



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

FILED

Annual Report for the year: 2019
Corporation

FEB 04 2019

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

BY 25648
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1. Entity ID Number 147133		2. Exact name of the Corporation Law Office of Joseph M. DiOrio, Inc.	
3. Principal Office Address 144 Westminster Street		City Providence	State RI
		Zip 02903	
4. NAICS Code 541110	6. Brief description of the character of business conducted in Rhode Island The practice of law.		
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 Joseph M. DiOrio		Vice-President Name None	
Street Address 144 Westminster Street		Street Address	
City Providence	State RI	Zip 02903	
Secretary Name Joseph M. DiOrio		Treasurer Name Joseph M. DiOrio	
Street Address 144 Westminster Street		Street Address 144 Westminster Street	
City Providence	State RI	Zip 02903	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Joseph M. DiOrio		Director Name	
Street Address 144 Westminster Street		Street Address	
City Providence	State RI	Zip 02903	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
9. Shares Authorized 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.			
10. Shares Issued		Check the box to indicate an attachment <input type="checkbox"/>	
NUMBER OF SHARES		CLASS/SERIES	
100		Common	
		No par value	
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 Joseph M. DiOrio			Date 1-25-19
Signature of Authorized Representative 			SIGN DOCUMENT HERE