



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.

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SECRETARY OF STATE
CORPORATIONS DIV. STAMP

2019 FEB -5 PM 4:23

1. Entity ID Number 686060		2. Exact name of the Corporation Bianchi & Brouillard, P.C.			
3. Principal Office Address 56 Pine Street, Suite 250			City Providence	State RI	Zip 02903
4. NAICS Code 541110	6. Brief description of the character of business conducted in Rhode Island Legal services				
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 Stephen J. Brouillard			Vice-President Name Gil A. Bianchi, Jr.		
Street Address 56 Pine Street, Suite 250			Street Address 56 Pine Street, Suite 250		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Secretary Name Gil A. Bianchi, Jr.			Treasurer Name Stephen J. Brouillard		
Street Address 56 Pine Street, Suite 250			Street Address 56 Pine Street, Suite 250		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
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.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
Changes require an additional filing.			NUMBER OF SHARES 100	CLASS/STRIKES Common	PAR VALUE \$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 Stephen J. Brouillard, President				Date 1/25/19	
Signature of Authorized Representative 				SIGN DOCUMENT HERE FILED	

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BY CU CU 7350