



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 827524		2. Exact name of the Corporation Bazar & Associates, P.C.			
3. Principal Office Address 197 Taunton Avenue		City East Providence		State RI	Zip 02914
4. NAICS Code 54 - Professional, Scientific, and		6. Brief description of the character of business conducted in Rhode Island To Render Professional Services by Persons Authorized to Practice Law in the State of Rhode Island			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name David N. Bazar			Vice-President Name		
Street Address 197 Taunton Avenue			Street Address		
City East Providence	State RI	Zip 02914	City	State	Zip
Secretary Name David N. Bazar			Treasurer Name David N. Bazar		
Street Address 197 Taunton Avenue			Street Address 197 Taunton Avenue		
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name David N. Bazar			Director Name		
Street Address 197 Taunton Avenue			Street Address		
City East Providence	State RI	Zip 02914	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	
1,000		Common		\$.01	
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 David N. Bazar					Date 2/15/17
Signature of Authorized Representative 					FILED

MAIL TO:

Division of Business Services

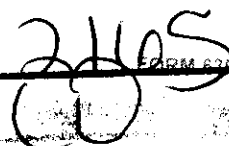
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Website: www.sos.ri.gov

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BY



FORM 627 Revised: 10/2016