



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:
Corporation2016

→ 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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 R.I. DEPT. OF STATE
 BUS SVCS DIV

2017 APR 27 PM 2:12

1. Entity ID Number <u>129314</u>		2. Exact name of the Corporation <u>LAW OFFICE OF JOHN L. COPPOLINO, LTD</u>			
3. Principal Office Address <u>479 Main St</u>			City <u>PROVIDENCE</u>	State <u>RI</u>	Zip <u>02052</u>
4. NAICS Code <u>54</u>		6. Brief description of the character of business conducted in Rhode Island <u>PRACTICE OF LAW</u>			
5. State of Incorporation <u>RI</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>JOHN L COPPOLINO</u>			Vice-President Name <u>SAME</u>		
Street Address <u>268 Moxley Ave</u>			Street Address		
City <u>PROVIDENCE</u>	State <u>RI</u>	Zip <u>02919</u>	City	State	Zip
Secretary Name <u>SAME</u>			Treasurer Name <u>SAME</u>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name <u>JOHN L COPPOLINO</u>			Director Name		
Street Address <u>268 Moxley Ave</u>			Street Address		
City <u>PROVIDENCE</u>	State <u>RI</u>	Zip <u>02919</u>	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 <u>1,100</u>	CLASS/SERIES	PAR VALUE <u>0</u>
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 <u>JOHN L COPPOLINO</u>					Date <u>4/27/17</u>
Signature of Authorized Representative <u>[Signature]</u>					

SIGN DOCUMENT HERE

FILED

 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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BY CU 302383

FORM 630 - Revised: 02/20