

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. | | 2. Exact name of the Corporation | | | | | |
|---|---------------------|---------------------------------------|--|-------------------------|--------------------------|-------------------|--|
| 119505 | Law Of | Law Office of Tammy A. Bottella, P.C. | | | | | |
| 3. Principal office address 255 Quaker Lane, Suite 600 | | | City West Warwick | State RI | Zip 02893 | | |
| 4. Business Phone No. (401) 828-5454 | | | 5. State of Incorporation Rhode Island | | | | |
| Brief description of the ch | | s conducted in Rhode Islan | d | | | | |
| To engage in the pra | | | | | 2013 | 000 000 000 | |
| 7. LIST ALL OFFICERS (N | AMES AND ADD | RESSES) ("X" BOX FOR A | Vice-President Name | | 71 | 247 20 (1) | |
| President Name Tammy A. Bottella | | | Tammy A. Bottella | | | | |
| Street Address 255 Quaker Lane, Suite 600 | | | Street Address 255 Quaker Lane, Suite 600 | | | | |
| City West Warwick | State RI | Zip 02893 | City West Warwick | State RI | Zip 22 02893 | 15 D | |
| Secretary Name Louise Bottella | | | Treasurer Name Tammy A. Bottella | | | | |
| Street Address 255 Quaker Lane, Suite 600 | | | Street Address 255 Quaker Lane, Suite 600 | | | | |
| City West Warwick | State RI | Zip 02893 | City State RI | | Zip 02893 | | |
| 3. LIST <u>ALL</u> DIRECTORS (| NAMES AND ADI | RESSES) ("X" BOX FOR | | | | | |
| Director Name Tammy A. Bottella | | | Director Name | | | | |
| Street Address 255 Quaker Lane, Suite 600 | | | Street Address | | | | |
| City West Warwick | State RI | Zip 02893 | 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) | | | | |
| | | | 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 | | no par | | | |
| This report must be execute | ed on behalf of the | corporation by an authorize | ed representative. If the o | corporation is in the h | ands of a receiver or tr | ustee, | |
| • | this report mu | st be executed on behalf o | f the corporation by the r | eceiver or trustee. | | | |
| File Date FII FIY | | | 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. | | | | |
| Check No | | 1 1444 | 100 | NM) | | 11411 | |
| Ву: | | FEB 2 8 2013 | 1" | of Representative | | ate | |
| FOR SECRETARY OF ST | ATE USE ONLY | | | tella/President | | | |
| | RY C | w_{1} | Print or Type Name | of Authorized Repres | sentative | | |

Form No. 630 Revised: 01/2012