



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2016
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 101071		2. Exact name of the Corporation The Law Offices of Michael Harrington			
3. Principal Office Address PO Box 366-16 Main Rd		City Adamsville	State RI	Zip 02801	
4. Business Phone Number 401-635-0100		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island engage in the practice of law					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Michael J. Harrington		Vice-President Name Maureen H. Harrington			
Street Address PO Box 366-16 Main Rd		Street Address PO Box 366-16 Main Rd			
City Adamsville	State RI	Zip 02801	City Adamsville	State RI	Zip 02801
Secretary Name Michael J. Harrington		Treasurer Name			
Street Address PO Box 366-16 Main Rd		Street Address			
City Adamsville	State RI	Zip 02801	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Michael J. Harrington		Director Name Maureen H. Harrington			
Street Address PO Box 366-16 Main Rd		Street Address PO Box 366-16 Main Rd			
City Adamsville	State RI	Zip 02801	City Adamsville	State RI	Zip 02801
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			8000		1.00
11. 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. 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.					
Name of Authorized Representative Michael J. Harrington				Date 7/12/16	
Signature of Authorized Representative 				FILED JUL 14 2016	
SIGN DOCUMENT HERE					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

BY
FILED
JUL 14 2016
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BY **FORM 630 - Revised: 05/2016**