



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 98392		2. Exact name of the Corporation Taubman Law Offices, LTD.			
3. Principal Office Address P.O. Box 277		City Block Island		State RI	Zip 02807
4. NAICS Code 54		6. Brief description of the character of business conducted in Rhode Island Practice of Law			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Elliot Taubman, Esq.			Vice-President Name		
Street Address High Street			Street Address		
City Block Island	State RI	Zip 02807	City	State	Zip
Secretary Name Elliot Taubman, Esq.			Treasurer Name Elliot Taubman, Esq.		
Street Address High Street			Street Address High Street		
City Block Island	State RI	Zip 02807	City Block Island	State RI	Zip 02807
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Elliot Taubman, Esq.			Director Name		
Street Address High Street			Street Address		
City Block Island	State RI	Zip 02807	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 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.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES CLASS/SERIES PAR VALUE		
			100	A	No Par Value
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 Elliot Taubman, Esq.					Date May 26, 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

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