



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 <u>101071</u>		2. Exact name of the Corporation <u>The Law Offices of Michael Harrington</u>			
3. Principal Office Address <u>PO Box 366-16 Main Rd</u>		City <u>Adamsville</u>	State <u>RI</u>	Zip <u>02801</u>	
4. Business Phone Number <u>401-635-0100</u>		5. State of Incorporation <u>Rhode Island</u>			
6. Brief description of the character of business conducted in Rhode Island <u>engage in the practice of law</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>Michael J. Harrington</u>		Vice-President Name <u>Maureen H. Harrington</u>			
Street Address <u>PO Box 366-16 Main Rd</u>		Street Address <u>PO Box 366-16 Main Rd</u>			
City <u>Adamsville</u>	State <u>RI</u>	Zip <u>02801</u>	City <u>Adamsville</u>	State <u>RI</u>	Zip <u>02801</u>
Secretary Name <u>Michael J. Harrington</u>		Treasurer Name			
Street Address <u>PO Box 366-16 Main Rd</u>		Street Address			
City <u>Adamsville</u>	State <u>RI</u>	Zip <u>02801</u>	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name <u>Michael J. Harrington</u>		Director Name <u>Maureen H. Harrington</u>			
Street Address <u>PO Box 366-16 Main Rd</u>		Street Address <u>PO Box 366-16 Main Rd</u>			
City <u>Adamsville</u>	State <u>RI</u>	Zip <u>02801</u>	City <u>Adamsville</u>	State <u>RI</u>	Zip <u>02801</u>
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
		<u>8000</u>			<u>1.00</u>
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 <u>Michael J. Harrington</u>				Date <u>7/12/16</u>	
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 [Signature]
FILED
 JUL 14 2016
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BY [Signature] FORM 630 - Revised: 05/2016