

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 2015

1. Entity ID No. 552275		2. Exact name of the Corporation Langlois, Wilkins, Furtado & Metcalf, P.C.				
3. Principal office address 317 Iron Horse Way, Suite 203			City Providence	State RI	Zip 02908	
4. Business Phone No. 401-351-9970			5. State of Incorporation Rhode Island			
		conducted in Rhode Island by Persons Authorize		in the State of Rho	ode Island	
LIST ALL OFFICERS (N	AMES AND ADDR	ESSES) ("X" BOX FOR A			PROCESSOR CONTRACTOR C	
President Name Lauren D. Wilkins			Vice-President Name Ronald P. Langlois			
Street Address 39 Mathew Drive			Street Address 112 Glendale Road			
ity Johnston	State RI	Zip 02918	City Sharon	State MA	Zip 02067	
Secretary Name Earl E. Metcalf			Treasurer Name George E. Furtado			
Street Address 98 Yale Avenue			Street Address 61 Ravena Avenue			
City Warwick	State RI	Zip 02888	City East Providence	e State	Zip 02915	
	NAMES AND ADD	RESSES) ("X" BOX FOR				
Director Name Lauren D. Wilkins			Director Name Ronald P. Lang	lois		
Street Address 39 Mathew Drive		Street Address 112 Glendale Road				
City Johnston	State RI	Zip 02918	City Sharon	State MA	Zip 02067	
Director Name Earl E. Metcalf			Director Name George E. Furta	do		
itreet Address 98 Yale Avenue			Street Address 61 Ravena Aver	nue		
City Warwick	State RI	Zip 02888	City East Providence	State RI	Zip 02915	
. SHARES AUTHORIZED				("X" BOX FOR ATTACH	the state of the s	
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 400	CLASS/SERIES Common	No Par		
This report must be execute		corporation by an authorize st be executed on behalf of			of a receiver or truste	
File Date		VI VVIIW VI	Under penalty of pe	rjury, I declare and affiring any accompanying so	chedules and stateme	
Check No			and that all stateme	ents contained herein ar	e-true and correct.	
Ву:		FILED	Signature of Authorit	•	9 / 10 / All	
FOR SECRETARY OF ST	RIE USE ONLY	EED 1 7 201	Lauren D. Wilk Print or Type Name	I ns of Authorized Representa	itive	
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