



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 65402		2. Exact name of the Corporation Updegrove Law, Ltd.			
3. Principal Office Address 314 Oliphant Lane		City Middletown		State RI	Zip 02842
4. NAICS Code 54 - Professional, Scientific, and	6. Brief description of the character of business conducted in Rhode Island Legal Office				
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Richard E. Updegrove, Jr.			Vice-President Name Richard E. Updegrove, Jr.		
Street Address 314 Oliphant Lane			Street Address 314 Oliphant Lane		
City Middletown	State RI	Zip 02842	City Middletown	State RI	Zip 02842
Secretary Name Richard E. Updegrove, Jr.			Treasurer Name Richard E. Updegrove, Jr.		
Street Address 314 Oliphant Lane			Street Address 314 Oliphant Lane		
City Middletown	State RI	Zip 02842	City Middletown	State RI	Zip 02842
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name Richard E. Updegrove, Jr.			Director Name		
Street Address 314 Oliphant Lane			Street Address		
City Middletown	State RI	Zip 02842	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment ☐					
This information is currently of record in the Department of State.					
Changes require an additional filing.					
10. Shares Issued		Check the box to indicate an attachment ☐			
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
100		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.					
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 Richard E. Updegrove, Jr.				Date 01/19/2017	
Signature of Authorized Representative 					

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**
JAN 23 2017
BY **30925 DS**

FORM 630 - Revised: 10/2016