STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: January 1 - March 1 ● Filing Fee: $50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.	2. Name of Corporation
126190	Law Offices of Richard A. Merola, P.C.

3. Street Address Principal Business Office	City	State	Zip
395 SMITH STREET	PROVIDENCE	RI	02908

4. Business Phone No.	5. State of Incorporation	6. SIC Code
(401) 273-3700	RHODE ISLAND	7617

7. Brief Description of the Character of Business Conducted in Rhode Island
TO RENDER PROFESSIONAL SERVICES BY PERSONS AUTHORIZED TO PRACTICE LAW IN RHODE ISLAND

8. NAMES AND ADDRESSES OF THE OFFICERS *(X" BOX FOR ATTACHMENT)* ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name	Vice President Name
RICHARD A. MEROLA	RICHARD A. MEROLA
Street Address	Street Address
395 SMITH STREET	395 SMITH STREET
City / State / Zip	PROVIDENCE / RI / 02908
PROVIDENCE / RI / 02908	
Secretary Name	**Treasurer Name**
RICHARD A. MEROLA	RICHARD A. MEROLA
Street Address	Street Address
395 SMITH STREET	395 SMITH STREET
City / State / Zip	PROVIDENCE / RI / 02908
PROVIDENCE / RI / 02908	

9. NAMES AND ADDRESSES OF THE DIRECTORS *(X" BOX FOR ATTACHMENT)* ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

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

10. SHARES AUTHORIZED *(X" BOX FOR ATTACHMENT)* ☐ **11. SHARES ISSUED** *(X" BOX FOR ATTACHMENT)* ☐

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	*Class/Series*	*Par Value*	*Number of Shares*	*Class/Series*	*Par Value*
1,000 COMM $1.00 PAR VALUE			1000	COMMON	$1.00

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

[redacted] [redacted]

*126190 DBC1/31/033:10:51PM
File Date 2/3/03
Check No. 4143
By
FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer *Date* 1/31/03

RICHARD A. MEROLA
Print or Type Name of Officer

[redacted] PRESIDENT
Title of Officer

Form 630 12/01