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.

STAMP

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV
2021 FEB 26 P 2:08

1. Entity ID Number	2. Exact name of the Corporation		
10596	Geremia & DeMarco, Ltd.		
3. Principal Office Address: 620 Main Street, CU 3A	City: East Greenwich	State: RI	Zip: 02818
4. NAICS Code: 541110	6. Brief description of the character of business conducted in Rhode Island: To conduct 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: 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: 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

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

Director Name: Paul DeMarco			Director 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
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
100	Common	without par value

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
Paul DeMarco	1.12.21

Signature of Authorized Representative: PaulDMc

FILED
FEB 26 2021
5891

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: 08/2020