



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.

RECEIVED
 RI DEPT OF STATE
 BUS SVCS DIV
 2017 JAN 20 AM 9:42

1. Entity ID Number 99657		2. Exact name of the Corporation SUSAN GERSHKOFF, ESQ., LTD.			
3. Principal Office Address 132 OLD RIVER ROAD, SUITE 205			City LINCOLN	State RI	Zip 02865
4. NAICS Code 54 - Professional, Scientific, an		6. Brief description of the character of business conducted in Rhode Island LAW OFFICE			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name SUSAN GERSHKOFF			Vice-President Name SUSAN GERSHKOFF		
Street Address 132 OLD RIVER ROAD, SUITE 205			Street Address 132 OLD RIVER ROAD, SUITE 205		
City LINCOLN	State RI	Zip 02865	City LINCOLN	State RI	Zip 02865
Secretary Name SUSAN GERSHKOFF			Treasurer Name SUSAN GERSHKOFF		
Street Address 132 OLD RIVER ROAD, SUITE 205			Street Address 132 OLD RIVER ROAD, SUITE 205		
City LINCOLN	State RI	Zip 02865	City LINCOLN	State RI	Zip 02865
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name SUSAN GERSHKOFF			Director Name		
Street Address 132 OLD RIVER ROAD, SUITE 205			Street Address		
City LINCOLN	State RI	Zip 02865	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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
			100	COMMON	NO PAR
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 SUSAN GERSHKOFF President					Date 1/20/17
Signature of Authorized Representative <i>[Handwritten Signature]</i> President					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 20 2017

By 293635