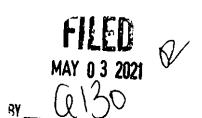


Annual Report for the year: 2020 Limited Liability Company

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

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



4. Brief des				
Brief description of the character of business conducted in Rhode Island				
PRACTICING LAW IN THE FAMILY AND DIS				
		City	State	Zip
38 BELLEVUE AVENUE, SUITE G		NEWPORT	RI	02840
iability Compa	ny and Name o	r Title of Contact Person	I	<u> </u>
Contact Name AMEY CARDULO		Contact Title		
Street Address 38 BELLEVUE AVENUE, SUITE G		City NEWPORT	State RI	^{Zip} 02840
and addresses	s) of the Limited	Liability Company, IF APPLICAE	BLE - DO NOT LIST I	MEMBERS
Manager Name		Manager Name		
Street Address		Street Address		
State	Zip	City	State	Zip
Manager Name		Manager Name		
Street Address		Street Address		
State	Zip	City	State	Zıp
	l	<u></u>	Check the box to i	I indicate an attachment
ion currently o	of record with the	e RI Department of State is accu	rate. Changes requir	e filing Form 642.
			g any accompanyin	g schedules and
Name of Authorized Person			Date	
AMEY CARDULLO			04/07/2021	
	JITE G ability Compa O AVENUE, S and addresses State State	JITE G ability Company and Name of the Limited addresses) of the Limited addresses and addresses are zip State Zip State Zip	City NEWPORT ability Company and Name or Title of Contact Person Contact Title AVENUE, SUITE G and addresses) of the Limited Liability Company. IF APPLICAE Manager Name Street Address State Zip City Manager Name Street Address City City City Manager Name City City City City Manager Name City Manager Name	City NEWPORT RI ability Company and Name or Title of Contact Person Contact Title AVENUE, SUITE G AVENUE, SUITE G And addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST Manager Name Street Address State Zip City State Manager Name Street Address State Check the box to into currently of record with the RI Department of State is accurate. Changes required clare and affirm that I have examined this report, including any accompanyimments contained herein are true and correct. Date

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov