State of Rhode Island
Department of State - Business Services Division

FILED
FEB 25 2021
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			
000831028	Audette, Cordeiro & Violette, P.C.			
3. Principal Office Address		City	State	Zip
35 Highland Avenue		East Providence	RI	02914
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
541110	Practice of Law			
5. State of Incorporation				
Rhode Island				

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

President Name: Robert P. Audette			Vice-President Name: Aimee E. Audette		
Street Address: 3 Beech Tree Court			Street Address: 41 Plymouth Road		
City: Barrington	State: RI	Zip: 02806	City: East Providence	State: RI	Zip: 02914
Secretary Name: Aimee E. Audette			Treasurer Name: Robert P. Audette		
Street Address: 41 Plymouth Road			Street Address: 3 Beech Tree Court		
City: East Providence	State: RI	Zip: 02914	City: Barrington	State: RI	Zip: 02806

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

Director Name: Robert P. Audette			Director Name: Aimee E. Audette		
Street Address: 3 Beech Tree Court			Street Address: 41 Plymouth Road		
City: Barrington	State: RI	Zip: 02806	City: East Providence	State: RI	Zip: 02914
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
1,000	Common	$0.0100

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
Robert P. Audette	2-22-21

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