



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

FILED

FEB 18 2023

EV 22223
 JOE

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.

1. Entity ID Number 7231		2. Exact name of the Corporation PETER A. DIBIASE, INCORPORATED			
3. Principal Office Address 128 Dorrance Street, Suite 550			City Providence	State RI	Zip 02903
4. NAICS Code 541110		6. Brief description of the character of business conducted in Rhode Island Attorney and Counselor at Law			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) -- Check the box to indicate an attachment <input type="checkbox"/>					
President Name Peter A. DiBiase			Vice-President Name		
Street Address 128 Dorrance Street - Suite 550			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			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	CLASS/SERIES	PAR VALUE
			600	CNP	0.00
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 Peter A. DiBiase				Date 2/4/2020	
Signature of Authorized Representative <i>Peter A. DiBiase</i>				SIGN DOCUMENT HERE	

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov