RI SOS Filing Number: 201855764770 Date: 1/5/2018 4:00:00 PM

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

FILED
JAN 05 2018
BY 31559

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			
000065402	UPDEGROVE LAW, LTD.			
3. Principal Office Address		City	State	Zip
314 OLIPHANT LANE		MIDDLETOWN	RI	02852
4. NAICS Code 922130	6. Brief description of the character of business conducted in Rhode Island			
5. State of Incorporation RI	LEGAL OFFICE			

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

President Name RICHARD E. UPDEGROVE, JR.			Vice-President Name RICHARD E. UPDEGROVE, JR.		
Street Address 314 OLIPHANT LANE			Street Address 314 OLIPHANT LANE		
City MIDDLETOWN	State RI	Zip 02842	City MIDDLETOWN	State RI	Zip 02842
Secretary Name RICHARD E. UPDEGROVE, JR.			Treasurer Name RICHARD E. UPDEGROVE, JR.		
Street Address 314 OLIPHANT LANE			Street Address 314 OLIPHANT LANE		
City MIDDLETOWN	State RI	Zip 02842	City MIDDLETOWN	State RI	Zip 02842

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

Director Name RICHARD E. UPDEGROVE. JR.			Director Name		
Street Address 314 OLIPHANT LANE			Street Address		
City MIDDLETOWN	State RI	Zip 02842	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
100	COMMON	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		Date
RICHARD E. UPDEGROVE, JR.		1/3/18
Signature of Authorized Representative	SIGN DOCUMENT HERE	

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