

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

Filing Fee: \$50.00	· FAILURE TO FI	This report must be ty	MARCH 31 WILL RE	DIY. SULT IN A \$25.00 PE	NALTY FEE.			
152835	Lawto	Law Offices of R. Erik Wallin, PC						
3. Principal office address 4080 South County Trail, Suite I			City Charlestown	State RI	Zip 02813			
4. Business Phone No. (401) 364-8001			5 State of Incorporation Rhode Island					
6 Brief description of the Law Practice	character of busines	s conducted in Rhode Islan	d					
President Name								
K. Erik Wallin			Vice-President Name					
Street Address 4080 South County	y Trail, Suite 1		Street Address					
Charlestown	State RI	^{Zip} 02813	City	State	Zip			
Secretary Name			Treasurer Name					
Street Address			Street Address					
City	State	Zip	City	State	Zip 🖺			
E LIST ALL PRESTORS								
Director Name K. Erik Wallin			Director Name		7			
Street Address 4080 South County	Trail, Suite 1		Street Address		والرار ع معر ، معاد ما . معاد			
City Charlestown	State RI	^{Zip} 02813	City	State	Zip			
Director Name			Director Name					
Street Address			Street Address					
City	State	Zip	City	State	Zip			
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This information !			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE			
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.			100	STK	\$0.01			
This report must be execu	ited on behalf of the	corporation by an authorize	d representative. If the	corporation is in the hand	ds of a receiver or tru	stee,		
File Cone		st be executed on behalf of	Under penalty of p this report, includi and that all statem	receiver or trustee. erjury, I declare and affing any accompanying and accompanying and accompanying and accompanying and accompanying and accompanying accompany	Circules and state	amente		
By:	no an arati	FEB 12 2013 U 189791	0.9.14.4.00,144.01	ized Representative	2/5/	<u>^</u>		

File Date:	FILED	Under penalty of perjury, I declare and affirm that this report, including any accompanying sciledul and that all statements contained herein applying	es and statements
Check No	FEB 12 2013 18979/		2/5/13 Date
Form No. 630 Revised: 01/2012	11:57	Print of Type Name of Authorized Representative	

Revised: 01/2012