



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

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River St., 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

* 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(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No.

38370

2. Name of Corporation

THE FREEMAN GROUP, LTD.

3. Street Address Principal Business Office

330 FREEMAN PARKWAY

City

PROVIDENCE

State

RI

Zip

02906

4. Business Phone No.

4012741188

5. State of Incorporation

RHODE ISLAND

6. Brief Description of the Character of Business Conducted in Rhode Island

MANAGEMENT CONSULTING

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

President Name

Jerrold L. Lavine

Vice President Name

Jerrold L. Lavine

Street Address

330 Freeman Parkway

Street Address

330 Freeman Parkway

City

Providence

State

RI

Zip

02906

City

Providence

State

RI

Zip

02906

Secretary Name

Richard S. Mittleman

Treasurer Name

Jerrold L. Lavine

Street Address

301 Promenade Street

Street Address

330 Freeman Parkway

City

Providence

State

RI

Zip

02908

City

Providence

State

RI

Zip

02906

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

Director Name

Jerrold L. Lavine

Director Name

Street Address

Street Address

330 Freeman Parkway

City

City

Providence

State

RI

Zip

02906

State

Zip

Director Name

Director Name

Street Address

Street Address

City

State

Zip

City

State

Zip

9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

1,500 NO PAR VALUE

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

ISSUED SHARES

Number of Shares

Class/Series

Par Value

100

common

none

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.



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FILED

MAR 02 2015

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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

Date

Jerrold L. Lavine

Print or Type Name

President

Title

38370 DBC 01/05/07 11:34:13 AM

File Date

Check No.

By:

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