

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

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(cord)) is

subject to a penalty fee of \$25.00				y y was promised by and	/ (K.1, G.L. , -1.2-1)01(EO2)) 1	
1. Corporate ID No. 71971	Little, Med	2. Name of Corporation Little, Medeiros, Kinder, Bulman & Whitney, Inc.				
3. Street Address Principal Business Office 72 Pine Street			City Providence	State Rhode Island	Zip 02903	
4. Business Phone No. 401 272-8080 5. State of Incorporation Rhode Island				02000		
6. Brief Description of the Charc Rendering professional	icter of Business Condu legal services.	icted in Rhode Island				
7. NAMES AND ADDRES		ICERS: ("X" BOX FOR ATTA	ACHMENT) FILL IN	SPACES BEFORE USING A	ATTACHMENTS	
Christopher H. Little			Vice President Name John E. Bulman			
Street Address 72 Pine Street			Street Address 72 Pine Street			
Providence	State RI	^{Zip} 02903	City Providence	State RI	^{Zip} 02903	
Secretary Name Christopher H. Little			Treasurer Name Christopher H. Little			
Street Address 72 Pine Street			Street Address 72 Pine Street			
Providence	State RI	^{2ip} 02903	City Providence	State RI	<i>Ζі</i> р 02903	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR AT. Director Name None			TACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name			
Street Address			Street Address			
City	State	Zip	Сйу	State	Zip	
Director Name			Director Name		J	
Street Address			Street Address			
СИу	State	Zip	City	State	Zip	
9. SHARES AUTHORIZED	, 1	ı		("X" BOX FOR ATTACH!	MENT) [
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	CTION MUST BE COMPLETED Class/Series	Par Value	
			100	CWP	\$1.00	
This report must be execut this report must be execute	ted on behalf of the	ne corporation by an authorize e corporation by the receiver of	d representative. If the cor trustee.	orporation is in the hands o	of a receiver or trustee,	
File DateFD	ILED		including any acco	erjury, I declare and affirm that impanying schedules and state true and correct.	at I have examined this report ments, and that all statemen	
Check No. By MMC			Signature	V · 1 ·)	Date	
			Christopher H. Little Print or Type Name			
Ву;	<i>4776</i>	<u> </u>	Drooid 1			

President