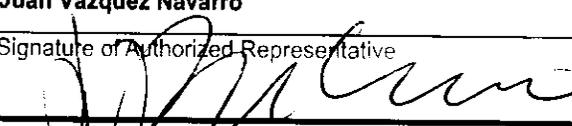




State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 000589180		2. Exact name of the Corporation Law Offices of G.M. Rego			
3. Principal Office Address 1166 N. Main St.			City Fall River	State MA	Zip 02720
4. NAICS Code 54 - Professional, Scientific,		6. Brief description of the character of business conducted in Rhode Island Legal Counsel and Representation			
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 Goncalo M. Rego			Vice-President Name Goncalo M. Rego		
Street Address 1166 N. Main St.			Street Address 1166 N. Main St.		
City Fall River	State MA	Zip 02720	City Fall River	State MA	Zip 02720
Secretary Name Goncalo M. Rego			Treasurer Name Goncalo M. Rego		
Street Address 1166 N. Main St.			Street Address 1166 N. Main St.		
City Fall River	State MA	Zip 02720	City Fall River	State MA	Zip 02720
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Goncalo M. Rego			Director Name		
Street Address 1166 N. Main St.			Street Address		
City Fall River	State MA	Zip 02720	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		1,000	STK	0.0100	
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 Juan Vazquez Navarro				Date 4/21/2017	
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
APR 24 2017
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