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

STAMP

Annual Report for the year: 2018
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	2. Exact name of the Corporation
6783	MANDELL, SCHWARTZ & BOISCLAIR, LTD.

3. Principal Office Address	City	State	Zip
1 PARK ROW	PROVIDENCE	RI	02903

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
541110	LAW FIRM
5. State of Incorporation: RHODE ISLAND	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: MARK S. MANDELL			Vice-President Name: MICHAEL S. SCHWARTZ		
Street Address: 1 PARK ROW			Street Address: 1 PARK ROW		
City: PROVIDENCE	State: RI	Zip: 02903	City: PROVIDENCE	State: RI	Zip: 02903
Secretary Name: YVETTE M. BOISCLAIR			Treasurer Name: MARK S. MANDELL		
Street Address: 1 PARK ROW			Street Address: 1 PARK ROW		
City: PROVIDENCE	State: RI	Zip: 02903	City: PROVIDENCE	State: RI	Zip: 02903

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

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

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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
NONE		

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	Date
YVETTE M. BOISCLAIR	12/13/2017

Signature of Authorized Representative: [signature] SIGNATURE ALERT

FILED
DEC 19 2017

CV - 17829 -

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 10/2017