



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2021
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

FEB 04 2021

BY

10741
SOA

1. Entity ID Number 73798		2. Exact name of the Corporation KAPLAN & ASSOCIATES INC.			
3. Principal Office Address 2377 PAWTUCKET AVENUE			City EAST PROVIDENCE	State RI	Zip 02914
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 RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name DANIEL S. KAPLAN			Vice-President Name DANIEL S. KAPLAN		
Street Address 2377 PAWTUCKET AVENUE			Street Address 2377 PAWTUCKET AVENUE		
City EAST PROVIDENCE	State RI	Zip 02914	City EAST PROVIDENCE	State RI	Zip 02914
Secretary Name DANIEL S. KAPLAN			Treasurer Name DANIEL S. KAPLAN		
Street Address 2377 PAWTUCKET AVENUE			Street Address 2377 PAWTUCKET AVENUE		
City EAST PROVIDENCE	State RI	Zip 02914	City EAST PROVIDENCE	State RI	Zip 02914
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
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 ☐			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		100.00		CWP	\$1.0000
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 DANIEL S. KAPLAN				Date 01/28/21	
Signature of Authorized Representative 					

MAIL TO:

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