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SECRETARY OF STATE
CORPORATIONS:DIV
2019 DCT 315 AM 5: 02

Annual Report for the year: 2019 Limited Liability Company

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number	2. Exact name of the Limited Liability Company				
001688014	D'Alfonso Law, LLC				
3. NAICS Code	Brief description of the character of business conducted in Rhode Island				
541110	Legal services				
5. State of Formation					
RI					
6. Principal Office Address			City	State	Zıp
9 Thurber Blvd., Suite D			Smithfield	RI	02917
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Rob D'Alfonso			Contact Title Member		
Street Address 9 Thurber Blvd., Suite D			City Smithfield	State RI	^{Zıp} 02917
8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zıp	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zıp	City	State	Zip
<u>-</u> -	1	<u> </u>	1	Check the box to i	ndicate an attachment
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.					
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 Person Date					
Rob D'Alfonso (C/31//9					31/19
Signature of Authorized Person A 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

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FORM 632 - Revised: 10/2017