



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. 99080		2. Exact name of the Corporation Mal A. Salvadore, Ltd.	
3. Principal office address 400 Reservoir Avenue		City Providence	State Rhode Island
		Zip 02907	
4. Business Phone No. (401) 780-8686		5. State of Incorporation Rhode Island	
6. Brief description of the character of business conducted in Rhode Island To engage in and render professional services as an attorney at law.			
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name Mal A. Salvadore		Vice-President Name Mal A. Salvadore	
Street Address 400 Reservoir Avenue		Street Address 400 Reservoir Avenue	
City Providence	State Rhode Island	Zip 02907	
City Providence	State Rhode Island	Zip 02907	
Secretary Name Mal A. Salvadore		Treasurer Name Mal A. Salvadore	
Street Address 400 Reservoir Avenue		Street Address 400 Reservoir Avenue	
City Providence	State Rhode Island	Zip 02907	
City Providence	State Rhode Island	Zip 02907	
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Director Name Mal A. Salvadore		Director Name	
Street Address 400 Reservoir Avenue		Street Address	
City Providence	State Rhode Island	Zip 02907	
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) <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	CLASS/SERIES
		100	Common
			No Par Value

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.

File Date _____
 Check No _____
 By: _____
FOR SECRETARY OF STATE USE BY 7567

FILED

MAR 01 2013

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.

Mal A. Salvadore 3/10/2013
 Signature of Authorized Representative Date
MAL A. SALVADORE
 Print or Type Name of Authorized Representative