



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/business

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 76694		2. Exact name of the Corporation Justinian Law Society of Rhode Island Inc.			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island			
5. Principal office address 50 Power Road		City Pawtucket	State RI	Zip 02860	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Denise Lombardo-Myers, Esquire			Vice-President Name John LaTerra Bellini		
Street Address 155 South Main Street			Street Address 91 Friendship Street		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Secretary Name Sheri L. Pizzi, Esquire			Treasurer Name Thomas A. Tarro, III., Esquire		
Street Address 10 Dorrance Street			Street Address 300 Centerville Road, Suite 330		
City Providence	State RI	Zip 02903	City Warwick	State RI	Zip 02886
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Valentino D. Lombardi, Esquire			Director Name Raymond A. Pacia, Esquire		
Street Address 959 Mineral Spring Avenue			Street Address 50 Power Raod		
City No. Providence	State RI	Zip 02904	City Pawtucket	State RI	Zip 02860
Director Name Orlando A. Andreoni, Esquire			Director Name		
Street Address 197 Taunton Avenue			Street Address		
City East Providence	State RI	Zip 02914	City	State	Zip
8. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

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

FILED

MAY 29 2013

152

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.

Denise Lombardo-Myers 5-13-13
 Signature of Officer Date

Denise Lombardo-Myers

Print or Type Name of Officer

President

Title of Officer