	State of RI Office of the Se	node Island ecretary of	-	Fee: \$50.00
	Division Of B 148 W. R Providence R	iver Street		
HOPE	(401) 2	22-3040		
Limited Liability Com Annual Report Filing Period: September 1				
	7-16-66(d), each limited liabili n thirty (30) days after the time penalty fee of \$25.00.			
ANNUAL REPORT YEAR:	<u>2020</u>			
<b>1. ID No.</b> <u>00166720</u>				
2. Exact Name of the Limited Liability Company LISA HOLLEY LAW, LLC				
3. State of Formation				
State: <u>RI</u>				
ARTICLE III				
-	Code that best describes the p e information on <u>NAICS</u> can be	•	ss conducted by	the entity. Download
<u>541110</u>				
4. Brief Description of th	e Character of the Business	Which is Act	ually Conducte	d in Rhode Island
PRACTICE OF LAW				
5. Principal Office Addre	SS			
	ATWELLS AVENUE VIDENCE	State: <u>RI</u>	Zip: <u>02909</u>	Country: <u>USA</u>
6. Mailing Address of Lir	nited Liability Company and	I Name or Tit	e of Contact Pe	erson:
No. and Street: 536 A	HOLLEY, ESQ. Contact Title:			
City or Town: <u>PRO</u>	VIDENCE	State: <u>RI</u>	Zip: <u>02909</u>	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		Addr	
	First, Middle, Last, Suffix	Add	ess, City or Town, S	tate, Zip Code, Country
8. RESIDENT AGENT IN F	RHODE ISLAND - DO NOT AL	TER		

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

LISA S. HOLLEY 536 ATWELLS AVENUE, #2 PROVIDENCE , RI 02909

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

**Signed this 5 Day of October, 2020 at 7:13:54 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>LISA S. HOLLEY, ESQ.</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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