



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<br><b>308131</b>  |                    | 2. Exact name of the Corporation<br><b>Dean G. Robinson, Esq., Inc.</b>  |   |                    |                       |
| 3. Principal Office Address<br><b>670 Willett Avenue</b>  |                    | City<br><b>East Providence</b>   |   | State<br><b>RI</b> | Zip<br><b>02915</b>   |
| 4. NAICS Code<br><b>541110</b>  |                    | 6. Brief description of the character of business conducted in Rhode Island<br><b>To Render Professional Services by Persons Authorized to Practice Law in the State of Rhode Island</b> |   |                    |                       |
| 5. State of Incorporation<br><b>Rhode Island</b>  |                    |  |   |                    |                       |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>  |                    |  |   |                    |                       |
| President Name<br><b>Dean G. Robinson</b>   |                    |  | Vice-President Name   |                    |                       |
| Street Address<br><b>670 Willett Avenue</b>   |                    |  | Street Address  |                    |                       |
| City<br><b>East Providence</b>  | State<br><b>RI</b> | Zip<br><b>02915</b>  | City  | State              | Zip                   |
| Secretary Name<br><b>Dean G. Robinson</b>   |                    |  | Treasurer Name<br><b>Dean G. Robinson</b>   |                    |                       |
| Street Address<br><b>670 Willett Avenue</b>   |                    |  | Street Address<br><b>670 Willett Avenue</b>   |                    |                       |
| City<br><b>East Providence</b>  | State<br><b>RI</b> | Zip<br><b>02915</b>  | City<br><b>East Providence</b>  | State<br><b>RI</b> | Zip<br><b>02915</b>   |
| 8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input checked="" type="checkbox"/></span>  |                    |  |   |                    |                       |
| Director Name<br><b>Dean G. Robinson</b>  |                    |  | Director Name   |                    |                       |
| Street Address<br><b>670 Willett Avenue</b>   |                    |  | Street Address  |                    |                       |
| City<br><b>East Providence</b>  | State<br><b>RI</b> | Zip<br><b>02915</b>  | City  | State              | Zip                   |
| Director Name   |                    |  | Director Name   |                    |                       |
| Street Address  |                    |  | Street Address  |                    |                       |
| City  | State              | Zip  | City  | State              | Zip                   |
| 9. Shares Authorized  |                    |  | 10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span> |                    |                       |
| This information is currently of record in the Department of State.<br><br>Changes require an additional filing.  |                    |  | NUMBER OF SHARES  |                    | CLASS/SE RIES         |
|   |                    |  | <b>100</b>  | <b>Common</b>      | <b>No Par</b>         |
| 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. |                    |  |   |                    |                       |
| <b>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.</b>                                       |                    |  |   |                    |                       |
| Name of Authorized Representative<br><b>Dean G. Robinson</b>  |                    |  |   |                    | Date<br><b>1-8-19</b> |
| Signature of Authorized Representative<br><br><b>PRESIDENT</b>  |                    |  |   |                    |                       |

MAIL TO:  
 Division of Business Services  
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