



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

FILED

Annual Report for the year: 2020
Corporation

DEC 16 2019

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

BY 19925 DS

1. Entity ID Number 6783		2. Exact name of the Corporation Mandell, Boisclair & Mandell, LTD.			
3. Principal Office Address 1 PARK ROW			City PROVIDENCE	State RI	Zip 02903
4. NAICS Code 541110		6. Brief description of the character of business conducted in Rhode Island LAW FIRM			
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. MANDELL			Vice-President Name ZACHARY M. MANDELL		
Street Address 1 PARK ROW			Street Address 1 PARK ROW		
City PROVIDENCE	State RI	Zip 02903	City PROVIDENCE	State RI	Zip 02903
Secretary Name YVETTE M. BOISCLAIR			Treasurer Name MARK S. MANDELL		
Street Address 1 PARK ROW			Street Address 1 PARK ROW		
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 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	
		NONE			
				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.					
<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 <i>Yvette M Boisclair Secretary</i>					Date 12/11/19
Signature of Authorized Representative <i>[Handwritten Signature]</i>					

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