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	itate of Rhode Island and Pro Office of the Secreta		ONS Fee: \$50.00
HOPE	Division Of Business 148 W. River St Providence RI 0290 (401) 222-304	reet 4-2615	
Limited Liability Corr	nany		
Annual Report Filing Period: September 1			
	7-16-66(d), each limited liability comp in thirty (30) days after the time prescr penalty fee of \$25.00.		
ANNUAL REPORT YEAR:	<u>2017</u>		
<b>1. ID No.</b> <u>00079552</u>	3		
2. Exact Name of the Li	mited Liability Company <u>BUCHA</u>	NAN LAW, LLC	
3. State of Formation			
State: <u>RI</u>			
	ARTICLE III		
-	Code that best describes the primary le information on <u>NAICS</u> can be found a		y the entity. Download
<u>541110</u>			
	e Character of the Business Which	is Actually Conduct	ted in Rhode Island
	e Character of the Business Which	is Actually Conduc	ted in Rhode Island
4. Brief Description of th		is Actually Conduct	ted in Rhode Island
4. Brief Description of the   LEGAL SERVICES   5. Principal Office Addres   No. and Street: 400	ess <u>) PUTNAM PIKE</u>	is Actually Conduct	ted in Rhode Island
4. Brief Description of the   LEGAL SERVICES   5. Principal Office Addree   No. and Street: 400 SU	ss		ted in Rhode Island
4. Brief Description of the   LEGAL SERVICES   5. Principal Office Addres   No. and Street: 400   SU   City or Town: SM	<b>) PUTNAM PIKE</b> <u>ITE J-256</u>	<u>I</u> Zip: <u>02917</u>	Country: <u>USA</u>
4. Brief Description of the   LEGAL SERVICES   5. Principal Office Addres   No. and Street: 400   SU   City or Town: SM   6. Mailing Address of Lite   No. and Street: <u>400</u> SU   Contact Name: <u>KAREN</u> No. and Street: <u>400</u>	PUTNAM PIKE <u>ITE J-256</u> <u>IITHFIELD</u> State: <u>R</u> mited Liability Company and Name <u>A. BUCHANAN</u> Contact Title: <u>MEM</u> <u>PUTNAM PIKE</u>	<u>I</u> Zip: <u>02917</u> or Title of Contact	Country: <u>USA</u>
4. Brief Description of the   LEGAL SERVICES   5. Principal Office Addres   No. and Street: 400 SU   City or Town: SM   6. Mailing Address of Lite   No. and Street: 400 SU   Contact Name: KAREN   No. and Street: 400 SU	PSS <u>) PUTNAM PIKE</u> <u>ITE J-256</u> <u>IITHFIELD</u> State: <u>R</u> mited Liability Company and Name <u>A. BUCHANAN</u> Contact Title: <u>MEM</u>	I Zip: <u>02917</u> or Title of Contact BER	Country: <u>USA</u>
4. Brief Description of the   LEGAL SERVICES   5. Principal Office Addres   No. and Street: 400   SU   City or Town: SM   6. Mailing Address of Lit   No. and Street: 400   SU   City or Town: SM   Contact Name: KAREN   No. and Street: 400   SUI SUI   City or Town: SM	PUTNAM PIKE   ITE J-256   IITHFIELD   State: R   mited Liability Company and Name   A. BUCHANAN Contact Title: MEM   PUTNAM PIKE   TE J-256   ITHFIELD   State: R	<u>I</u> Zip: <u>02917</u> or Title of Contact BER Zip: <u>02917</u>	Country: <u>USA</u> Person: Country: <u>USA</u>
4. Brief Description of the   LEGAL SERVICES   5. Principal Office Addres   No. and Street: 400   SU   City or Town: SM   6. Mailing Address of Lit   No. and Street: 400   SU   City or Town: SM   Contact Name: KAREN   No. and Street: 400   SUI SUI   City or Town: SM   7. Name and Address of SU	PUTNAM PIKE   ITE J-256   IITHFIELD   State: R   mited Liability Company and Name   A. BUCHANAN Contact Title: MEM   PUTNAM PIKE   TE J-256   ITHFIELD   State: R	I Zip: 02917   or Title of Contact   BER   Zip: 02917   ility Company, if Ap	Country: <u>USA</u> Person: Country: <u>USA</u>

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

KAREN A. BUCHANAN <u>3 YALE AVENUE</u> JOHNSTON, <u>RI</u> 02919

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

**Signed this 31 Day of October, 2017 at 1:49:45 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.* 

By KAREN A. BUCHANAN

Signature of Authorized Person

Form No. 632 Revised 09/07

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