RI SOS Filing Number: 202191838440 Date: 2/16/2021 4:00:00 PM



State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

## 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

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Entity ID Number	Entity ID Number 2. Exact name of the Corporation							
122062	Law Offices of Gregory J. Schadone, Ltd.							
3. Principal Office Address			City State			Žip		
7 Waterman Avenue			North Provi	dence	RI	02911		
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island							
541110	Law office							
5. State of Incorporation	7							
Rhode Island								
7. List ALL officers (names and a	ddresses)				the box to i	ndicate an attachment		
President Name Gregory J. Scha	Vice-President Name Same							
Street Address 7 Waterman Avenue			Street Address					
City North Providence	State RI	<sup>Zip</sup> 02911	City State		State	Zip		
Secretary Name Same			Treasurer Name Same					
Street Address			Street Address					
City	State	Zip	City		State	Zip		
8. List ALL directors (names and	addresses)	<u> </u>		Check	the box to i	indicate an attachment		
Director Name			Director Name		-	<b></b> -		
Street Address			Street Address					
City	State	Zip	City		State	State Zip		
Director Name			Director Name	Director Name				
Street Address	Street Address							
City	State	Zip	City		State	Zip		
9. Shares Authorized		10. Shares Iss	10. Shares Issued Ch		neck the box to indicate an attachment			
This information is currently of rec Department of State.	ord in the	NUMBER OF SHARES		CLASS/SERIES PAR VALUE		PAR VALUE		
Department or State.		2,000		Common		No Par		
Changes require an additional filing.								
11. This report must be executed trustee, this report must be executed					oration is in	I the hands of a receiver or		
Under penalty of perjury, I dec	are and affirm	that I have examin	ed this report, ir		mpanying s	chedules and		
Statements, and that all statements contained herein are true and correct.  Name of Authorized Representative  Date								
Gregory J. Schadone								
Signature of Authorized Representative (SUCN DOCUMENT HERE								
		0						

MAIL TO:

**Division of Business Services** 

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

Phone: (401) 222-3040 Website: www.sos.ri.gov