



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 2014

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. 58680		2. Exact name of the Corporation Paul V. Gallogly, Ltd.			
3. Principal office address 33 College Hill Road, Suite 20D			City Warwick	State RI	Zip 02886
4. Business Phone No. 401-822-1800 x4			5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island To engage in the practice of law					
President Name Paul V. Gallogly			Vice-President Name None		
Street Address 33 College Hill Road, Suite 20D			Street Address		
City Warwick	State RI	Zip 02886	City	State	Zip
Secretary Name Same as above			Treasurer Name Same as above		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name Paul V. Gallogly			Director Name		
Street Address 33 College Hill Road, Suite 20D			Street Address		
City Warwick	State RI	Zip 02886	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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	PAR VALUE
			50	CNP	0.00

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.

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

Date

Print or Type Name of Authorized Representative

FILED

JAN 08 2014

4514