



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. <u>121524</u>		2. Exact name of the Corporation <u>Christopher Edward Heberg, Esquire, PC</u>			
3. Principal office address <u>100 Jefferson Boulevard, Suite 205</u>		City <u>Warwick</u>	State <u>RI</u>	Zip <u>02888</u>	
4. Business Phone No. <u>401-942-2959</u>		5. State of Incorporation <u>RI</u>			
6. Brief description of the character of business conducted in Rhode Island <u>Legal</u>					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name <u>Christopher Heberg</u>		Vice-President Name <u>Sam</u>			
Street Address <u>100 Jefferson Blvd, Suite 205</u>		Street Address			
City <u>Warwick</u>	State <u>RI</u>	Zip <u>02888</u>	City	State	Zip
Secretary Name <u>Same</u>		Treasurer Name <u>Sam</u>			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
Director Name <u>Same</u>		Director Name <u>Sam</u>			
Street Address		Street Address			
City	State	Zip	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) ☐		
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 <u>100</u>	CLASS/SERIES	PAR VALUE <u>100.00</u>

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CORPORATIONS DIV
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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: _____
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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

Christopher Heberg
Print or Type Name of Authorized Representative

1/14/14
Date