	State of Rhode Office of the Secreta		Fee: \$50.00
HOPE	Division Of Business 148 W. River S Providence RI 0290 (401) 222-304	reet 4-2615	
Limited Liability Com Annual Report Filing Period: September 1			
	7-16-66(d), each limited liability comp in thirty (30) days after the time presc penalty fee of \$25.00.		
ANNUAL REPORT YEAR:	<u>2020</u>		
1. ID No. <u>000535162</u>			
2. Exact Name of the Limited Liability Company Sheeley Law, LLC			
3. State of Formation			
State: <u>RI</u>			
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.			
<u>541110</u>			
4. Brief Description of th	e Character of the Business Which	is Actually Conducted	d in Rhode Island
5. Principal Office Addre	ss		
	LLEVUE AVENUE, SUITE 208	State: <u>RI</u> Zip: <u>028</u>	340 Country: <u>USA</u>
6. Mailing Address of Li	mited Liability Company and Name	or Title of Contact Pe	erson:
	EELEY Contact Title: LLEVUE AVENUE, SUITE 208 DRT	State: <u>RI</u> Zip: <u>028</u>	340 Country: <u>USA</u>
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name First, Middle, Last, Suffix	Addr Address, City or Town, St	
8. RESIDENT AGENT IN F	RHODE ISLAND - DO NOT ALTER		

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

ANN SHEELEY 143 YOUNG DRIVE PORTSMOUTH, RI 02871

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 23 Day of September, 2020 at 4:50:37 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By <u>/S/ ANN S. SHEELEY</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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