



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

Annual Report for the year: 2018

Non-Profit Corporation

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number 67866		2. Exact name of the Corporation American Board of Trial Advocates, Rhode Island Chapter			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island TO FOSTER IMPROVEMENT IN THE ETHICAL AND TECHNICAL STANDARDS OF PRACTICE IN THE FIELD OF ADVOCACY			
4. NAICS Code 813920 - Professional Organ					
6. Principal Office Address 10 Dorrance Street, Suite 700			City Providence	State RI	Zip 02903
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name William H. Jestings, Esq.			Vice-President Name David Morowitz, Esq.		
Street Address 40 Westminster Street, Suite 300			Street Address 155 South Main Street		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Secretary Name Michael G. Sarli, Esq.			Treasurer Name Michael G. Sarli, Esq.		
Street Address One Turks Head Place, Suite 900			Street Address One Turks Head Place, Suite 900		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors Check the box to indicate an attachment <input type="checkbox"/>					
Director Name William H. Jestings, Esq.			Director Name David Morowitz, Esq.		
Street Address 40 Westminster Street, Suite 300			Street Address 155 South Main Street		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Director Name Michael G. Sarli, Esq.			Director Name		
Street Address One Turks Head Place, Suite 900			Street Address		
City Providence	State RI	Zip 02903	City	State	Zip
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>					
Name of Officer/Authorized Representative Michael G. Sarli, Esq.				Date 06/13/18	
Signature of Officer/Authorized Representative 				FILED	

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

JUN 18 2018
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