



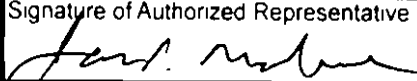
State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2020
 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
 JAN 06 2020
 STAMP

2012

1. Entity ID Number 1669542		2. Exact name of the Corporation MARSHALL LAW OFFICES Ltd.			
3. Principal Office Address 300 Centerville Road, Suite 204W			City Warwick	State RI	Zip 02886
4 NAICS Code 541110		6. Brief description of the character of business conducted in Rhode Island To engage in the practice of law			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Jason P. Marshall			Vice-President Name Jason P. Marshall		
Street Address 300 Centerville Road, Suite 204W			Street Address 300 Centerville Road, Suite 204W		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
Secretary Name Jason P. Marshall			Treasurer Name Jason P. Marshall		
Street Address 300 Centerville Road, Suite 204W			Street Address 300 Centerville Road, Suite 204W		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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		PAR VALUE
			100	Common Stock	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 Jason P. Marshall				Date 1/3/2020	
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