RI SOS Filing Number: 202193274930 Date: 2/26/2021 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.

1. Entity ID Number	2. Exact name of the Corporation
93331	**Law Offices of Diane Messere Magee, Inc.**

3. Principal Office Address	City	State	Zip
572 Main Street	**Warren**	**RI**	**02885**

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
541110	**GENERAL 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	Vice-President Name
Diane Messere Magee	**Diane Messere Magee**
Street Address: **572 Main Street**	Street Address: **572 Main Street**
City: **Warren** State: **RI** Zip: **02885**	City: **Warren** State: **RI** Zip: **02885**
Secretary Name: **Diane Messere Magee**	Treasurer Name: **Diane Messere Magee**
Street Address: **572 Main Street**	Street Address: **572 Main Street**
City: **Warren** State: **RI** Zip: **02885**	City: **Warren** State: **RI** Zip: **02885**

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

Director Name	Director Name
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 ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	**100**	**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	Date
Diane Messere Magee	2/26/2021

Signature of Authorized Representative: Diane Messere Magee SIGN DOCUMENT HERE

FILED

FEB 26 2021

3422 AA

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: 10/2016