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State of Rhode Island
Department of State - Business Services Division

FILED
MAR 12 2021
BY 4620

STAMP

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.

1. Entity ID Number	2. Exact name of the Corporation		
000094460	CORRENTE LAW CORPORATION		
3. Principal Office Address	City	State	Zip
226 SOUTH MAIN STREET	PROVIDENCE	RI	02903
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
541110	TO RENDER PROFESSIONAL SERVICES BY PERSONS AUTHORIZED TO PRACTICE LAW IN THE STATE OF RHODE ISLAND.		
5. State of Incorporation			
RHODE ISLAND			

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

President Name: DARREN F. CORRENTE			Vice-President Name: DARREN F. CORRENTE		
Street Address: 226 SOUTH MAIN STREET			Street Address: 226 SOUTH MAIN STREET		
City: PROVIDENCE	State: RI	Zip: 02903	City: PROVIDENCE	State: RI	Zip: 02903
Secretary Name: DARREN F. CORRENTE			Treasurer Name: DARREN F. CORRENTE		
Street Address: 226 SOUTH MAIN STREET			Street Address: 226 SOUTH MAIN STREET		
City: PROVIDENCE	State: RI	Zip: 02903	City: PROVIDENCE	State: RI	Zip: 02903

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

Director Name: DARREN F. CORRENTE			Director Name: DARREN F. CORRENTE		
Street Address: 226 SOUTH MAIN STREET			Street Address: 226 SOUTH MAIN STREET		
City: PROVIDENCE	State: RI	Zip: 02903	City: PROVIDENCE	State: RI	Zip: 02903
Director Name:			Director Name:		
Street Address:			Street Address:		
City:	State:	Zip:	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.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	NONE		

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
Darren F. Corrente	2/16/21
Signature of Authorized Representative: Darren Corrente	

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