RI SOS Filing Number: 201735088620 Date: 2/28/2017 4:00:00 PM

(B)	
HOPE	

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2017

Corporation

→ Filing period: January 1 - March 1
 → Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fe	ee if form is not	filed by April 1.						
Entity ID Number	2. Exact name of the Corporation							
21714	Rodio & Ursillo, Ltd.							
3. Principal Office Address					State	Zip		
86 Weybosset Street			Providence	•	RI	02903		
4. NAICS Code 6. Brief description of the character of business conducted in Rhode Island								
54 - Professional, Scientific, an	Law firm							
5. State of Incorporation	1							
RI								
List ALL officers (names and addresses) Check the box to indicate an attachment								
President Name David R. Ursillo	Vice-President Name David R. Ursillo							
Street Address 86 Weybosset Street	Street Address 86 Weybosset Stret							
^{City} Providence	State RI	^{Zip} 02903	City Providence		State RI	^{Zip} 02903		
Secretary Name David R. Ursillo		1.	Treasurer Name David R. Ursillo					
Street Address 86 Weybosset Street			Street Address 86 Weybosset Street					
^{City} Providence	State RI	^{Zip} 02903	City Provide	nce	State RI	^{Zip} 02903		
8. List ALL directors (names and addresses) Check the box to indicate an attachment								
Director Name David R. Ursillo			Director Name Joseph J. Pezza					
Street Address 86 Weybosset Street			Street Address 86 Weybosset Street					
City Providence	State RI	^{Zip} 02903	City Providence		State RI Zip 02903			
Director Name Jeffrey M. Gibson	Director Name							
Street Address 86 Weybosset Street			Street Address					
City Providence	State RI	^{Zip} 02903	City		State	Zip		
9. Shares Authorized 10. Shares Issued Check the box to indicate an attachment								
This information is currently of record in the Department of State.		NUMBER OF	SHARES			PAR VALUE		
•		600		common		no par		
Changes require an additional filing.								
11. This report must be executed or	behalf of the c	orporation by an a	uthorized repres	L sentative. If the corpo	oration is in th	e hands of a receiver or		
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.								
Under penalty of perjury, I declar statements, and that all statemen				ncluding any accor	npanying sc	hedules and		
Name of Authorized Representative Date								
Signature of Authorized Representa	tive		88 (1)	HILED				
Signature of Authorized Representative SIGN DOCUMENT HERE FIR 2 8 2017								
			1	CFB / O /	, 11t			

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

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

RM 630 - Revised: 10/2016