



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2010

Filing Period: January 1 - March 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(e)(d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 75236		2. Name of Corporation REILLY, OLIVER & OLSEN, LTD.			
3. Street Address Principal Business Office 22 West Main St.			City Wickford	State RI	Zip 02852
4. Business Phone No. 401-294-9595		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island Rendering professional services as attorneys-at-law.					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Nancy J. Oliver			Vice President Name David F. Reilly		
Street Address 40 Elam St.			Street Address 20 Woodward Road		
City Wickford	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
Secretary Name David F. Reilly			Treasurer Name David F. Reilly		
Street Address 20 Woodward Road			Street Address 20 Woodward Road		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name David F. Reilly			Director Name Nancy J. Oliver		
Street Address 20 Woodward Road			Street Address 40 Elam St.		
City North Kingstown	State RI	Zip 02852	City Wickford	State RI	Zip 02852
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares 300	Class/Series Common	Par Value None

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.

FILED

File Date _____

Check No. MAR 04 2010

By: BY 378

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.

David F. Reilly
Signature _____ Date _____

David F. Reilly
Print or Type Name _____
Vice President
Title _____