



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 97688		2. Exact name of the Corporation JAMES F. HYMAN, P.C.			
3. Principal Office Address 8 FREEBODY STREET, P.O. BOX 549			City NEWPORT	State RI	Zip 02840
4. NAICS Code 54 - Professional, Scientific, an		6. Brief description of the character of business conducted in Rhode Island THE PRACTICE OF LAW			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name JAMES F. HYMAN			Vice-President Name JAMES F. HYMAN		
Street Address 8 FREEBODY STREET			Street Address 8 FREEBODY STREET		
City NEWPORT	State RI	Zip 02840	City NEWPORT	State RI	Zip 02840
Secretary Name JAMES F. HYMAN			Treasurer Name JAMES F. HYMAN		
Street Address 8 FREEBODY STREET			Street Address 8 FREEBODY STREET		
City NEWPORT	State RI	Zip 02840	City NEWPORT	State RI	Zip 02840
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name JAMES F. HYMAN			Director Name		
Street Address 8 FREEBODY STREET			Street Address		
City NEWPORT	State RI	Zip 02840	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
		100			0.00
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 accompanying schedules and statements, and that all statements contained herein are true and correct.					
Name of Authorized Representative JAMES F. HYMAN			Date FEB 23 2017		
Signature of Authorized Representative <i>James F. Hyman</i>			BY <i>[Signature]</i>		