



**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 2016**

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>119505</b>		2. Exact name of the Corporation <b>Law Office of Tammy A. Bottella</b>		
3. Principal office address <b>255 Quaker Lane, Suite 600</b>		City <b>West Warwick</b>	State <b>RI</b>	Zip <b>02893</b>
4. Business Phone No. <b>401-821-2901</b>		5. State of Incorporation <b>Rhode Island</b>		
6. Brief description of the character of business conducted in Rhode Island <b>To engage in the practice of law.</b>				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name <b>Tammy A. Bottella</b>		Vice-President Name <b>Tammy A. Bottella</b>		
Street Address <b>255 Quaker Lane, Suite 600</b>		Street Address <b>255 Quaker Lane, Suite 600</b>		
City <b>West Warwick</b>	State <b>RI</b>	Zip <b>02893</b>	City <b>West Warwick</b>	State <b>RI</b>
Secretary Name <b>Louise Bottella</b>		Treasurer Name <b>Tammy A. Bottella</b>		
Street Address <b>255 Quaker Lane, Suite 600</b>		Street Address <b>255 Quaker Lane, Suite 600</b>		
City <b>West Warwick</b>	State <b>RI</b>	Zip <b>02893</b>	City <b>West Warwick</b>	State <b>RI</b>
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name <b>Tammy A. Bottella</b>		Director Name		
Street Address <b>255 Quaker Lane, Suite 600</b>		Street Address		
City <b>West Warwick</b>	State <b>RI</b>	Zip <b>02893</b>	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED				
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		NUMBER OF SHARES		PAR VALUE
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.		100		NO PAR VALUE

*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

BY **OS 1354**

**FILED**

JAN 07 2015

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.

*Tammy A. Bottella*  
 Signature of Authorized Representative

*1/4/16*  
 Date

Tammy A. Bottella  
 Print or Type Name of Authorized Representative