



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

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2017 FEB 27 AM 10:05

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 93331		2. Exact name of the Corporation Law Offices of Diane Messere Magee, Inc.			
3. Principal Office Address 572 Main Street		City Warren		State RI	Zip 02885
4. NAICS Code 54 - Professional, Scientific, and	6. Brief description of the character of business conducted in Rhode Island GENERAL 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 Diane Messere Magee			Vice-President Name Diane Messere Magee		
Street Address 572 Main Street			Street Address 572 Main Street		
City Warren	State RI	Zip 02885	City Warren	State RI	Zip 02885
Secretary Name Diane Messere Magee			Treasurer Name Diane Messere Magee		
Street Address 572 Main Street			Street Address 572 Main Street		
City Warren	State RI	Zip 02885	City Warren	State RI	Zip 02885
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 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.			10. Shares Issued		
			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 Diane Messere Magee					Date 2/24/17
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

FEB 27 2017

BY 296844 km

FORM 630 - Revised: 10/2016