



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

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. 861046		2. Exact name of the Corporation Jackson Lewis P.C.			
3. Principal office address 1133 WESTCHESTER AVE STE 125		City WEST HARRISON		State NY	Zip 10604
4. Business Phone No. 914-872-6767		5. State of Incorporation Pennsylvania			
6. Brief description of the character of business conducted in Rhode Island Legal Services					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
President Name			Vice-President Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
Director Name			Director Name		
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) <input type="checkbox"/>		
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	CLASS/SERIES	PAR VALUE
			1,500,000	CWP, VOT	\$.01
			500,000	CWP, NV	\$500,000.00

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: _____

FOR SECRETARY OF STATE USE ONLY

FILED
MAR 02 2015

BY 584360

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and the all statements contained herein are true and correct.

Signature of Authorized Representative

02/24/2015

Date

Philip LaMantia

Print or Type Name of Authorized Representative

JACKSON LEWIS PC
FEIN: 46-3862389

ENTITY ID: 861046

Title	Name	Address
President	Vincent A. Cino	220 Headquarters Plaza, East Tower, 7th Floor, Morristown, NJ 07960
Treasurer	Michael Jacobster	666 3rd Avenue, 29th Floor, New York, NY 10017
Secretary	David L. Gordon	1155 Peachtree Street, N.E., Suite 10000, Atlanta, GA 30309
CFO	Joseph Kelley	1133 Westchester Avenue, Suite S125, West Harrison, NY 10604
Office Managing Shareholder	Richard S. McAtee	1400 Crescent Green, Suite 215, Cary, NC 27518

Directors	Joan Ackersstein*	75 Park Plaza, 4th Floor, Boston, MA 02116
	Edward M. Cherof	1155 Peachtree Street, N.E., Suite 10000, Atlanta, GA 30309
	William J. Anthony	18 Corporate Woods Blvd., 3rd Floor, Albany, NY 12211
	Vincent A. Cino	220 Headquarters Plaza, East Tower, 7th Floor, Morristown, NJ 07960
	Mia Farber	725 South Figueroa Street, Suite 2500, LA, California 90017
	Philip B. Rosen	666 3rd Avenue, 29th Floor, New York, NY 10017
	David L. Gordon	1155 Peachtree Street, N.E., Suite 10000, Atlanta, GA 30309
	Kevin G. Lauri	666 3rd Avenue, 29th Floor, New York, NY 10017
	Richard S. McAtee	1400 Crescent Green, Suite 215, Cary, NC 27518
	Lawrence H. Stone	725 South Figueroa Street, Suite 2500, LA, California 90017

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