



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

STAMP

Annual Report for the year: **2019**
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 000797831 | | 2. Exact name of the Corporation POLLOCK LAW OFFICE INC | | | |
| 3. Principal Office Address 3384 POST ROAD | | | City WARWICK | State RI | Zip 02886 |
| 4. NAICS Code 54111 | | 6. Brief description of the character of business conducted in Rhode Island LAW OFFICE | | | |
| 5. State of Incorporation RI | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name RICHARD S POLLOCK | | | Vice-President Name SAME | | |
| Street Address 32 MARTINGALE DR | | | Street Address | | |
| City WARWICK | State RI | Zip 02886 | City | State | Zip |
| Secretary Name SAME | | | Treasurer Name SAME | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing. | | | 10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/> | | |
| | | | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE |
| | | | 100 | COMMON | NO PAR |
| | | | | | |
| 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 RICHARD S POLLOCK | | | | | Date 1/2/19 |
| Signature of Authorized Representative | | | | | |

SIGN DOCUMENT HERE

FILED

JAN 04 2019

9400

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