

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED

FEB 1 5 2018

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 nam	2. Exact name of the Corporation					
552275		Langlois, Wilkins, Furtado & Metcalf, P.C.					
3. Principal Office Address	Principal Office Address			City		Zip	
200 Midway Road, Suite 169			Cranston		RI	02920	
4. NAICS Code		•		conducted in Rhode I			
541110		³ rofessional Servi	ices by Persons	Authorized to Prac	tice Law in	the State of Rhode	
5. State of Incorporation	Island						
Rhode Island							
7. List ALL officers (names a	ind addresses)			Check	the box to in	ndicate an attachment 🔲	
President Name Lauren D. Wi	Vice-President	Vice-President Name Ronald P. Langlois					
Street Address 39 Mathew Dr	Street Address 112 Glendale Road						
C ty Johnston	State RI	^{7/p} 02919	City Sharon		State MA	Zip 02067	
Secretary Name Earl E. Metcalf			Treasurer Nan	Treasurer Name George E. Furtado			
Street Address 98 Yale Avenue			Street Address 61 Ravena Avenue				
City Warwick	State RI	^{Ζιρ} 02888	City East Providence		State RI	^{Z₁p} 02915	
8. List ALL directors (names	and addresses)			Check	the box to in	ndicate an attachment 🔲	
Director Name Lauren D. Wil			Director Name	Ronald P. Langlois	<u> </u>		
Street Address 39 Mathew Dr	rive			s 112 Glendale Road			
City Johnston	State RI	Zip 02919	City Sharon		State MA	Zip 02067	
Director Name Earl E. Metcalf			Director Name	Director Name George E. Furtado			
Street Address 98 Yale Avenu	ue		Street Address	s 61 Ravena Avenue	3		
City Warwick	State RI	Zip 02888	City East Providence		State RI	Zip 02915	
9. Shares Authorized			10. Shares Issued		Check the box to indicate an attachment CLASS SERIES PAR VALUE		
This information is currently of record in the Department of State.		400	JI SHARES	1	Common No		
Changes require an additional filing.							
					lian io m l	the hands of a receiver or	
11. This report must be exect trustee, this report must be exec	cuted on behalf of the	corporation by an	authorized repres	sentative il the corp. metoo	orauon is iii t	ne hands of a receiver of	
trustee, this report must be a Under penalty of perjury, I	Axecuted on Denail of declare and affirm	that I have examin	ned this report, i	ncluding any accor	npanying si	chedules and	
statements, and that all sta	atements contained	herein a <u>re true a</u>	nd correct.				
Name of Authorized Represe					Date		
Lauren D. Wilkins					2/3	5/2018	
			The same of the sa	~		,	

Lauren D. Wilkins

Speature of Authorized Representative

Tresi dent

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos ri gov