



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.

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| | | | | | |
|--|--------------------|--|---|--------------------|-----------------------|
| 1. Entity ID Number 000022109 | | 2. Exact name of the Corporation APPLEBAUM LAW OFFICE, INC. | | | |
| 3. Principal Office Address 1216 ATWOOD AVENUE, SUITE 3 | | | City JOHNSTON | State RI | Zip 02919 |
| 4. NAICS Code 54 - Professional, Scientific, an | | 6. Brief description of the character of business conducted in Rhode Island LAW OFFICE, LEGAL SERVICES | | | |
| 5. State of Incorporation RHODE ISLAND | | TITLE: 7-5.1-2 | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name RICHARD B. APPLEBAUM | | | Vice-President Name RICHARD B. APPLEBAUM | | |
| Street Address 1216 ATWOOD AVENUE, SUITE 3 | | | Street Address 1216 ATWOOD AVENUE, SUITE 3 | | |
| City JOHNSTON | State RI | Zip 02919 | City JOHNSTON | State RI | Zip 02919 |
| Secretary Name RICHARD B. APPLEBAUM | | | Treasurer Name RICHARD B. APPLEBAUM | | |
| Street Address 1216 ATWOOD AVENUE, SUITE 3 | | | Street Address 1216 ATWOOD AVENUE | | |
| City JOHNSTON | State RI | Zip 02919 | City JOHNSTON | State RI | Zip 02919 |
| 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 | | | 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 |
| | | | 500 | CNP | 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. <i>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.</i> | | | | | |
| Name of Authorized Representative RICHARD B. APPLEBAUM | | | FILED | | Date 4/6/17 |
| Signature of Authorized Representative | | | SIGN DOCUMENT HERE APR 06 2017 | | |

MAIL TO:
 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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