



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.

STAMP

FOR  
SECRETARY OF STATE  
USE ONLY

1. Entity ID Number <u>001675490</u>		2. Exact name of the Corporation <u>Colleen M. Crudele, Esq. P.C.</u>	
3. Principal Office Address <u>888 Reservoir Avenue</u>		City <u>Cranston</u>	State <u>RI</u>
		Zip <u>02910</u>	
4. NAICS Code <u>541110</u>		6. Brief description of the character of business conducted in Rhode Island <u>Professional Legal Services/LAW FIRM</u>	
5. State of Incorporation <u>RI</u>			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <u>Colleen M. Crudele</u>		Vice-President Name <u>NONE</u>	
Street Address <u>83 MYSTERY FARM DRIVE</u>		Street Address	
City <u>Cranston</u>	State <u>RI</u>	Zip <u>02921</u>	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	Zip	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <u>NONE</u>		Director Name <u>NONE</u>	
Street Address		Street Address	
City	State	Zip	
Director Name		Director Name	
Street Address		Street Address	
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
		NUMBER OF SHARES <u>20</u>	CLASS/SERIES <u>COMMON</u>
		PAR VALUE <u>.01</u>	
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 <u>Colleen M. Crudele</u>		Date <u>1/23/18</u>	
Signature of Authorized Representative <u>Colleen M. Crudele</u>		SIGN DOCUMENT HERE <b>FILED</b> <u>2</u>	

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

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