



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2018**
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

RECEIVED
SECRETARY OF STATE
CORPORATIONS
2019 MAY -3 AM 11:20

1. Entity ID Number 1671855		2. Exact name of the Corporation Orlans PC	
3. Principal Office Address 1650 West Big Beaver Road		City Troy	State MI
		Zip 48084	
4. NAICS Code 541110	6. Brief description of the character of business conducted in Rhode Island Rendering professional legal services by duly licensed attorneys		
5. State of Incorporation MI			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Alison Orlans		Vice-President Name N/A	
Street Address 1650 West Big Beaver Road		Street Address	
City Troy	State MI	Zip 48084	
Secretary Name Alison Orlans		Treasurer Name Linda Orlans	
Street Address 1650 West Big Beaver Road		Street Address 1650 West Big Beaver Road	
City Troy	State MI	Zip 48084	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Linda Orlans		Director Name	
Street Address 1650 West Big Beaver Road		Street Address	
City Troy	State MI	Zip 48084	
Director Name		Director Name	
Street Address		Street Address	
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	
		60,000	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 Alison Orlans, its President		Date 04/09/2019	
Signature of Authorized Representative 		SIGNATURE HERE	

FILED