



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 144982		2. Exact name of the Corporation Warr & Warr, PC			
3. Principal Office Address 47 Bullocks Point Avenue		City East Providence		State RI	Zip 02915
4. NAICS Code 54 - Professional, Scientific, an	6. Brief description of the character of business conducted in Rhode Island To engage in the business of providing legal services and all other lawfully related business				
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 Rebecca N. Warr			Vice-President Name Ronald R. Warr		
Street Address 47 Bullocks Point Avenue			Street Address 47 Bullocks Point Avenue		
City East Providence	State RI	Zip 02915	City East Providence	State RI	Zip 02915
Secretary Name Rebecca N. Warr			Treasurer Name Ronald R. Warr		
Street Address see above			Street Address see above		
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 Rebecca N. Warr			Director Name Ronald R. Warr		
Street Address see above			Street Address see above		
City	State	Zip	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		
			1000		
			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 Rebecca N. Warr					Date 2/13/17
Signature of Authorized Representative 					FILED
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

FEB 15 2017

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FORM 630 - Revised: 10/2016