

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2015

Filing Period: January 1 - March 1 • Filing Fee: \$50.00\* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

\* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(e&d)) is

subject to a penalty fee of \$25.00.						
1. Corporate ID No. 125012	2. Name of Corporation ARIEL LAW ASS	SOCIATES LTD.	744		•	
3. Street Address Principal Business Office 1130 TEN ROD ROAD, SUITE B203			NORTH KINGSTOWN	State RI	<sup>Zip</sup> 02852	
4. Business Phone No. 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						
7. KAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT)   FILL IN SPACES BEFORE USING ATTACHMENTS						
President Name Christine W. Ariel, Esq.			Vice President Name			
Street Address 1130 Ten Rod Road, B203			Street Address			
City North Kingstown	State RI	<sup>Zip</sup> 02852	City	State	Zip	
Secretary Name			Treasurer Name Christine W. Ariel, Esq.			
Street Address			Street Address 1130 Ten Rod Road, B203			
City	State	Zip	City North Kingstown	State RI	<sup>Zip</sup> 02852	
B. NAMES AND ADDRESSES	OF THE DIRECTOR	si ("X" box box att	ACTALENT) NELT IN STA	<b>RS DEFORE USING AT</b>	TACEMENTS	
8, NAMES AND ADDRESSES  Director Name	OF THE DIRECTOR	s: (.a.: hox: you ya	Director Name	NO BEFORE USING AT	TACHERING	
	OF THE DIRECTOR	CAC BOX FOR AN		is before using at	TARRESPICE	
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Director Name None.	OF THE DIRECTOR	Zip	Director Name None.	State	Zip	
Director Name None. Street Address			Director Name None. Street Address		Zip	
Director Name None. Street Address City			Director Name None.  Street Address  City		Zip (7)	
Director Name None. Street Address City Director Name			Director Name None.  Street Address  City  Director Name		Zip	
Director Name None. Street Address City Director Name None.			Director Name None.  Street Address  City  Director Name None.		79 (C)	
Director Name None.  Street Address  City  Director Name None.  Street Address	State	Zip	Director Name None.  Street Address  City  Director Name None.  Street Address	State	79 22 00 00 00 00 00 00 00 00 00 00 00 00	
Director Name None.  Street Address  City  Director Name None.  Street Address	State	Zip	Director Name None.  Street Address  City  Director Name None.  Street Address	State	79	
Director Name None. Street Address  City  Director Name None. Street Address  City  9. SHARRS ATT COLUMB	State State	Zip Zip	Director Name None.  Street Address  City  Director Name None.  Street Address  City  50. SHARRS: \$\$000 (72)	State	Zp Z C RESIDENCE OF PORPINE PO	
Director Name None.  Street Address  City  Director Name None.  Street Address	State State of record in the Office	Zip Zip ce of the Secretary of	Director Name None.  Street Address  City  Director Name None.  Street Address  City  ISO BHARBS ISOBO (*** ISSUED SHARES — THIS SECTION Number of Shares  50	State  State  State  Class/Series	Zp 20 CREDRARY OF TARRY OF TAR	
Director Name None.  Street Address  City  Director Name None.  Street Address  City  This information is currently State. Changes require an address	State State of record in the Office	Zip Zip ce of the Secretary of	Director Name None.  Street Address  City  Director Name None.  Street Address  City  ISSUED SHARES SEED  Number of Shares	State  State  State  Class/Series	Zip Zip Zip Zip PORPORATION Zip Parvalue No Par	

this report must be executed on behalf of the corp	oration by the receiver of th	usicc.
	FILED	
	MAR 0 2 2015	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.
BY	m 24353/ c	Signature 1. Heef 2/10/15
		Christine W. Ariel, Esq.
		Print or Type Name
RESERVANCE AND BEEN T		President
	8	Title Form 630 Rev. 08/08