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

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SECRETARY OF STATE
CORPORATIONS DIV
2018 FEB 11 AM 11:29

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	2. Exact name of the Corporation		
99657	SUSAN GERSHKOFF, ESQ., LTD.		
3. Principal Office Address	City	State	Zip
132 OLD RIVER ROAD, STE. 205	LINCOLN	RI	02865
4. NAICS Code: 541110	6. Brief description of the character of business conducted in Rhode Island: LAW OFFICE		
5. State of Incorporation: RHODE ISLAND			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: SUSAN GERSHKOFF			Vice-President Name: SUSAN GERSHKOFF		
Street Address: 132 OLD RIVER ROAD, STE. 205			Street Address: 132 OLD RIVER ROAD, STE. 205		
City: LINCOLN	State: RI	Zip: 02865	City: LINCOLN	State: RI	Zip: 02865
Secretary Name: SUSAN GERSHKOFF			Treasurer Name: SUSAN GERSHKOFF		
Street Address: 132 OLD RIVER ROAD, STE. 205			Street Address: 132 OLD RIVER ROAD, STE. 205		
City: LINCOLN	State: RI	Zip: 02865	City: LINCOLN	State: RI	Zip: 02865

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: SUSAN GERSHKOFF			Director Name		
Street Address: 132 OLD RIVER ROAD, STE. 205			Street Address		
City: LINCOLN	State: RI	Zip: 02865	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 ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State.	100 SHARES	COMMON	NO PAR VALUE
Changes require an additional filing.			

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	Date
SUSAN GERSHKOFF, PRESIDENT	1/12/18

Signature of Authorized Representative: SIGN DOCUMENT HERE — SGershkoff

FILED
FEB 01 2018
BY 323207
11:35

MAIL TO:
Division of Business Services
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Phone: (401) 222-3040
Website: www.sos.ri.gov