



RI SOS Filing Number: 201984095640 Date: 1/9/2019 4:00:00 PM

State of Rhode Island and Providence Plantations

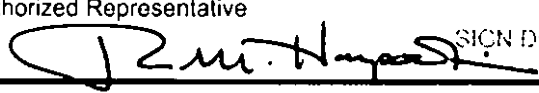
Department of State - Business Services Division

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 90521		2. Exact name of the Corporation PASTER & HARPOOTIAN, LTD.					
3. Principal Office Address 1000 Chapel View Boulevard, Suite 220			City Cranston	State RI	Zip 02920		
4. NAICS Code 922110		6. Brief description of the character of business conducted in Rhode Island To engage in the practice of law and all related services and activities.					
5. State of Incorporation RI							
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>							
President Name John M. Harpootian			Vice-President Name				
Street Address 31 Lauren Lane			Street Address				
City West Warwick	State RI	Zip 02893	City	State	Zip		
Secretary Name John M. Harpootian			Treasurer Name John M. Harpootian				
Street Address 31 Lauren Lane			Street Address 31 Lauren Lane				
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893		
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 10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>							
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHN JMBE			CLASS/SERIES	PAR VALUE
			100			Common	No Par Value
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 John M. Harpootian					Date 1/2/19		
Signature of Authorized Representative 							

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

RV

JAN 09 2019

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FORM 630 - Revised: 10/2017