



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 128339		2. Exact name of the Corporation Orabona Law Offices, P.C.			
3. Principal Office Address P.O. Box 8492		City Cranston		State RI	Zip 02920
4. NAICS Code 54 - Professional, Scientific, <input type="checkbox"/>		6. Brief description of the character of business conducted in Rhode Island To engage in rendering of professional legal services.			
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 Frank L. Orabona, Jr.			Vice-President Name Frank L. Orabona, Jr.		
Street Address P.O. Box 8492			Street Address P.O. Box 8492		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Secretary Name Frank L. Orabona, Jr.			Treasurer Name Frank L. Orabona, Jr.		
Street Address P.O. Box 8492			Street Address P.O. Box 8492		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Frank L. Orabona, Jr.			Director Name		
Street Address P.O. Box 8492			Street Address		
City Cranston	State RI	Zip 02920	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		
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 Frank L. Orabona, Jr., President					Date 2/26/17
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

MAR 09 2017

FORM 630 - Revised: 02/2017