



State of Rhode Island

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.

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BUS SVCS DIV

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1. Entity ID Number 001693135		2. Exact name of the Corporation Guardian Litigation Group, PC			
3. Principal Office Address 4 Park Plaza, Suite 2050			City Irvine	State CA	Zip 92614
4. NAICS Code 541110		6. Brief description of the character of business conducted in Rhode Island law firm, however no business has been conducted in the state to date			
5. State of Incorporation California					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Johnathan T. Greenway			Vice-President Name Johnathan T. Greenway		
Street Address 7739 Lady Banks Loop			Street Address 7739 Lady Banks Loop		
City Corona	State CA	Zip 92883	City Corona	State CA	Zip 92883
Secretary Name Johnathan T. Greenway			Treasurer Name Johnathan T. Greenway		
Street Address 7739 Lady Banks Loop			Street Address 7739 Lady Banks Loop		
City Corona	State CA	Zip 92883	City Corona	State CA	Zip 92883
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Johnathan T. Greenway			Director Name		
Street Address 7739 Lady Banks Loop			Street Address		
City Corona	State CA	Zip 92883	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		
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 Johnathan T. Greenway					Date 9/18/2020
Signature of Authorized Representative					

FILED

SEP 21 2020

BY MTWDP

AA