



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.

FILED AMP

FEB 28 2019

BY 280720

1. Entity ID Number 2957		2. Exact name of the Corporation Brosco & Brosco PC			
3. Principal Office Address 18 Farmlands Drive			City Portsmouth	State RI	Zip 02871
4. NAICS Code 241110		6. Brief description of the character of business conducted in Rhode Island Law Office - General 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 Dino A. Brosco, Esq.			Vice-President Name		
Street Address 531 Oaklawn Avenue			Street Address		
City Cranston	State RI	Zip 02920	City	State	Zip
Secretary Name A.J. Brosco, Esq.			Treasurer Name Dino A. Brosco, Esq.		
Street Address 15 Farmlands Drive			Street Address 531 Oaklawn Avenue		
City Portsmouth	State RI	Zip 02871	City Cranston	State RI	Zip 02920
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name A.J. Brosco, Esq.			Director Name Dino A. Brosco, Esq.		
Street Address 15 Farmlands Drive			Street Address 531 Oaklawn Avenue		
City Portsmouth	State RI	Zip 02871	City Cranston	State RI	Zip 02920
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	Without 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 Dino A. Brosco, Esq.					Date 2/2/19
Signature of Authorized Representative 					SIGN DOCUMENT 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