



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. 136909		2. Exact name of the Corporation Raymond A. Pacia, Attorney at Law, Ltd.		
3. Principal office address 50 Power Road		City Pawtucket	State RI	Zip 02860
4. Business Phone No. 401-727-2242		5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island To perform and render all services as are commonly done or supplied by Practitioners in the field of law.				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) (EX-BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name Raymond A. Pacia, Esq.		Vice-President Name Raymond A. Pacia, Esq.		
Street Address 50 Power Road		Street Address 50 Power Road		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI
Secretary Name Raymond A. Pacia, Esq.		Treasurer Name		
Street Address 50 Power Road		Street Address		
City Pawtucket	State RI	Zip 02860	City	State
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) (EX-BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED				
10. SHARES ISSUED (EX-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
600 no par value		common		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

FILED
FEB 16 2016

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 of Authorized Representative
Raymond A. Pacia, Attorney at Law

02/10/2016

Date

Print or Type Name of Authorized Representative

BY 010673 DS