



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 2014**

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. <b>95977</b>		2. Exact name of the Corporation <b>Sheppard Leger Nowak Inc.</b>							
3. Principal office address <b>400 Massasoit Avenue, Unit 113</b>		City <b>East Providence</b>	State <b>RI</b>	Zip <b>02914</b>					
4. Business Phone No. <b>(401) 276-0233</b>		5. State of Incorporation <b>Rhode Island</b>							
6. Brief description of the character of business conducted in Rhode Island <b>Advertising Agency</b>									
<b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>									
President Name <b>Edward G. Nowak, Jr.</b>			Vice-President Name <b>Daniel S. Sheppard</b>						
Street Address <b>25 North Walker Street</b>			Street Address <b>132 Upland Way</b>						
City <b>Taunton</b>	State <b>MA</b>	Zip <b>02780</b>	City <b>Barrington</b>	State <b>RI</b>	Zip <b>02806</b>				
Secretary Name <b>Jaime A. Leger</b>			Treasurer Name <b>Daniel S. Sheppard</b>						
Street Address <b>1 Betsy Drive</b>			Street Address <b>132 Upland Way</b>						
City <b>Bristol</b>	State <b>RI</b>	Zip <b>02809</b>	City <b>Barrington</b>	State <b>RI</b>	Zip <b>02806</b>				
<b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>									
Director Name <b>Daniel S. Sheppard</b>			Director Name						
Street Address <b>132 Upland Way</b>			Street Address						
City <b>Barrington</b>	State <b>RI</b>	Zip <b>02806</b>	City	State	Zip				
Director Name <b>Jaime A. Leger</b>			Director Name						
Street Address <b>1 Betsy Drive</b>			Street Address						
City <b>Bristol</b>	State <b>RI</b>	Zip <b>02809</b>	City	State	Zip				
<b>9. SHARES AUTHORIZED</b>									
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	
						250	Common	No Par	
<b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>									

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: \_\_\_\_\_

**FILED**

FOR SECRETARY OF STATE USE ONLY

**MAR 05 2015**

Form No. 630  
Revised: 01/2012

**BY** \_\_\_\_\_

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.

*Edward G. Nowak*  
Signature of Authorized Representative

*2/2/15*  
Date

**Edward G. Nowak**

Print or Type Name of Authorized Representative