



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2019
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 67116		2. Exact name of the Corporation Ronald J. Resmini, Ltd. Law Offices			
3. Principal Office Address 155 South Main Street, Suite 400			City Providence	State RI	Zip 02903
4. NAICS Code 54 1110		6. Brief description of the character of business conducted in Rhode Island Law Firm			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Ronald J. Resmini		Vice-President Name Ronald J. Resmini			
Street Address 155 South Main Street, Suite 400		Street Address Same			
City Providence	State RI	Zip 02903	City	State	Zip
Secretary Name Ronald J. Resmini		Treasurer Name Ronald J. Resmini			
Street Address Same		Street Address Same			
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		2,000	Common	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. 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.					
Name of Authorized Representative					Date 1/22/19
Signature of Authorized Representative SIGN DOCUMENT HERE					

FILED

JAN 24 2019

21441

BY _____