



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 58936		2. Exact name of the Corporation MARK S. KRIEGER, ESQ., LTD.			
3. Principal Office Address 132 OLD RIVER ROAD, SUITE 205		City LINCOLN		State RI	Zip 02865
4. NAICS Code 54 - Professional, Scientific, and	6. Brief description of the character of business conducted in Rhode Island PRACTICE OF LAW				
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 MARK S. KRIEGER		Vice-President Name MARK S. KRIEGER			
Street Address 132 OLD RIVER ROAD		Street Address 132 OLD RIVER ROAD			
City LINCOLN	State RI	Zip 02865	City LINCOLN	State RI	Zip 02865
Secretary Name MARK S. KRIEGER		Treasurer Name MARK S. KRIEGER			
Street Address 132 OLD RIVER ROAD		Street Address 132 OLD RIVER ROAD			
City LINCOLN	State RI	Zip 02865	City LINCOLN	State RI	Zip 02865
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name MARK S. KRIEGER		Director Name			
Street Address 132 OLD RIVER ROAD		Street Address			
City LINCOLN	State RI	Zip 02865	City	State	Zip
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. Shares Authorized 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 <input type="checkbox"/>			
		NUMBER OF SHARES CLASS/SERIES PAR VALUE			
		100		COMMON	NO PAR
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 MARK S. KRIEGER, PRESIDENT				Date 1-13-17	
Signature of Authorized Representative					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED

FEB 24 2017

BY 19666

FORM 630 - Revised: 10/2016