



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

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 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.<br><b>8704</b>   |                    | 2. Name of Corporation<br><b>MCBURNEY LAW SERVICES, INC</b> |   |                    |                     |
| 3. Street Address Principal Business Office<br><b>100 COTTAGE STREET</b>   |                    |   | City<br><b>PAWTUCKET</b>  | State<br><b>RI</b> | Zip<br><b>02860</b> |
| 4. Business Phone No.<br><b>401 722-0800</b>   |                    | 5. State of Incorporation<br><b>RHODE ISLAND</b>            |   |                    |                     |
| 6. Brief Description of the Character of Business Conducted in Rhode Island<br><b>LEGAL/REAL ESTATE</b>  |                    |   |   |                    |                     |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                          |                    |   |   |                    |                     |
| President Name<br><b>CRISTINE L. MCBURNEY</b>  |                    |   | Vice President Name<br><b>JOHN F. MCBURNEY, III</b>                 |                    |                     |
| Street Address<br><b>15 PROGRESS STREET</b>  |                    |   | Street Address<br><b>5 NANCY STREET</b>                             |                    |                     |
| City<br><b>PAWTUCKET</b>   | State<br><b>RI</b> | Zip<br><b>02860</b>   | City<br><b>PAWTUCKET</b>  | State<br><b>RI</b> | Zip<br><b>02860</b> |
| Secretary Name   |                    |   | Treasurer Name  |                    |                     |
| Street Address   |                    |   | Street Address  |                    |                     |
| City   | State              | Zip   | City  | State              | Zip                 |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                         |                    |   |   |                    |                     |
| Director Name  |                    |   | Director Name   |                    |                     |
| Street Address   |                    |   | Street Address  |                    |                     |
| City   | State              | Zip   | City  | State              | Zip                 |
| Director Name  |                    |   | Director Name   |                    |                     |
| Street Address   |                    |   | Street Address  |                    |                     |
| City   | State              | Zip   | City  | State              | Zip                 |
| 9. SHARES AUTHORIZED   |                    |   | 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |                    |                     |
| 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. |                    |   | ISSUED SHARES — THIS SECTION MUST BE COMPLETED                      |                    |                     |
|  |                    |   | Number of Shares  | Class/Series       | Par Value           |
|  |                    |   | <b>100 NO PAR VALUE</b>   |                    |                     |

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.

**FILED**

File Date **MAR 25 2011**  
 Check No. **3580**  
 BY **[Signature]**  
 FOR SECRETARY OF STATE USE ONLY

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.

**[Signature]** Date **3/24/11**  
 Signature  
**CRISTINE L. MCBURNEY**  
 Print or Type Name  
**PRESIDENT**  
 Title