



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED

Annual Report for the year: 2021
Corporation

APR 23 2021

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

BY 1464

1. Entity ID Number <u>001703822</u>		2. Exact name of the Corporation <u>Daigle Law, P.C.</u>			
3. Principal Office Address <u>650 Ten Rod Road #128B</u>		City <u>North Kingstown</u>		State <u>RI</u>	Zip <u>02852</u>
4. NAICS Code <u>541110</u>		6. Brief description of the character of business conducted in Rhode Island <u>Law Firm</u>			
5. State of Incorporation <u>RI</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name <u>Joseph R. Daigle</u>			Vice-President Name <u>Same</u>		
Street Address <u>650 Ten Rod Rd.</u>			Street Address		
City <u>North Kingstown</u>	State <u>RI</u>	Zip <u>02852</u>	City	State	Zip
Secretary Name <u>Same</u>			Treasurer Name <u>Same</u>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name <u>Same</u>			Director Name <u>Same</u>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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
			<u>8000</u>	<u>Common</u>	<u>.01</u>
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 <u>Joseph R. Daigle</u>					Date <u>4-20-2021</u>
Signature of Authorized Representative <u>Joseph R. Daigle</u>					

MAIL TO:
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Website: www.sos.ri.gov