



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

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 153092		2. Exact name of the Corporation Bardorf & Bardorf PC			
3. Principal Office Address 36 Washington Square		City Newport		State RI	Zip 02840
4. NAICS Code 541110		6. Brief description of the character of business conducted in Rhode Island Practice of Law			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Brian G. Bardorf		Vice-President Name			
Street Address 36 Washington Square		Street Address			
City Newport	State RI	Zip 02840	City	State	Zip
Secretary Name Mark B. Bardorf		Treasurer Name			
Street Address 36 Washington Square		Street Address			
City Newport	State RI	Zip 02840	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	
		8,000		NONE	
				PAR VALUE	
				\$0.01	
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 <i>Mark Bardorf</i>					Date 1-2-19
Signature of Authorized Representative <i>[Handwritten Signature]</i>					

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

JAN 08 2019 KM

BY 6663