



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

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.

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SECRETARY OF STATE
CORPORATIONS DIV

2018 JAN 16 AM 9:45

1. Entity ID Number 119505		2. Exact name of the Corporation Law Office of Tammy A. Bottella, P.C.			
3. Principal Office Address 255 Quaker Lane, Suite 600		City West Warwick		State RI	Zip 02893
4. NAICS Code 541110	6. Brief description of the character of business conducted in Rhode Island To engage in the Practice of Law				
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Tammy A. Bottella			Vice-President Name Tammy A. Bottella		
Street Address 255 Quaker Lane, Suite 600			Street Address 255 Quaker Lane, Suite 600		
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893
Secretary Name Louise Bottella			Treasurer Name Tammy A. Bottella		
Street Address 255 Quaker Lane, Suite 600			Street Address 255 Quaker Lane, Suite 600		
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name Tammy A. Bottella			Director Name		
Street Address 255 Quaker Lane, Suite 600			Street Address		
City West Warwick	State RI	Zip 02893	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 ☐					
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/SERIFS PAR VALUE		
			100 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 Tammy A. Bottella					Date 12/20/17
Signature of Authorized Representative 					

SIGN DOCUMENT HERE

FILED

JAN 16 2018

BY