



State of Rhode Island

Department of State - Business Services Division

FILED

Annual Report for the year: 2021

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

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

JAN 15 2021
 BY 33558
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1. Entity ID Number 000065402		2. Exact name of the Corporation Updegrove Law, Ltd.	
3. Principal Office Address 314 Oliphant Ln		City Middletown	State RI Zip 02842
4. NAICS Code 92230	6. Brief description of the character of business conducted in Rhode Island Legal Office		
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 Richard E. Updegrove, Jr.		Vice-President Name Richard E. Updegrove, Jr.	
Street Address 314 Oliphant Ln		Street Address 314 Oliphant Ln	
City Middletown	State RI	Zip 02842	City Middletown
Secretary Name Richard E. Updegrove, Jr.		Treasurer Name Richard E. Updegrove, Jr.	
Street Address 314 Oliphant Ln		Street Address 314 Oliphant Ln	
City Middletown	State RI	Zip 02842	City Middletown
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Richard E. Updegrove, Jr.		Director Name	
Street Address 314 Oliphant Ln		Street Address	
City Middletown	State RI	Zip 02842	City
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
9. Shares Authorized 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.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES 100	CLASS/SERIES Common
		PAR VALUE No 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 Richard E Updegrove		Date 1/13/21	
Signature of Authorized Representative 			

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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Website: www.sos.n.gov