



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 104158	2. Exact name of the Corporation CICCONE COUGHLIN LAW ASSOCIATES, INC			
3. Principal Office Address 433 BROADWAY		City PROVIDENCE	State RI	Zip 02909
4. NAICS Code 54	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 RICHARD A. CICCONE			Vice-President Name JOHN S. COUGHLIN		
Street Address 170 SANCTUARY DRIVE			Street Address 9 GINGER CIRCLE		
City EAST GREENWICH	State RI	Zip 02818	City CRANSTON	State RI	Zip 02921
Secretary Name JOHN S. COUGHLIN			Treasurer Name RICHARD A. CICCONE		
Street Address 9 GINGER CIRCLE			Street Address 170 SANCTUARY DRIVE		
City CRANSTON	State RI	Zip 02921	City EAST GREENWICH	State RI	Zip 02818

8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name RICHARD A. CICCONE			Director Name JOHN S. COUGHLIN		
Street Address 170 SANCTUARY DRIVE			Street Address 9 GINGER CIRCLE		
City EAST GREENWICH	State RI	Zip 02818	City CRANSTON	State RI	Zip 02921
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized <small>2000 NO PAR VALUE</small>	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
	200		

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: Richard A. Ciccone Date: 3/30/17

Signature of Authorized Representative: Richard A. Ciccone

FILED

APR 03 2017

By S7875

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