



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

STAMP

FOR
 SECRETARY OF STATE
 USE ONLY

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

FILED

JAN 29 2018

BY 157

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