



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
**Office of the Secretary of State - Division of Business Services**

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 2012

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 105938		2. Exact name of the Corporation The Law Office of David Morowitz, Ltd.			
3. Principal office address 155 South Main Street, Ste. 304			City Providence	State RI	Zip 02903
4. Business Phone No. 401-274-5556			5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island law office					
<b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>					
President Name David Morowitz			Vice-President Name David Morowitz		
Street Address 15 Pinetop Road			Street Address 15 Pinetop Road		
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806
Secretary Name David Morowitz			Treasurer Name David Morowitz		
Street Address 15 Pinetop Road			Street Address 15 Pinetop Road		
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806
<b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>					
Director Name none			Director Name none		
Street Address none			Street Address none		
City none	State none	Zip none	City none	State none	Zip none
Director Name none			Director Name none		
Street Address none			Street Address none		
City none	State none	Zip none	City none	State none	Zip none
<b>9. SHARES AUTHORIZED</b>					
400 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.					
<b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>					
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
100		Common		0.01	

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.

**FILED**

File Date MAR 02 2012  
 Check No \_\_\_\_\_  
 BY \_\_\_\_\_  
 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.

**FILED**

MAR 02 2012

BY 1183

[Signature] 3/1/12  
 Signature of Authorized Representative Date  
 David Morowitz  
 Print or Type Name of Authorized Representative  
 President