

State of Rhode Island

Department of State - Business Services Division

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2021 SEP 27 PM 3:40

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 000087119 | | 2. Exact name of the Corporation BRUZZESE LAW GROUP, INC. | | | |
| 3. Principal Office Address 300 CENTERVILLE ROAD, SUMMIT EAST, SUITE 330 | | | City WARWICK | State RI | Zip 02886 |
| 4. NAICS Code 541110 | | 6. Brief description of the character of business conducted in Rhode Island PROVIDE LEGAL SERVICES AND LEGAL COUNSEL. | | | |
| 5. State of Incorporation RI | | | | | |
| 7. List ALL officers (names and addresses) | | | | | Check the box to indicate an attachment <input type="checkbox"/> |
| President Name THOMAS M. BRUZZESE | | | Vice-President Name NONE | | |
| Street Address 120 FALCON CIRCLE | | | Street Address | | |
| City EAST GREENWICH | State RI | Zip 02818 | City | State | Zip |
| Secretary Name NONE | | | Treasurer Name NONE | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 8. List ALL directors (names and addresses) | | | | | Check the box to indicate an attachment <input type="checkbox"/> |
| Director Name NONE | | | Director Name NONE | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| Director Name NONE | | | Director Name NONE | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 9. Shares Authorized | | 10. Shares Issued | | | |
| This information is currently of record in the Department of State. Changes require an additional filing. | | Check the box to indicate an attachment <input type="checkbox"/> | | | |
| | | NUMBER OF SHARES | CLASS/SERIFS | PAR VALUE | |
| | | 8,000 | STK | 0.0000 | |
| 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 THOMAS M. BRUZZESE | | | | Date 9/23/21 | |
| Signature of Authorized Representative <i>Thomas M. Bruzzese</i> | | | | FILED | |