

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2020 Corporation

'JAN 08 2020

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

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

Entity ID Number	2. Exact name of the Corporation					
000081255	van Tienhoven Law, Limited					
Principal Office Address	-		City		State	Zip
100 Jefferson Boulevard - Suite 315			Warwick		RI	02888
4. NAICS Code	6. Brief descri	ption of the charac	ter of business c	onducted in Rhode Is	sland	<u>I</u>
54 Professional	Law office and practice					
5. State of Incorporation	1					4 i
Rhode Island						:
7. List ALL officers (names and add	resses)	•			the box to in	ndicate an attachment 🗀
President Name Richard A. van Tienhoven			Vice-President Name Richard A. van Tienhoven			
Street Address 21 King Philip Circle			Street Address 21 King Philip Circle			
City Warwick	State RI	^{Zip} 02888	City Warwick		State RI	^{Zip} 02888
Secretary Name Richard A. van Tienhoven			Treasurer Name Richard A. van Tienhoven			
Street Address 21 King Philip Circle			Street Address 21 King Philip Circle			
City Warwick	State RI	^{Zip} 02888	City Warwick		State RI	^{Zip} 02888
8. List ALL directors (names and a	ddresses)		<u> </u>	Check	the box to is	ndicate an attachment 🔲
Director Name Richard A. van Tienhoven						
Street Address 21 King Philip Circle			Street Address			
City Warwick	State RI	^{Zip} 02888	City		State	Zip
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City		State	Zip
	<u> </u>					
9. Shares Authorized	record in the NUMBER OF					
This information is currently of record in the Department of State.		100			common n	
Changes require an additional filing.						•
11. This report must be executed of	n behalf of the	corporation by an a	uthorized repres	sentative. If the corpo	ration is in t	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	
Richard A. van Tienhoven					January 6, 2020	
Signature of Authorized Represent	ative /	SIGN DO	CUMENT HERE		<u>.</u>	

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

FORM 630 - Revised: 10/2017