RI SOS Filing Number: 201738188660 Date: 3/17/2017 4:00:00 PM

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 \$25.0						· · · · · · · · · · · · · · · · · · ·	
1. Entity ID Number 903532		2. Exact name of the Corporation Law Office of Janet J. Goldman, Inc.					
Principal Office Address			City	A	TC+-+-	17im	
51 Jefferson Blvd.			Warwick		State RI	Zip 02888	
4. NAICS Code	6. Brief des	cription of the charac	cter of business	conducted in Rhode	Ísland		
54 - Professional, Scientific,	an Legal Sen	/ices.					
5. State of Incorporation	- 1						
Rhode Island							
7. List ALL officers (names and a	addresses)	· · · · · · · · · · · · · · · · · · ·	"	Check	the hox to	indicate an attachment	
President Name Janet J. Goldma	Vice-President Name NONE						
Street Address							
51 Jefferson Blvo	Street Address						
City Warwick	State RI	Zip 02888	City	,,,,	State	Zip	
Secretary Name NONE			Treasurer Na	me NONE			
Street Address							
Sireet Address			Street Address				
City	State	Zip	City	···	State	Zip	
8. List ALL directors (names and	addresses)			Check	the box to	indicate an attachment	
Director Name NONE			Director Nam	e _{NONE}			
Street Address			Street Address				
			Sireel Addres	3			
City	State	Zip	City		State	Zip	
Director Name NONE			Director Name				
Street Address			Street Address				
City	State	Zip	City	· · · · · · · · · · · · · · · · · · ·	LOute	178	
	Oldic	2.10	City		State	Zip	
9. Shares Authorized			10. Shares Issued		the box to i	indicate an attachment	
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER O	SHARES	CLASS/SERIE	S	PAR VALUE	
		2,000.00		common sto		0.00	
onunges require an additional lilli	·y•						
11. This report must be executed	on behalf of the	corporation by an a	uthorized repre	sentative. If the corpo	oration is in	L the hands of a receiver or	
<u>trustee, this report must be execu</u>	uted on behalf o	f the corporation by	the receiver or t	rustee			
Under penalty of perjury, I deci statements, and that all statem	iare ang aπirm ients contained	that i have examin I herein are true an	ed this report, i d correct	including any accor	npanying s	chedules and	
Name of Authorized Representat	ive		* ****	r as San	Date		
Janet J. Goldman, Esq.				et e	3/1	3/17	
Signature of Authorized Represen	ntative		1 11 1	ED			
ford jo Ja	danda,	,	FILI	EU			
IAIL TO:			MAR 17	2017		 	

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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