



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 2013

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. 121524		2. Exact name of the Corporation Christopher Edward Heberg, Esq. P.C.	
3. Principal office address 1215 Reservoir Ave		City Cranston	State RI
		Zip 02920	
4. Business Phone No. 401-228-7790		5. State of Incorporation RI	
6. Brief description of the character of business conducted in Rhode Island Legal			
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name Christopher Heberg		Vice-President Name Sam	
Street Address 1215 Reservoir Ave		Street Address	
City Cranston	State RI	Zip 02920	
Secretary Name Sam		Treasurer Name Sam	
Street Address		Street Address	
City	State	Zip	
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Director Name Christopher Heberg		Director Name	
Street Address 1215 Reservoir Ave		Street Address	
City Cranston	State RI	Zip 02920	
Director Name		Director Name	
Street Address		Street Address	
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.		NUMBER OF SHARES 100	CLASS/SERIES
			PAR VALUE None

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 _____

Check No _____ **JAN 24 2013**

By: _____

FOR SECRETARY OF STATE USE ONLY

By MME
 Ch # 6628

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 of Authorized Representative

1/21/13
 Date

CHRISTOPHER E. HEBERG
 Print or Type Name of Authorized Representative