



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 <b>000095977</b>		2. Exact name of the Corporation <b>Sheppard Leger Nowak Inc.</b>			
3. Principal Office Address <b>400 Massasoit Avenue, Unit 113</b>		City <b>East Providence</b>		State <b>RI</b>	Zip <b>02914</b>
4. NAICS Code <b>541810</b>		6. Brief description of the character of business conducted in Rhode Island			
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Jaime A. Leger</b>			Vice-President Name <b>Daniel S. Sheppard</b>		
Street Address <b>400 Massasoit Ave, Unit 113</b>			Street Address <b>132 Upland Way</b>		
City <b>East Providence</b>	State <b>RI</b>	Zip <b>02914</b>	City <b>Barrington</b>	State <b>RI</b>	Zip <b>02806</b>
Secretary Name <b>Jaime A. Leger</b>			Treasurer Name <b>Daniel S. Sheppard</b>		
Street Address <b>400 Massasoit Ave, Unit 113</b>			Street Address <b>132 Upland Way</b>		
City <b>East Providence</b>	State <b>RI</b>	Zip <b>02914</b>	City <b>Barrington</b>	State <b>RI</b>	Zip <b>02806</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Jaime A. Leger</b>			Director Name		
Street Address <b>400 Massasoit Ave, Unit 113</b>			Street Address		
City <b>East Providence</b>	State <b>RI</b>	Zip <b>02914</b>	City	State	Zip
Director Name <b>Daniel S. Sheppard</b>			Director Name		
Street Address <b>132 Upland Way</b>			Street Address		
City <b>Barrington</b>	State <b>RI</b>	Zip <b>02806</b>	City	State	Zip
9. Shares Authorized <span style="float: right;">10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span></span>					
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		<b>250</b>	<b>CNP</b>	<b>None</b>	
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. <b>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.</b>					
Name of Authorized Representative <b>Jaime Leger</b>				Date <b>1/18/2018</b>	
Signature of Authorized Representative 				SIGN DOCUMENT HERE <b>FILED</b> <b>JAN 22 2018</b> <b>3206</b>	