



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2016

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.
 Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 000487849		2. Exact name of the Corporation Taveras Law Offices, PC		
3. Principal office address 77 Iroquois Trail		City North Scituate	State RI	Zip 02857
4. Business Phone No. 401-261-5611		5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island Law Firm				

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)

President Name Angel Taveras			Vice-President Name		
Street Address 77 Iroquois Trail			Street Address		
City North Scituate	State RI	Zip 02857	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR 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 ("X" BOX FOR ATTACHMENT)**

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.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	100,000	STK	.01

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.

File Date _____
 Check No _____
 By: _____
FOR SECRETARY OF STATE USE ONLY

FILED
MAR 14 2016

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 Authorized Representative Angel Taveras Date 3/8/16
 Print or Type Name of Authorized Representative Angel Taveras

By 270024
KM

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 SECRETARY OF STATE
 CORPORATIONS DIV
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