State of Shade foliar	ad and Daniidanaa S	Nantations			_		
State of Rhode Islam Department of		Division F.L. : )					
Annual Report for the Corporation	FEB 04 2021						
→ Filing period: January	1 - March 1	<del></del>			ا ا	2021	
→ Filing Fee: \$50.00	1 - Warch				Б(	$\mathcal{A}(\mathcal{M})$	
-> Penalty: Additional \$25	5.00 fee if form is no	ot filed by April 1.				9-0	
1. Entity ID Number	2. Exact nam	2. Exact name of the Corporation					
894339	Law Offi	Law Offices of Dante J. Giammarco, Esq., Inc.					
3. Principal Office Address	l	·	City	· · · · · · · · · · · · · · · · · · ·	State	Zip	
2374 Post Road, Suite 105			Warwick		RI	02886	
4. NAIČS Code	6. Brief desc	ription of the charac	ter of business c	onducted in Rhode	Island		
541110		Law firm, practice of law					
5. State of Incorporation							
Rhode Island							
7. List ALL officers (names ar	nd addresses)		<del></del>	Check	k the box to	indicate an attachment	
President Name Dante J. Giammarco			Vice-President Name None				
			Street Address				
Street Address 2374 Post Road, Suite 105							
City Warwick	State RI	Zip <b>02886</b>	City		State	Žip	
Secretary Name Dante J. Gian	Treasurer Name Dante J. Giammarco						
Street Address 2374 Post Road, Suite 105			Street Address 2374 Post Road, Suite 105				
City Warwick	State RI	<sup>Zip</sup> 02886	City Warwick		State RI	Istata Izin	
8. List ALL directors (names a	and addresses)	<del> </del>	l.		k the box to	indicate an attachment	
Director Name No directors			Director Name			-	
Street Address	Street Address						
City	State	Zip	City		State	Zip	
Director Name		l	Director Name				
<del></del>							
Street Address			Street Address				
City	State	Zip	City		State	Zip	
9. Shares Authorized		10. Shares Iss	ued	Checl	k the box to	indicate an attachment 🔲	
This information is currently of record in the Department of State.					LASS/SERIES PAR VALUE		
Changes require an additional filing.		100	100		· · · · · · · · · · · · · · · · · · ·	\$0.01 par value	
<ol> <li>This report must be executrustee, this report must be ex</li> </ol>					oration is in	the hands of a receiver or	
Under penalty of perjury, I o				ncluding any acco	mpanying s	chedules and	
statements, and that all sta Name of Authorized Represe		ालसा वास प्रथम ३०	u correct	<del> </del>	Date /	····	
Dante J. Glammarco, Esqu			1/2	9/2021			
Signature of Authorized Repri	esentative	<del></del>	41	· · · · • · · · · · · · · · · · · · · ·	<del>/</del>	<del>}</del>	

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040

Website: www.sos.ri.gov