



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

Annual Report for the year:  
Corporation

2017

- 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<br>1666825                                                                                                                                                                                                                                                                                                                                                                                                                                   |             | 2. Exact name of the Corporation<br>Brien Law Group, Inc                                |                                                                                                                       |             |                             |
| 3. Principal Office Address<br>200 Woodland Rd.                                                                                                                                                                                                                                                                                                                                                                                                                  |             | City<br>Woon                                                                            |                                                                                                                       | State<br>RI | Zip<br>02895                |
| 4. NAICS Code<br>81                                                                                                                                                                                                                                                                                                                                                                                                                                              |             | 6. Brief description of the character of business conducted in Rhode Island<br>Law Firm |                                                                                                                       |             |                             |
| 5. State of Incorporation<br>RI                                                                                                                                                                                                                                                                                                                                                                                                                                  |             |                                                                                         |                                                                                                                       |             |                             |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>                                                                                                                                                                                                                                                                                                                   |             |                                                                                         |                                                                                                                       |             |                             |
| President Name<br>Jon D. Brien                                                                                                                                                                                                                                                                                                                                                                                                                                   |             |                                                                                         | Vice-President Name                                                                                                   |             |                             |
| Street Address<br>200 Woodland Rd                                                                                                                                                                                                                                                                                                                                                                                                                                |             |                                                                                         | Street Address                                                                                                        |             |                             |
| City<br>Woon                                                                                                                                                                                                                                                                                                                                                                                                                                                     | State<br>RI | Zip<br>02895                                                                            | City                                                                                                                  | State       | Zip                         |
| Secretary Name                                                                                                                                                                                                                                                                                                                                                                                                                                                   |             |                                                                                         | Treasurer Name                                                                                                        |             |                             |
| Street Address                                                                                                                                                                                                                                                                                                                                                                                                                                                   |             |                                                                                         | Street Address                                                                                                        |             |                             |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                             | State       | Zip                                                                                     | City                                                                                                                  | State       | Zip                         |
| 8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>                                                                                                                                                                                                                                                                                                                  |             |                                                                                         |                                                                                                                       |             |                             |
| 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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span> |             |                             |
| This information is currently of record in the Department of State.<br><br>Changes require an additional filing.                                                                                                                                                                                                                                                                                                                                                 |             |                                                                                         | NUMBER OF SHARES                                                                                                      |             | CLASS/SERIES                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |             |                                                                                         | 100                                                                                                                   |             | PAR VALUE                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |             |                                                                                         |                                                                                                                       | \$1.00      |                             |
| 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.<br><b>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.</b> |             |                                                                                         |                                                                                                                       |             |                             |
| Name of Authorized Representative<br>Jon D. Brien                                                                                                                                                                                                                                                                                                                                                                                                                |             |                                                                                         |                                                                                                                       |             | Date<br>8/22/17             |
| Signature of Authorized Representative<br>                                                                                                                                                                                                                                                                                                                                                                                                                       |             |                                                                                         |                                                                                                                       |             | FILED<br>SIGN DOCUMENT HERE |

MAIL TO:  
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Website: www.sos.ri.gov

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BY 310769  
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