstown | l RI | Ω2852 | |
| Secretary Name | | | Treasurer Name | | | |
| James C. Sullivan Street Address | | | Elizabeth F. Sullivan | | | |
| | | | Street Address 1130 Ten Rod Road, B206 | | | |
| City | d , B206 State | Zip | City | State | Ζip | |
| North Kingstown | | 02852 | North Kingstow | | 02852 | |
| 8. NAMES AND ADDRESSES | OF THE DIRECTORS | : ("X" BOX FOR ATTA | ACHMENT) TILL IN SPA | CES BEFORE USING AT | TACHMENTS | |
| Director Name | | | Director Name | | | |
| James C. Sullivan | | | | | | |
| | 1 D206 | | Street Address | | | |
| 1130 Ten Rod R | State | Z ip | City | State | Zip | |
| North Kingstown | RI | 02852 | | Sierie . | 2 <i>P</i> | |
| Director Name | | | Director Name | | | |
| | | | • • • | | | |
| Street Address | | | Street Address | | | |
| 0. | T | 1124 | | | | |
| City | State | Zip | City | State | Ζip | |
| 9. SHARES AUTHORIZED | l | l | 10 CHADES ISSUED ("Y" | ROY FOR ATTACHME! | | |
| 8,000 common | | | 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED | | | |
| This information is currently | of record in the Offic | o of the Sagratory of | Number of Shares | Class/Series | Par Value | |
| 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. | | | | 1_ | | |
| | | | 200 | Common | \$.01 | |
| | | | | | | |
| | | | | | | |
| 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. | | | | | | |
| this report must be executed of | on benail of the corpo | ration by the receiver of | or trustee. | | | |

| | 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. |
| File Date | Signature Date |
| Check No. JAN 2 8 2011 | James C. Sullivan |
| By: | Print or Type Name |
| BY | President |
| | Title |