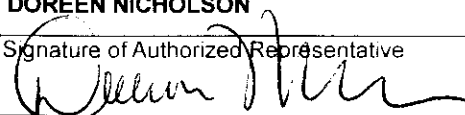




State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 000125762		2. Exact name of the Corporation NICHOLSON & COMPANY, A PROFESSIONAL CORPORATION			
3. Principal Office Address 265 GEORGE WASHINGTON HIGHWAY			City SMITHFIELD	State RI	Zip 02917
4. NAICS Code 52 - Finance and Insurance		6. Brief description of the character of business conducted in Rhode Island TO OWN AND OPERATE A BUSINESS ENGAGED IN THE PRACTICE OF ACCOUNTING			
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 DOREEN NICHOLSON			Vice-President Name		
Street Address 265 GEORGE WASHINGTON HIGHWAY			Street Address		
City SMITHFIELD	State RI	Zip 02917	City	State	Zip
Secretary Name DOREEN NICHOLSON			Treasurer Name DOREEN NICHOLSON		
Street Address 265 GEORGE WASHINGTON HIGHWAY			Street Address 265 GEORGE WASHINGTON HIGHWAY		
City SMITHFIELD	State RI	Zip 02917	City SMITHFIELD	State RI	Zip 02917
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name			Director Name		
Street Address			Street Address		
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		
This information is currently of record in the Department of State. Changes require an additional filing.			Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	COMMON	1.00
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 DOREEN NICHOLSON					Date 2/14/17
Signature of Authorized Representative 					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

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FEB 17 2017
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