



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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 R.I. DEPT. OF STATE  
 BUS SVCS DIV  
 2021 MAY 21 PM 12:22

1. Entity ID Number 105047		2. Exact name of the Corporation DeSimone & Leach a Professional Corporation			
3. Principal Office Address One Turks Head Place Ste 450			City Providence		State RI
			Zip 02903		
4. NAICS Code 541110		6. Brief description of the character of business conducted in Rhode Island Rendering professional legal services as attorneys in the practice of law			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Bruce A. Leach			Vice-President Name None		
Street Address One Turks Head Place Ste 450			Street Address		
City Providence		State RI	Zip 02903		
Secretary Name Bruce A. Leach			Treasurer Name Bruce A. Leach		
Street Address One Turks Head Place Ste 450			Street Address One Turks Head Place		
City Providence		State RI	Zip 02903		
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name None			Director Name		
Street Address			Street Address		
City		State	Zip		
Director Name			Director Name		
Street Address			Street Address		
City		State	Zip		
9. Shares Authorized <span style="float: right;">10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span></span>					
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	
		200		Common	
				PAR VALUE	
				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. <b>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.</b>					
Name of Authorized Representative Bruce A. Leach				Date 5/18/21	
Signature of Authorized Representative <i>Bruce A. Leach</i>				<b>FILED</b>	

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

MAY 21 2021

By *[Signature]*  
FORM 930 - Revised 08/2020  
12:22