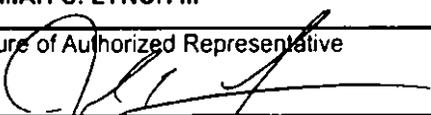




Department of State - Business Services Division

Annual Report for the year: **2018**  
 Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number <b>12274</b>		2. Exact name of the Corporation <b>MOORE VIRGADAMO &amp; LYNCH, LTD.</b>			
3. Principal Office Address <b>97 JOHN CLARKE ROAD</b>			City <b>MIDDLETOWN</b>	State <b>RI</b>	Zip <b>02842</b>
4. NAICS Code <b>541110</b>		6. Brief description of the character of business conducted in Rhode Island <b>PRACTICE OF PROFESSION OF ATTORNEYS AT LAW</b>			
5. State of Incorporation <b>RHODE ISLAND</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>JEREMIAH C. LYNCH III</b>			Vice-President Name <b>BARBARA A. BARROW</b>		
Street Address <b>97 JOHN CLARKE ROAD</b>			Street Address <b>97 JOHN CLARKE ROAD</b>		
City <b>MIDDLETOWN</b>	State <b>RI</b>	Zip <b>02842</b>	City <b>MIDDLETOWN</b>	State <b>RI</b>	Zip <b>02842</b>
Secretary Name <b>BARBARA A. BARROW</b>			Treasurer Name <b>JEREMIAH C. LYNCH III</b>		
Street Address <b>97 JOHN CLARKE ROAD</b>			Street Address <b>97 JOHN CLARKE ROAD</b>		
City <b>MIDDLETOWN</b>	State <b>RI</b>	Zip <b>02842</b>	City <b>MIDDLETOWN</b>	State <b>RI</b>	Zip <b>02842</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			130		COMMON
					PAR VALUE
					NO PAR
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. <i>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.</i>					
Name of Authorized Representative <b>JEREMIAH C. LYNCH III</b>				Date <b>12/29/17</b>	
Signature of Authorized Representative 					

FILED

JAN 02 2018

BY 3795