RI SOS Filing Number: 201921299120 Date: 9/24/2019 11:53:00 AM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2012 Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

-> Penalty: Additional \$25.00 fee if form is not filed by April 1

RECEAVE R.I. DEPT. OF BUS SVC	STATE SDIV	STAMP
2019 SEP 24	AM II: I	FOR SHEER SHAFF USE ONLY

Entity ID Number	2. Exact name	of the Corporation	on					
115432		The Law Office of Attorney Marc A. Page, Inc.						
3. Principal Office Address			City	3-,	State	Zip		
43 Broad Street			Westerly		RI	02891		
4. NAICS Code	6. Brief descri	6. Brief description of the character of busine			e Island			
541110		To engage in the licensed practice of law.						
5. State of Incorporation								
Rhode Island								
7. List ALL officers (names and	addresses)		·	Che	ck the box to i	ndicate an attachment i		
resident Name Marc A. Page			Check the box to indicate an attachment Vice-President Name None					
Street Address 43 Broad Street			Street Address None					
City Westerly	State RI	^{Zip} 02891	•		State No	ne Zip None		
Secretary Name Marc A. Page	l		Treasurer Name Marc A. Page					
Street Address 43 Broad Street		Street Address 43 Broad Street						
^{City} Westerly	State RI	^{Zip} 02891	City Westerly		State RI	Zip 02891		
8. List ALL directors (names an	nd addresses)			Ob-		_		
Director Name Marc A. Page			Director Name None					
Street Address 43 Broad Street			Street Address None					
City Westerly	State RI	Zip 02891	City None		State No	ne Zip None		
Director Name None			Director Name					
Street Address None			Street Address None					
	State	Izio	1		10: :	la.		
City None	None None	Zip None	City None		State No	ne Zip None		
9. Shares Authorized	rooped in the	10. Shares Issued		Check the box to indicate an attachment				
This information is currently of record in the Department of State.		NUMBER OF SHARES		CLASS/SEF STK	RIES	PAR VALUE		
Changes require an additional filing.				No.		No Par Value		
None No		None	None					
11. This report must be execute trustee, this report must be exe	ed on behalf of the o	corporation by an a	authorized repres	entative. If the cor	poration is in t	he hands of a receiver of		
unger penaity of penjury, I de	clare and affirm th	at I have examin	ed this report, li	ustee. ncluding anv acce	ompanyina si	chedules and		
statements, and that all state Name of Authorized Represent	ments contained n	<u>erein are true an</u>	nd correct.					
Marc A. Page				Date 9-23-19				
Signature of Authorized Repres	sentative	1/silvin	CUMENT HERE	FILED	<u></u>			
		V YOUS	OUMENT HERE					
AIL TO:		I		EP 2 4 2019				

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040

Website: www.sos.rl.gov

ORM 630 - Revised: 10/2017