



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

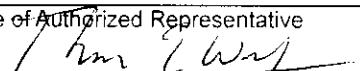
Annual Report for the year: **2017**

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 <b>66596</b>		2. Exact name of the Corporation <b>WRIGHT LAW ASSOCIATES, INC.</b>			
3. Principal Office Address <b>572 Main Street, P.O. Box 16</b>		City <b>Warren</b>		State <b>RI</b>	Zip <b>02885</b>
4. NAICS Code <b>54 - Professional, Scientific, an</b>	6. Brief description of the character of business conducted in Rhode Island <b>Professional Service Corporation</b>				
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Thomas E. Wright</b>			Vice-President Name		
Street Address <b>572 Main Street</b>			Street Address		
City <b>Warren</b>	State <b>RI</b>	Zip <b>02885</b>	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
			NUMBER OF SHARES CLASS/SERIES PAR VALUE		
			300 Common No Par Value		
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. <b>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.</b>					
Name of Authorized Representative <b>Thomas E. Wright</b>				Date <b>1/10/17</b>	
Signature of Authorized Representative 				SIGN DOCUMENT HERE	
				FILED	

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

JAN 09 2017  
By  FORM 630 - Revised: 10/2016