



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.

RECEIVED  
SECRETARY OF STATE  
CORPORATION DIV  
2018 FEB 11 AM 11:28

1. Entity ID Number <b>99657</b>		2. Exact name of the Corporation <b>SUSAN GERSHKOFF, ESQ., LTD.</b>					
3. Principal Office Address <b>132 OLD RIVER ROAD, STE. 205</b>		City <b>LINCOLN</b>		State <b>RI</b>	Zip <b>02865</b>		
4. NAICS Code <b>541110</b>	6. Brief description of the character of business conducted in Rhode Island <b>LAW OFFICE</b>						
5. State of Incorporation <b>RHODE ISLAND</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>SUSAN GERSHKOFF</b>			Vice-President Name <b>SUSAN GERSHKOFF</b>				
Street Address <b>132 OLD RIVER ROAD, STE. 205</b>			Street Address <b>132 OLD RIVER ROAD, STE. 205</b>				
City <b>LINCOLN</b>	State <b>RI</b>	Zip <b>02865</b>	City <b>LINCOLN</b>	State <b>RI</b>	Zip <b>02865</b>		
Secretary Name <b>SUSAN GERSHKOFF</b>			Treasurer Name <b>SUSAN GERSHKOFF</b>				
Street Address <b>132 OLD RIVER ROAD, STE. 205</b>			Street Address <b>132 OLD RIVER ROAD, STE. 205</b>				
City <b>LINCOLN</b>	State <b>RI</b>	Zip <b>02865</b>	City <b>LINCOLN</b>	State <b>RI</b>	Zip <b>02865</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>SUSAN GERSHKOFF</b>			Director Name				
Street Address <b>132 OLD RIVER ROAD, STE. 205</b>			Street Address				
City <b>LINCOLN</b>	State <b>RI</b>	Zip <b>02865</b>	City	State	Zip		
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></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>100 SHARES</b>		<b>COMMON</b>	<b>NO PAR VALUE</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>SUSAN GERSHKOFF, PRESIDENT</b>					Date <b>1/12/18</b>		
Signature of Authorized Representative 					SIGN DOCUMENT HERE <b>2018051</b>		

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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