



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. 98430		2. Exact name of the Corporation Sullivan & Sullivan Professional Corporation				
3. Principal office address 1130 Ten Rod Road, Suite B206			City North Kingstown	State RI	Zip 02852	
4. Business Phone No. 401-294-9556			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. LIST ALL OFFICERS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT <input checked="" type="checkbox"/>						
President Name James C. Sullivan			Vice-President Name Elizabeth F. Sullivan			
Street Address 1130 Ten Rod Road, Suite B206			Street Address 1130 Ten Rod Road, Suite B206			
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852	
Secretary Name James C. Sullivan			Treasurer Name James C. Sullivan			
Street Address 1130 Ten Rod Road, Suite B206			Street Address 1130 Ten Rod Road, Suite B206			
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852	
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT <input checked="" type="checkbox"/>						
Director Name James C. Sullivan			Director Name			
Street Address 1130 Ten Rod Road, Suite B206			Street Address			
City North Kingstown	State RI	Zip 02852	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 checked="" 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
				200	Common	\$0.01

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
 10939

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.

James C. Sullivan 2-27-15
 Signature of Authorized Representative Date
James C. Sullivan, President
 Print or Type Name of Authorized Representative