



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

MAR 30 2020

STAMP

FOR
SECRETARY OF STATE
USE ONLY

BY

6639

1. Entity ID Number 000022109		2. Exact name of the Corporation APPLEBAUM LAW OFFICE, INC.			
3. Principal Office Address 1216 ATWOOD AVENUE, SUITE 3			City JOHNSTON	State RI	Zip 02919
4. NAICS Code 541110		6. Brief description of the character of business conducted in Rhode Island LAW OFFICE, LEGAL SERVICES TITLE: 7-5.1-2			
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 RICHARD B. APPLEBAUM, ESQ.			Vice-President Name RICHARD B. APPLEBAUM, ESQ.		
Street Address 1216 ATWOOD AVENUE, SUITE 3			Street Address 1216 ATWOOD AVENUE, SUITE 3		
City JOHNSTON	State RI	Zip 02919	City JOHNSTON	State RI	Zip 02919
Secretary Name RICHARD B. APPLEBAUM, ESQ.			Treasurer Name RICHARD B. APPLEBAUM, ESQ.		
Street Address 1216 ATWOOD AVENUE, SUITE 3			Street Address 1216 ATWOOD AVENUE, SUITE 3		
City JOHNSTON	State RI	Zip 02919	City JOHNSTON	State RI	Zip 02919
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name RICHARD B. APPLEBAUM, ESQ.			Director Name		
Street Address 1216 ATWOOD AVENUE, SUITE 3			Street Address		
City JOHNSTON	State RI	Zip 02919	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		
			500	CNP	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 RICHARD B. APPLEBAUM				Date 3/27/20	
Signature of Authorized Representative <i>[Signature]</i>				SIGN DOCUMENT HERE <i>[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