RI SOS Filing Number: 200835517780 Date: 09/18/2008 4:00 PM

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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2008

Filing Period: September 1 - November 1 • Filing Fee: $50.00

THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

1. ID No.	*2. Exact name of the limited liability company*
145956	D'Alessandro & Wright, LLC.

3. State of Formation	*4. Brief description of the character of the business which is actually conducted in Rhode Island*
Rhode Island	Practice of Law

5. Principal office address	*City*	*State*	*Zip*
1000 Smith Street	Providence	RI	02908

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	*Contact Title*
Jules J. D'Alessandro	Managing Member

Street Address	*City*	*State*	*Zip*
1000 Smith Street	Providence	RI	02908

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS
FILL IN SPACES BEFORE USING ATTACHMENTS *("X" BOX FOR ATTACHMENT)* ☐
ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52

Manager Name	*Street Address*	*City*	*State*	*Zip*
Jules J. D'Alessandro	1000 Smith Street	Providence	RI	02908
Steven G. Wright, Esq.	1000 Smith Street	Providence	RI	02908
Debora M. D'Alessandro	1000 Smith Street	Providence	RI	02908

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11

Agent Name	*Address*	*City*	*Zip*
Jules J. D'Alessandro	D'Alessandro & Wright, LLC.	Providence	02908

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

[redacted] 1 4 5 9 5 6 [redacted]

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.

9/15/08
Signature of Authorized Person *Date*

Jules J. D'Alessandro
Print or Type Name of Authorized Person

FILED
File Date SEP 18 2008
Check No. By 2793
By:
25985-59-277612 OF STATE USE ONLY

Form 632 Rev. 08/06