



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

Annual Report for the year: 2020
 Corporation _____

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

FILED
 JAN 23 2020 AP
 BY 5278
 [Signature]

1. Entity ID Number 125012	2. Exact name of the Corporation ARIEL LAW ASSOCIATES LTD.
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3. Principal Office Address 70 Romano Vineyard Way, Suite 147	City North Kingstown	State RI	Zip 02852
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4. NAICS Code 541110	6. Brief description of the character of business conducted in Rhode Island TO ENGAGE IN THE PRACTICE OF LAW
5. State of Incorporation RI	

7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Christine W. Esq.			Vice-President Name		
Street Address 70 Romano Vineyard Way, Suite 147			Street Address		
City North Kingstown	State RI	Zip 02852	City	State	Zip
Secretary Name			Treasurer Name Christine W. Ariel, Esq.		
Street Address			Street Address 70 Romano Vineyard Way, Suite 147		
City	State	Zip	City North Kingstown	State RI	Zip 02852

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.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	50	common	no par

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 Christine W. Ariel, Esq.	Date January 17, 2020
Signature of Authorized Representative SIGN DOCUMENT HERE	

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