



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.

FILED
MAR 01 2021
5385
STAMP
FOR
SECRETARY OF STATE
USE ONLY

1. Entity ID Number 000129689		2. Exact name of the Corporation BIGOS & PARTINGTON, LTD.			
3. Principal Office Address 2176 Mendon Road, Suite 2000			City Cumberland	State RI	Zip 02864
4. NAICS Code 541110		6. Brief description of the character of business conducted in Rhode Island The practice of law and the provision of legal services.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name James A. Bigos, Esq.			Vice-President Name Scott J. Partington, Esq.		
Street Address 2176 Mendon Road, Suite 2000			Street Address 2176 Mendon Road, Suite 2000		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
Secretary Name James A. Bigos, Esq.			Treasurer Name Scott J. Partington, Esq.		
Street Address 2176 Mendon Road, Suite 2000			Street Address 2176 Mendon Road, Suite 2000		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name James A. Bigos, Esq.			Director Name Scott J. Partington, Esq.		
Street Address 2176 Mendon Road, Suite 2000			Street Address 2176 Mendon Road, Suite 2000		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
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	No 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 James A. Bigos, Esq.					Date 2/22/2021
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