RI SOS Filing Number: 201984092360 Date: 1/9/2019 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2019
Corporation

→ Filing period. January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty Additional \$25.00 fee if form is not filed by April 1

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1. Entity ID Number 125012 2. Exact name of the Corporation ARIEL LAW ASSOCIATES LTD. 3. Principal Office Address 70 Romano Vineyard Way, Suite 147 4. NAICS Code 541110 5. State of Incorporation RI 7. List ALL officers (names and addresses) President Name Christine W. Esq. City North Kingstown City North Kingstown City North Kingstown Street Address Check the box to indicate: Street Address City North Kingstown State Treasurer Name Christine W. Ariel, Esq. Street Address Street Address Street Address To Romano Vineyard Way, Suite 147 Street Address Street Address Street Address To Romano Vineyard Way, Suite 147 Street Address Street Address To Romano Vineyard Way, Suite 147	Zip 02852 an attachment		
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City State Zip City North Kingstown State RI	Z _{IP} 02852		
8. List ALL directors (names and addresses) Check the box to indicate	an attachment		
Director Name Director Name			
Street Address Street Address			
City State Zip City State	Zip		
Director Name Director Name	Director Name		
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9. Shares Authorized 10. Shares Issued Check the box to indicate	an attachment		
This information is currently of record in the NUMBER OF SMARES CLASS/SERIES	PAR VALUE		
Department of State. 50 common no pa	ar		
Changes require an additional filing.			
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hand	ds of a receiver or		
trustee, this report must be executed on behalf of the corporation by the receiver or trustee.			
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedule	es and		
statements, and that all statements contained herein are true and correct. Name of Authorized Representative Date			
Christine W. Arjef, Esq.			
Signature of Authorized Representative SIGN DOCUMENT HERE			

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov