



State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: 2021
Corporation

FEB 04 2021

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

BY [Signature]

1. Entity ID Number <u>001675490</u>		2. Exact name of the Corporation <u>Colleen M Crudele, Esq. P.C.</u>	
3. Principal Office Address <u>88 Reservoir Ave</u>		City <u>Cranston</u>	State <u>RI</u>
		Zip <u>02910</u>	
4. NAICS Code <u>541110</u>	6. Brief description of the character of business conducted in Rhode Island <u>Professional legal services / law firm</u>		
5. State of Incorporation <u>RI</u>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Colleen M. Crudele</u>		Vice President Name <u>Colleen M. Crudele</u>	
Street Address <u>83 Mystery Farm Drive</u>		Street Address <u>83 Mystery Farm Drive</u>	
City <u>Cranston</u>	State <u>RI</u>	Zip <u>02921</u>	City <u>Cranston</u>
			State <u>RI</u>
			Zip <u>02921</u>
Secretary Name <u>NA</u>		Treasurer Name <u>NA</u>	
Street Address		Street Address	
City	State	Zip	City
			State
			Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name <u>NONE</u>		Director Name <u>NONE</u>	
Street Address		Street Address	
City	State	Zip	City
			State
			Zip
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
			State
			Zip
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
This information is currently of record in the Department of State.		NUMBER OF SHARES <u>20</u>	CLASS/SERIES <u>CWP</u>
Changes require an additional filing.			PAR VALUE <u>\$ 0.0100</u>
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. <i>(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.)</i>			
Name of Authorized Representative <u>Colleen M. Crudele</u>		Date <u>1/30/21</u>	
Signature of Authorized Representative <u>[Signature]</u>			

MAIL TO:
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Website: www.sos.ri.gov