




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

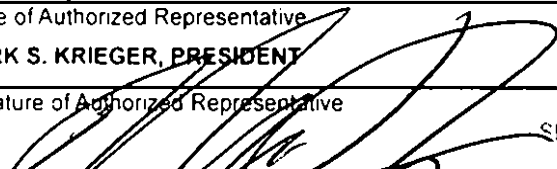
FILED

JAN 10 2019

BY 21003


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. Entry ID Number 58936		2. Exact name of the Corporation MARK S. KRIEGER, ESQ., LTD.			
3. Principal Office Address 132 OLD RIVER ROAD, SUITE 205			City LINCOLN	State RI	Zip 02865
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 MARK S. KRIEGER			Vice-President Name MARK S. KRIEGER		
Street Address 132 OLD RIVER ROAD			Street Address 132 OLD RIVER ROAD		
City LINCOLN	State RI	Zip 02865	City LINCOLN	State RI	Zip 02865
Secretary Name MARK S. KRIEGER			Treasurer Name MARK S. KRIEGER		
Street Address 132 OLD RIVER ROAD			Street Address 132 OLD RIVER ROAD		
City LINCOLN	State RI	Zip 02865	City LINCOLN	State RI	Zip 02865
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name MARK S. KRIEGER			Director Name		
Street Address 132 OLD RIVER ROAD			Street Address		
City LINCOLN	State RI	Zip 02865	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 SHARES		
			CLASS/SERIES		
			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. <i>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>					
Name of Authorized Representative MARK S. KRIEGER, PRESIDENT					Date 1-2-19
Signature of Authorized Representative 					SIGN DOCUMENT HERE

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