State of Rhode Island

Department of State - Business Services Division

FILED

FEB 25 2021 STAMP

BY

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.

1. Entity ID Number	2. Exact name of the Corporation			
138034	Peter A. Schavone Esq., Inc.			
3. Principal Office Address		City	State	Zip
293 Cowesett Avenue, Suite 1		West Warwick	RI	02893
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
541110	Legal services.			
5. State of Incorporation				
RI				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name			Vice-President Name		
Peter A. Schavone					
Street Address			Street Address		
293 Cowesett Avenue, Suite 1					
City	State	Zip	City	State	Zip
West Warwick	RI	02893			
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name			Director Name		
Peter A. Schavone					
Street Address			Street Address		
293 Cowesett Avenue, Auite 1					
City	State	Zip	City	State	Zip
West Warwick	RI	02893			
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized

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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
300	common	none

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	Date
PETER A. SCHAVONE	2-20-21
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