



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

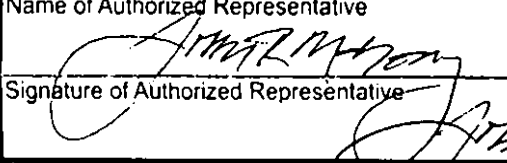
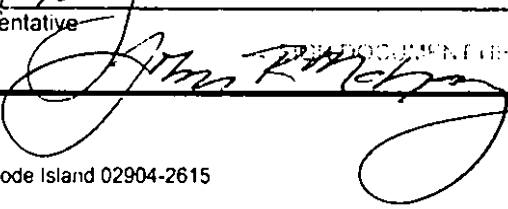
Annual Report for the year: **2020**
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED

FEB 03 2020

BY 16228 DS

1. Entity ID Number 000871404		2. Exact name of the Corporation Asquith & Mahoney, PC			
3. Principal Office Address 155 South Main Street, Suite 302			City Providence	State RI	Zip 02903
4. NAICS Code 54110		6. Brief description of the character of business conducted in Rhode Island The profession to be practiced is 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 John R. Mahoney			Vice-President Name		
Street Address 155 South Main Street, Suite 302			Street Address		
City Providence	State RI	Zip 02903	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES CLASS/SERIES PAR VALUE		
			2000 STK \$0.0100		
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  John R. Mahoney					Date 1/29/2020
Signature of Authorized Representative 					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov