



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. 145956		2. Exact name of the limited liability company D'Alessandro & Wright, LLC.	
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island Practice of Law	
5. Principal office address 1000 Smith Street		City Providence	State RI Zip 02908
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Jules J. D'Alessandro		Contact Title Managing Member	
Street Address 1000 Smith Street		City Providence	State RI Zip 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 Jules J. D'Alessandro		Manager Name Steven G. Wright, Esq.	
Street Address 1000 Smith Street		Street Address 1000 Smith Street	
City Providence	State RI	City Providence	State RI Zip 02908
Manager Name Debora M. D'Alessandro		Manager Name	
Street Address 1000 Smith Street		Street Address	
City Providence	State RI	City	State Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name Jules J. D'Alessandro		Address D'Alessandro & Wright, LLC.	
Address 1000 Smith Street		City Providence	Zip 02908

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



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FILED	
File Date	SEP 18 2008
Check No.	By 2793
By	
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.

Signature of Authorized Person

Jules J. D'Alessandro

Print or Type Name of Authorized Person

Date