



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

Matthew A. Brown, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 128900  
2. Name of Corporation Agressive Legal Services, Inc.  
3. Street Address Principal Business Office 15 Westminster Street Providence Rhode Island 02901  
4. Business Phone No. (401) 421-1440 5. State of Incorporation Rhode Island 6. SIC Code 7617  
7. Brief Description of the Character of Business Conducted in Rhode Island  
**Law Firm**

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

President Name John P. Larochele Vice President Name  
Street Address 15 Westminster Street Street Address  
City Providence State RI Zip 02901 City State Zip  
Secretary Name Treasurer Name  
Street Address Street Address  
City State Zip City State Zip

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

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

**10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)**

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
100 COMMON 2001 \$0.-

**11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)**

ISSUED SHARES  
Number of Shares Class/Series Par Value  
0 (NONE)

all shares to be without par value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



1 2 8 9 0 0

File Date 9/30/03  
Check No. 1514  
By: [Signature]  
FOR SECRETARY OF STATE USE ONLY

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] 9/8/03  
Signature of Officer Date  
JOHN P. LAROCHELLE  
Print or Type Name of Officer  
President  
Title of Officer