State of Rhode Island Department of State - Business Services Division					אוניו שויי	BUS BUS	
Annual Report for the yea	_		-	SVC			
 → Filing period: January 1 - March 1 → Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by April 1. 						STATE S DIV	
Entity ID Number	2. Exact name of	f the Corporation	 -	<u> </u>		-	
000151628	Affiliated Law Offices of Richard M. Sands, Inc.						
3. Principal Office Address			City State Zip				
100 Centerville Road, Suite 2			Warwick		RI	02886	
4. NAICS Code	6. Brief descripti	on of the characte	er of business o	conducted in Rhode Isl	and	*	
541110	Law Practice						
5. State of Incorporation							
RI							
7. List ALL officers (names and add	resses)			Check th	ne box to in	dicate an attachment	
President Name Richard M. Sands, Jr. Esq.			Vice-President Name 22 72				
Street Address 100 Centerville Road, Suite 2			Street Address				
City Warwick	State RI	Z ₁ p ₀₂₈₈₆	City		State	Zip.o	
Secretary Name	ry Name			Treasurer Name			
Street Address			Street Address	Street Address 9. <			
City	State	Zip	City		State	Zip	
8. List ALL directors (names and ac	ldresses)	<u> </u>		Check th	ne box to in	dicate an attachment	
Director Name	Director Name	Director Name					
Street Address			Street Address				
City	State	Zip	City		State		
Director Name			Director Name				
Street Address			Street Address				
City	State	Z;p	City		State	Zip V	
9. Shares Authorized	100	10. Shares Issu			ne box to in	dicate an atlachment 🔲	
This information is currently of record in the Department of State.		8,000	SHARES	CLASS/SERIES		PAR VALUE 0.01	
Changes require an additional filing.							
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							
Richard M. Sands, Jr., Esq.		<u> </u>	01/11/2021				
Signature of Authorized Representative							
	e w C			<u> </u>			

MAIL TO: Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040

Website: www.sos.ri.gov

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FORM 630 - Revised: 08/2020