



State of Rhode Island

## Department of State - Business Services Division

**FILED**

NOV 16 2020

BY

1255  
*[Signature]*

Annual Report for the year: 2020

## Limited Liability Company

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

|   |       |   |                        |                    |              |
|---|-------|---|------------------------|--------------------|--------------|
| 1. Entity ID Number<br>001149789  |       | 2. Exact name of the Limited Liability Company<br>Law Offices of Walter J. Manning III, LLC |                        |                    |              |
| 3. NAICS Code<br>541110   |       | 4. Brief description of the character of business conducted in Rhode Island<br>Law Office   |                        |                    |              |
| 5. State of Formation<br>RI   |       |   |                        |                    |              |
| 6. Principal Office Address<br>300 Centerville Road, Suite 320 East   |       |   | City<br>Warwick        | State<br>RI        | Zip<br>02886 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |       |   |                        |                    |              |
| Contact Name Walter J. Manning III, Esq.  |       |   | Contact Title Attorney |                    |              |
| Street Address 300 Centerville Road, Suite 320 East   |       |   | City Warwick           | State RI           | Zip 02886    |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS  |       |   |                        |                    |              |
| Manager Name  |       |   | Manager Name           |                    |              |
| Street Address  |       |   | Street Address         |                    |              |
| City  | State | Zip   | City                   | State              | Zip          |
| Manager Name  |       |   | Manager Name           |                    |              |
| Street Address  |       |   | Street Address         |                    |              |
| City  | State | Zip   | City                   | State              | Zip          |
| Check the box to indicate an attachment <input type="checkbox"/>  |       |   |                        |                    |              |
| 9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.   |       |   |                        |                    |              |
| <b>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.</b> |       |   |                        |                    |              |
| Name of Authorized Person<br>Walter J. Manning III, Esq.  |       |   |                        | Date<br>10/16/2020 |              |
| Signature of Authorized Person<br><i>[Signature]</i>  |       |   |                        |                    |              |

## MAIL TO:

Division of Business Services

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