State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

## Annual Report for the year **Non-Profit Corporation**

2018	
<u>[                                  </u>	

→ Filing period: June 1 - June 30
→ Filing Fee: \$20 00
→ Penalty. Additional \$25.00 fee if form is not filed by July 30.

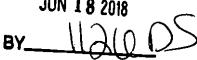
1. Entity ID Number	2. Exact name of the Corporation					
67866	Americ	an Board	of Trial Advocat	es, Rhode Is	sland Chapt	
State of Incorporation	5. Brief description of the character of business conducted in Rhode Island					
RI	TO FOSTER IMPROVEMENT IN THE ETHICAL AND TECHNICAL STANDARDS OF PRACTICE IN					
4. NAICS Code	I HE FIELD C	OF ADVOCACY				
813920 - Professional Organ ▼						
6. Principal Office Address	•		City	State	Zip	
10 Dorrance Street, Suite 700			Providence	RI	02903	
7. List ALL officers (names and add	iresses)			Check the box to indi	cate an attachment	
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	<sup>7</sup> ip <b>0290</b> 3	City Providence	State RI	Zip 02903	
Secretary Name Michael G. Sarli, E	Sarli, Esq.		Treasurer Name Michael G. Sarli, Esq.			
	reel 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	Z <sup>(p)</sup> 02903	
8. List ALL directors (names and ad	idresses). RI C	orporations MUST	list at least THREE directors	Check the box to indi	cate an attachment	
Director Name William H. Jestings, Esq.			Director Name David Morowitz, Esq.			
Street Address 40 Westminster Str	Street Address 40 Westminster Street, Suite 300			Street Address 155 South Main Street		
City Providence	State RI	Ziρ <b>02903</b>	Cily Providence	State RI	Z <sub>1</sub> ρ <b>02903</b>	
Director Name Michael G. Sarli, Esq.			Director Name			
Street Address One Turks Head Place, Suite 900			Street Address			
City Providence	State RI	Z:p 02903	City	State	Zıp	
9. Registered Agent in Rhode Island	d. This information	on is currently of reco	ird in the Department of State. Cha	nges require filing Form 6	<del>.</del> 341.	
Under penalty of perjury, I declar statements, and that all statemen				accompanying sched	lules and	
This report must be signed by either the Pres				epresentative, Receiver or Tru	/slee	
Name of Officer/Authorized Repres	entative			Date /		
Michael G. Sarli, Esq.	hael G. Sarli, Esq. \(\mathcal{V}_{\alpha}/13/18\)					
Signature of Officer/Authorized Rep	resentative	Sec. 201	FILEC	)		

MAIL TO:

Division of Business Services

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

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



FORM 631 - Revised: 11/2017