



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2025

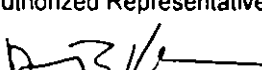
Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

 REC'D RIDOS BSO  
 25 APR 24 PM 12:27

1. Entity ID Number <b>000073798</b>		2. Exact name of the Corporation <b>KAPLAN &amp; ASSOCIATES INC.</b>			
3. Principal Office Address <b>2377 PAWTUCKET AVENUE</b>			City <b>EAST PROVIDENCE</b>	State <b>RI</b>	Zip <b>02914</b>
4. NAICS Code <b>541110</b>		6. Brief description of the character of business conducted in Rhode Island <b>TO ENGAGE IN THE PRACTICE OF LAW</b>			
5. State of Incorporation <b>RHODE ISLAND</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>DANIEL S. KAPLAN</b>			Vice-President Name <b>DANIEL S. KAPLAN</b>		
Street Address <b>2377 PAWTUCKET AVENUE</b>			Street Address <b>2377 PAWTUCKET AVENUE</b>		
City <b>EAST PROVIDENCE</b>	State <b>RI</b>	Zip <b>02914</b>	City <b>EAST PROVIDENCE</b>	State <b>RI</b>	Zip <b>02914</b>
Secretary Name <b>DANIEL S. KAPLAN</b>			Treasurer Name <b>DANIEL S. KAPLAN</b>		
Street Address <b>2377 PAWTUCKET AVENUE</b>			Street Address <b>2377 PAWTUCKET AVENUE</b>		
City <b>EAST PROVIDENCE</b>	State <b>RI</b>	Zip <b>02914</b>	City <b>EAST PROVIDENCE</b>	State <b>RI</b>	Zip <b>02914</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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	PAR VALUE
		<b>100.00</b>		<b>CWP</b>	<b>\$1.0000</b>
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 <b>DANIEL S. KAPLAN</b>				Date <b>04/23/25</b>	
Signature of Authorized Representative 				<b>FILED</b>	

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

APR 24 2025

BY ML TDHNM

FORM 630- Revised: 12/2023