



State of Rhode Island

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.

FEB 23 2021

E... 1074-05

1. Entity ID Number 000012319		2. Exact name of the Corporation Domenic Tudino, Esq. Inc					
3. Principal Office Address 915 Smith Street		City Providence		State RI	Zip 02908		
4. NAICS Code 541110		6. Brief description of the character of business conducted in Rhode Island Offices of Lawyers					
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 Joseph Tudino			Vice-President Name Joseph Tudino				
Street Address 915 Smith Street			Street Address 915 Smith Street				
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02908		
Secretary Name Joseph Tudino			Treasurer Name Joseph Tudino				
Street Address 915 Smith Street			Street Address 915 Smith Street				
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02908		
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>							
Director Name Joseph Tudino			Director Name				
Street Address 915 Smith Street			Street Address				
City Providence	State RI	Zip 02908	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. Changes require an additional filing.			NUMBER OF SHARES			CLASS/SERIES	PAR VALUE
			50	Common	No Par		
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 Joseph Tudino, President					Date 2-17-21		
Signature of Authorized Representative 							

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

FORM 630 - Revised: 08/2020