



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.

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BUS SVCS DIV

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1. Entity ID Number 001715155		2. Exact name of the Corporation Vrontas, Ayer & Chandler, P.C.			
3. Principal Office Address 250 Commercial Street Suite 4004			City Manchester		State NH
4. NAICS Code 541110			6. Brief description of the character of business conducted in Rhode Island General Practice of Law		
5. State of Incorporation NH					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Christopher T. Vrontas			Vice-President Name Allison C. Ayer		
Street Address 379 River Road			Street Address 45 Governor Wentworth Road		
City Andover	State MA	Zip 01810	City Amherst	State NH	Zip 03031
Secretary Name Adam J. Chandler			Treasurer Name Allison C. Ayer		
Street Address 2 Wright Lane			Street Address 45 Governor Wentworth Road		
City Exeter	State NH	Zip 03833	City Amherst	State NH	Zip 03031
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name Christopher T. Vrontas			Director Name Allison C. Ayer		
Street Address 379 River Road			Street Address 45 Governor Wentworth Road		
City Andover	State MA	Zip 01810	City Amherst	State NH	Zip 03031
Director Name Adam J. Chandler			Director Name		
Street Address 2 Wright Lane			Street Address		
City Exeter	State NH	Zip 03833	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. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
			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 Adam J. Chandler					Date 3/2/21
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

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FORM 630 - Revised: 08/2020