



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

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.

**FILED**  
**FEB 16 2016**

*Raymond A. Pacia*  
 Signature of Authorized Representative  
**Raymond A. Pacia, Attorney at Law**  
 Print or Type Name of Authorized Representative

**02/10/2016**  
 Date

BY 010673 DS