



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

FILED

Annual Report for the year: 2020
Corporation

JAN 21 2020
 BY 3233
 [Signature]

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

1. Entity ID Number 000113282		2. Exact name of the Corporation Law Office of Schreiber & Schreiber, P.C.			
3. Principal Office Address 37 Sockanosset Cross Road			City Cranston	State RI	Zip 02920
4. NAICS Code 541110		6. Brief description of the character of business conducted in Rhode Island To carry on the practice of law.			
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 Kenneth A. Schreiber			Vice-President Name Kenneth A. Schreiber		
Street Address 37 Sockanosset Cross Road			Street Address 37 Sockanosset Cross Road		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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			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		
			50	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. <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 Kenneth A. Schreiber				Date 1-16-2020	
Signature of Authorized Representative <small>SIGN DOCUMENT HERE</small>					

MAIL TO:
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 Website: www.sos.ri.gov