RI SOS Filing Number: 201749870660 Date: 9/18/2017 2:55:00 PM

State of Rhode Island Department of			es Division	_		
Annual Report for the year: 2016 Limited Liability Company → Filing period: September 1 - November 1 → Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by December 1.					R.I. DEPT. OF BUS SYCS	
1. Entity ID Number 724696 2. Exact name of the Limited Liability Company The Law Offices of Thomas F. Cotroneo				troneo, E	Soft LC:	
3. NAICS Code 541110	4. Brief desc	Brief description of the character of business conducted in Rhode Island Law Practice				
5. State of Formation RI						
6. Principal Office Address 984 Charles Street, Unit 2			City North Providence	State RI	Z _I p 02904	
7. Mailing Address of Limited		y and Name or Tit	le of Contact Person			
Contact Name			Contact Title			
Street Address 984 Charles Street, Unit 2			City North Providence	State RI	^{Zip} 02904	
	·	of the Limited Lial	oility Company, IF APPLICABLE	DO NOT LIST	MEMBERS	
Manager Name Thomas F. C	otroneo, Esq.		Manager Name			
Street Address 984 Charles Street			Street Address			
City North Providence	State RI	^{Zip} 02904	City	State	Zip	
Manager Name		•	Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
		•	С	heck the box to i	ndicate an attachment	
Resident Agent in Rhode Is	sland. This informa	ition is currently of re	cord with the Department of State, C	hanges require filir	ng Form 642.	
Under penalty of perjury, I c statements, and that all stat			mined this report, including an e and correct.	y accompanyin	g schedules and	
Name of Authorized Person				Date 09/18/2017		
Signature of Authorized Person		~ Seign do	OCUMENT 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 **FILED**

SEP 1 8 2017

FORM 632 - Revised: 08/2017