



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.

1. Entity ID Number 000095977		2. Exact name of the Corporation Sheppard Leger Nowak Inc.			
3. Principal Office Address 400 Massasoit Avenue, Unit 113			City East Providence	State RI	Zip 02914
4. NAICS Code 541810		6. Brief description of the character of business conducted in Rhode Island			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Jaime A. Leger			Vice-President Name Daniel S. Sheppard		
Street Address 400 Massasoit Ave, Unit 113			Street Address 132 Upland Way		
City East Providence	State RI	Zip 02914	City Barrington	State RI	Zip 02806
Secretary Name Jaime A. Leger			Treasurer Name Daniel S. Sheppard		
Street Address 400 Massasoit Ave, Unit 113			Street Address 132 Upland Way		
City East Providence	State RI	Zip 02914	City Barrington	State RI	Zip 02806
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Jaime A. Leger			Director Name		
Street Address 400 Massasoit Ave, Unit 113			Street Address		
City East Providence	State RI	Zip 02914	City	State	Zip
Director Name Daniel S. Sheppard			Director Name		
Street Address 132 Upland Way			Street Address		
City Barrington	State RI	Zip 02806	City	State	Zip
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		250		CNP	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 Jaime Leger				Date 1/18/2018	
Signature of Authorized Representative 				SIGN DOCUMENT HERE FILED JAN 22 2018 3206	