



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**


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 SECRETARY OF STATE  
 CORPORATIONS DIV

2016 SEP -2 AM 10:03

**Annual Report for the year:** 2016

**Corporation**

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number <b>80029</b>		2. Exact name of the Corporation <b>David J. Baptista, Esq., Inc.</b>			
3. Principal Office Address <b>30 Lakeview Drive</b>		City <b>Narragansett</b>	State <b>RI</b>	Zip <b>02882</b>	
4. Business Phone Number <b>401 294-1000</b>		5. State of Incorporation <b>RI</b>			
6. Brief description of the character of business conducted in Rhode Island <b>General practice of law</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>David J. Baptista</b>		Vice-President Name <b>None</b>			
Street Address <b>Same as above</b>		Street Address			
City	State	Zip	City	State	Zip
Secretary Name <b>David J. Baptista</b>		Treasurer Name <b>David J. Baptista</b>			
Street Address <b>Same as above</b>		Street Address <b>Same as above</b>			
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>David J. Baptista</b>		Director Name			
Street Address <b>Same as above</b>		Street Address			
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		<b>50</b>	<b>Common</b>	<b>\$1.00</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>David J. Baptista</b>				Date <b>9/2/16</b>	
Signature of Authorized Representative 					

**FILED**

SEP 02 2016

By 282703

A.A.

MAIL TO:  
 Division of Business Services  
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 Phone: (401) 222-3040  
 Website: www.sos.ri.gov