



State of Rhode Island
Department of State - Business Services Division

FILED STAMP

OCT 1 2021

BY 2049

Annual Report for the year: 2021
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.

| | | | | | |
|---|-----------------|---|------------------------------|---------------------------|-----|
| 1. Entity ID Number 137049 | | 2. Exact name of the Limited Liability Company Joseph J. Roszkowski LLC | | | |
| 3. NAICS Code 84 <u>541110</u> | | 4. Brief description of the character of business conducted in Rhode Island To provide legal services to clients by licensed attorneys and other legal assistants. | | | |
| 5. State of Formation Rhode Island | | | | | |
| 6. Principal Office Address 2178 Mendon Road, Suite 300 | | City Cumberland | State RI | Zip 02864 | |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | |
| Contact Name Joseph J. Roszkowski | | | Contact Title Manager | | |
| Street Address 2178 Mendon Road, Suite 300 | | City Cumberland | State RI | Zip 02864 | |
| 8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS | | | | | |
| Manager Name Joseph J. Roszkowski | | Manager Name N/A | | | |
| Street Address 2178 Mendon Road, Suite 300 | | Street Address | | | |
| City Cumberland | State RI | Zip 02864 | City | State | Zip |
| Manager Name N/A | | Manager Name N/A | | | |
| Street Address | | Street Address | | | |
| City | State | Zip | City | State | Zip |
| Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| 9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642. | | | | | |
| 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 Person Joseph J. Roszkowski | | | | Date 09/28/2021 | |
| Signature of Authorized Person | | | | | |

MAIL TO:
 Division of Business Services
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