STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

Filing Period: January 1–March 1 • Filing Fee: $50.00

STOP
PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.
83700

2. Name of Corporation
KALANDER & ASSOCIATES, LTD.

3. Street Address Principal Business Office
146 Westminister Street

City
Providence

State
RI

Zip
02903

4. Business Phone No.
(401) 273-2210

5. State of Incorporation
RHODE ISLAND

6. SIC Code
7617

7. Brief Description of the Character of Business Conducted in Rhode Island
To provide legal services to individuals and businesses

8. NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)* **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name
Jonathan V. Kalander, Esq.
Street Address
146 Westminister Street
City *State* *Zip*
Providence RI 02903

Vice President Name
Jonathan V. Kalander, Esq.
Street Address
146 Westminister Street
City *State* *Zip*
Providence RI 02903

Secretary Name
Jonathan V. Kalander, Esq.
Street Address
146 Westminister Street
City *State* *Zip*
Providence RI 02903

Treasurer Name
Jonathan V. Kalander, Esq.
Street Address
146 Westminister Street
City *State* *Zip*
Providence RI 02903

9. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)* **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name
Street Address
City *State* *Zip*

Director Name
Street Address
City *State* *Zip*

Director Name
Street Address
City *State* *Zip*

Director Name
Street Address
City *State* *Zip*

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)*

AUTHORIZED SHARES

Number of Shares	*Class/Series*	*Par Value*
8,000 SHS	COMM	NO PAR VAL

11. SHARES ISSUED *("X" BOX FOR ATTACHMENT)*

ISSUED SHARES

Number of Shares	*Class/Series*	*Par Value*
100	common	no par value

This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

[redacted]

83700

File Date: 2/10/00

Check No.: 4485

By:

FOR SECRETARY OF STATE USE ONLY

[redacted]

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 Officer *Date*

Print or Type Name of Officer

Title of Officer

Form 630 12/96