

## 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

## 2016 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR \_

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 RESUL

1. Entity ID No.		2. Exact name of the Corporation				
791072		Rameaka Law Offices, Inc.				
3. Principal office address 873 Warwick Avenue 2nd Floor			City <b>Warwick</b>	State R.I.	Zip <b>02888</b>	
4. Business Phone No. <b>401-781-3777</b>			5. State of Incorporation Rhode Island			
6. Brief description of the General Practice of		s conducted in Rhode Islan	d			
	(NAMES AND ADD	RESSES) ("X" BOX FOR A				
President Name  Joseph M. Rameaka			Vice-President Name  Joseph M. Rameaka			
Street Address 873 Warwick Ave.			Street Address 873 Warwick Ave.			
City <b>Warwick</b>	State RI	Zip <b>02888</b>	Gity <b>Warwick</b>	State RI	Zip <b>02888</b>	
Secretary Name  Joseph M. Rameaka			Treasurer Name Joseph M. Rameaka			
Street Address 873 Warwick Ave.			Street Address 873 Warwick Ave.			
City <b>Warwick</b>	State RI	Zip <b>02888</b>	City Warwick	State RI	Zip <b>02888</b>	
	S (NAMES AND ADI	DRESSES) ("X" BOX FOR	ATTACHMENT)	,		
Director Name  Joseph M. Rameal	(a		Director Name			
Street Address 873 Warwick Ave.			Street Address			
City <b>Warwick</b>	State RI	Zip <b>02888</b>	City	State	Zip	
Director Name	***		Director Name		•	
Street Address			Street Address			
City	State	Zip	City	State	Zip	
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)			
			NUMBER OF SHARES	CLASS/SERIES	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	common	0.0100	
This report must be execu		corporation by an authorize ist be executed on behalf of			of a receiver or trustee,	
File Date			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.			
Check No		בוו כה	$\mathcal{L} \mathcal{L} \mathcal{L} \mathcal{L} \mathcal{L} \mathcal{L} \mathcal{L} \mathcal{L} $	$N(I_{a}SI_{a})$	02/23/2016	
By: FILED			Signature of Authorized Representative Date			
FOR SECRETARY OF STATE USE ONLY FEB 2 9 2016			Joseph M. Rameaka, President			
orm No. 630 levised: 01/2012	Ve	KL1165	Print or Type Name	of Authorized Representat	tive	