

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 2012

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. 7-1.2-1 subject to a penalty fee of \$25.00.	501(e), each corporation j	failing or refusing to file its ann	aual report within thirty (30) days afte	r the time prescribed by law (R.	I.G.L. 7-1.2-1501(c&d)) is	
1. Corporate ID No. 58936	2. Name of Corporation Mark S. Krieger, Esq., Ltd.					
3. Street Address Principal Business Office 132 Old River Road, Ste. 205			City Lincoln	State Rhode Island	<i>Zip</i> 02865	
4. Business Phone No. 5. State of Incorporation (401)333-6300 Rhode Island						
6. Brief Description of the Character of Practice of Law	f Business Conducted in i	Rhode Island				
7. NAMES AND ADDRESSES President Name Mark S. Krieger	OF THE OFFICERS	: ("X" BOX FOR ATTA	CHMENT)	ES BEFORE USING ATT	ACHMENTS	
Street Address 132 Old River Road, Ste. 205			Street Address 132 Old River Road, Ste. 205			
City Lincoln	State Rhode Island	^{Zip} 02865	City Lincoln	State Rhode Island	^{Zip} 02865	
Secretary Name Mark S. Krieger			Treasurer Name Mark S. Krieger			
Street Address 132 Old River Road, Ste. 205			Street Address 132 Old River Road, Ste. 205			
City Lincoln	State Rhode Island	^{Zip} 02865	City Lincoln	State Rhode Island	^{Zip} 02865	
8. NAMES AND ADDRESSES Director Name Mark S. Krieger	OF THE DIRECTOR	S: ("X" BOX FOR ATT	ACHMENT) TILL IN SPA Director Name	CES BEFORE USING AT	TACHMENTS	
Street Address 132 Old River Road, Ste.	205		Street Address		, , , , , , , , , , , , , , , , , , , ,	
City Lincoln	State Rhode Island	Zip 02865	City	State	Zip	
Director Name		*************************************	Director Name	•••••••••••••••	.4	
Street Address			Street Address			
City	State	Zip	Сиу	State	Zip	
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED			
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	Class/Series	Par Value	
			100	Common	NO PAR	
				 	 	

9. SHARES AUTHORIZED	10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED			
This information is currently of record in the Office of the Secretary of	Number of Shares	Class/Series	Par Value	
State. Changes require an additional filing. See Section 9 of instruction sheet.	100	Common	NO PAR	
This report must be executed on behalf of the corporation by an authorize this report must be executed on behalf of the corporation by the receiver of the corporation by the corporation	or trustee. Under penalt <u>y of </u>	perjury, I declare and affirm of the property of the control of th	that I have examined this report atements, and that all statements	
FOR SECRETARY OF STATE USE ONLY	President			
	Title		Form 630 Rev. 08/08	