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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2020 Corporation

JAN 29 2020

FILED

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

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

BY	967	05					

1. Entity ID Number	2. Exact nan	2. Exact name of the Corporation							
894339		Law Offices of Dante J. Giammarco, Esq., Inc.							
3. Principal Office Address			City		State	Zip			
2374 Post Road, Suite 105		Warwick		RI	02886				
4. NAICS Code	6. Brief desc	6. Brief description of the character of business conducted in Rhode Island							
541110	Law firm, p	Law firm, practice of law							
5. State of Incorporation									
Rhode Island									
7. List ALL officers (names a	nd addresses)				the box to i	ndicate an attachment			
President Name Dante J. Giammarco			Vice-Presiden	Vice-President Name None					
Street Address 2374 Post Road, Suite 105			Street Address	Street Address					
City Warwick	State RI	Zip 02886	City	City		Zıp			
Secretary Name Dante J. Giammarco			Treasurer Nam	Treasurer Name Dante J. Giammarco					
Street Address 2374 Post Road, Suite 105			Street Address 2374 Post Road, Suite 105						
City Warwick	State RI	^{Zip} 02886	City Warwic	City Warwick		^{Zip} 02886			
8. List ALL directors (names	and addresses)		 -	Check	the box to i	ndicate an attachment			
Director Name No directors	-		Director Name						
Street Address			Street Address	Street Address					
City	State	Zip	City	Crty		Zıp			
Director Name		Director Name	Director Name						
Street Address			Street Address	Street Address					
City	State	Zip	City		State	Zıp			
9. Shares Authorized		10 Shares Is	10. Shares Issued		Check the box to indicate an attachment				
This information is currently of	of record in the		SUBU OF SHARES	CIASS/SERIES					
Department of State. Changes require an additional filing.		100		Common \$0.0°		\$0.01 par value			
					· · · · · ·				
11. This report must be exec					ration is in t	he hands of a receiver or			
trustee, this report must be e									
Under penalty of perjury, I statements, and that all sta				ncluding any accom	panying s	chedules and			
statements, and that all statements contained herein are true and correct. Name of Authorized Representative					Date	Date			
Dante J. Giammarco, Esquire, President									
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

FORM 630 - Revised: 10/2017