



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.

STAMP

STATE OF RHODE ISLAND
DEPARTMENT OF STATE
BUREAU OF BUSINESS SERVICES

1. Entity ID Number <u>86402</u>		2. Exact name of the Corporation <u>Ortoleva & Crudele, Inc.</u>					
3. Principal Office Address <u>1022 Reservoir Ave.</u>		City <u>Cranston</u>		State <u>RI</u>	Zip <u>02910</u>		
4. NAICS Code <u>81</u>	6. Brief description of the character of business conducted in Rhode Island <u>LAW FIRM</u>						
5. State of Incorporation <u>RI</u>							
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>							
President Name <u>Steven N. Ortoleva</u>			Vice-President Name <u>Colleen M. Crudele</u>				
Street Address <u>83 Mystery Farm Dr.</u>			Street Address <u>83 Mystery Farm Dr.</u>				
City <u>Cranston</u>	State <u>RI</u>	Zip <u>02921</u>	City <u>Cranston</u>	State <u>RI</u>	Zip <u>02921</u>		
Secretary Name <u>Steven N. Ortoleva</u>			Treasurer Name <u>Colleen M. Crudele</u>				
Street Address <u>SAME</u>			Street Address <u>SAME</u>				
City	State	Zip	City	State	Zip		
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>							
Director Name <u>NONE</u>			Director Name <u>NONE</u>				
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 <u>3000</u>			10. Shares Issued <u>1000</u> 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>1000</u>			<u>CNP</u>	<u>NONE</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>Colleen M. Crudele</u>					Date <u>1/10/17</u>		
Signature of Authorized Representative <u>[Signature]</u>					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

FILED

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FORM 630 - Revised: 10/2016