



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2017**

**Filing Period:** January 1 - March 1 • **Filing Fee:** \$50.00\* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

\* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 125012		2. Name of Corporation ARIEL LAW ASSOCIATES LTD.		
3. Street Address Principal Business Office 70 ROMANO VINEYARD WAY, SUITE 147		City NORTH KINGSTOWN	State RI	Zip 02852
4. Business Phone No. 401-295-2922		5. State of Incorporation RHODE ISLAND		
6. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN THE PRACTICE OF LAW				
<b>7. NAMES AND ADDRESSES OF THE OFFICERS: ('X' BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS</b>				
President Name Christine W. Ariel, Esq.		Vice President Name		
Street Address 70 Romano Vineyard Way, Suite 147		Street Address		
City North Kingstown	State RI	Zip 02852	City	State
Secretary Name		Treasurer Name Christine W. Ariel, Esq.		
Street Address		Street Address 70 Romano Vineyard Way, Suite 147		
City	State	Zip	City North Kingstown	State RI
<b>8. NAMES AND ADDRESSES OF THE DIRECTORS: ('X' BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS</b>				
Director Name None.		Director Name None.		
Street Address		Street Address		
City	State	Zip	City	State
Director Name None.		Director Name None.		
Street Address		Street Address		
City	State	Zip	City	State
<b>9. SHARES AUTHORIZED</b>				
<b>ISSUED SHARES — THIS SECTION MUST BE COMPLETED</b>				
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.	Number of Shares	Class/Series	Par Value	
	50		No Par	
<b>THIS SECTION MUST BE COMPLETED</b>				

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.

**FILED**

FEB 10 2017

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KLM

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.

*Christine W. Ariel* 01/16/2017  
Signature Date

Christine W. Ariel, Esq.  
Print or Type Name

President  
Title