



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

FILED

JAN 11 2019

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.

BY 1123

1. Entity ID Number 308131		2. Exact name of the Corporation Dean G. Robinson, Esq., Inc.			
3. Principal Office Address 670 Willett Avenue		City East Providence		State RI	Zip 02915
4. NAICS Code 541110		6. Brief description of the character of business conducted in Rhode Island To Render Professional Services by Persons Authorized to Practice Law in the State of Rhode Island			
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 Dean G. Robinson			Vice-President Name		
Street Address 670 Willett Avenue			Street Address		
City East Providence	State RI	Zip 02915	City	State	Zip
Secretary Name Dean G. Robinson			Treasurer Name Dean G. Robinson		
Street Address 670 Willett Avenue			Street Address 670 Willett Avenue		
City East Providence	State RI	Zip 02915	City East Providence	State RI	Zip 02915
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>					
Director Name Dean G. Robinson			Director Name		
Street Address 670 Willett Avenue			Street Address		
City East Providence	State RI	Zip 02915	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/SE RIES
			100		Common
					PAR VALUE
					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 Dean G. Robinson					Date 1-8-19
Signature of Authorized Representative PRESIDENT					

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