RI SOS Fi	iling Number: 2	02193321030	Date: 2/26/2021 4:00:00 PM					
and the second	f State - Busin	ess Services D	ivision		STAME			
Annual Report for the year: Corporation → Filing period: January 1 - March 1 → Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by April 1.			-					
			RECEIVED R.I. DEPT. OF STATE BUS SYCS DIV					
1. Entity ID Number 10596		ne of the Corporation DeMarco, Ltd.	2021 FEB 26 P 2: 08					
3. Principal Office Address 620 Main Street, CU 3A			City East Greenwich	State RI	Zip 02818			
4. NAICS Code 541110 5. State of Incorporation Rhode Island		Brief description of the character of business conducted in Rhode Island To conduct general practice of law.						
7. List ALL officers (names at	nd addresses)	- · · · -		heck the box to indic	ate an attachment_t			
President Name Paul DeMarco			Vice-President Name Lisa A. Geremia					
Street Address 620 Main Street, CU 3A			Street Address 620 Main Street, CU 3A					
City East Greenwich	State RI	^{Zip} 02818	City East Greenwich	State RI	^{Zip} 02818			
Secretary Name Paul DeMarco			Treasurer Name					
Street Address 620 Main Street, CU 3A			Street Address 620 Main Street, CU 3A					
City East Greenwich	State RI	Zip ₀₂₈₁₈	City East Greenwich	State RI	Zip 02818			
8. List ALL directors (names	and addresses)		C	check the box to indic	cate an attachment			
Director Name Paul DeMarco			Director Name Lisa A. Geremi	a				
Street Address 620 Main Stree	et, CU 3A		Street Address 620 Main Stre	et, CU 3A				
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818			
Director Name			Director Name					

Street Address	Street Address	Street Address						
City	State	Zip	City		State	Zip		
9. Shares Authorized		10. Shares Is	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		
		100		Common		without par value		
Changes require an additio	nal filing.							
11. This report must be av	acuted on behalf of th	e composition by an	authorized repres	Entative If the comors	ation is in th	e hands of a rece	iver or	

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

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statements, and that all statements contained herein are true and correct.

Name of Authorized Representative

Paul DeMarco

1.12.21

Date

Signature of Authorized Representative

FILED

MAIL TO:

Division of Business Services

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

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

