



State of Rhode Island

## Department of State - Business Services Division

**FILED**Annual Report for the year: **2021**

Limited Liability Company

OCT 12 2021

BY

→ 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<br><b>001714185</b>                                                                                                                                                                     |                    | 2. Exact name of the Limited Liability Company<br><b>ODU Law Firm, LLC</b>                                                                              |      |                        |                     |
| 3. NAICS Code<br><b>541110</b>                                                                                                                                                                              |                    | 4. Brief description of the character of business conducted in Rhode Island<br><b>Law office, any ancillary purposes, and all other lawful purposes</b> |      |                        |                     |
| 5. State of Formation<br><b>Rhode Island</b>                                                                                                                                                                |                    |                                                                                                                                                         |      |                        |                     |
| 6. Principal Office Address<br><b>888 Reservoir Avenue, 2nd Floor</b>                                                                                                                                       |                    | City<br><b>Cranston</b>                                                                                                                                 |      | State<br><b>RI</b>     | Zip<br><b>02910</b> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                         |                    |                                                                                                                                                         |      |                        |                     |
| Contact Name<br><b>OLAYIWOLA O. ODUYINGBO</b>                                                                                                                                                               |                    | Contact Title<br><b>MANAGER</b>                                                                                                                         |      |                        |                     |
| Street Address<br><b>888 Reservoir Avenue, 2nd Floor</b>                                                                                                                                                    |                    | City<br><b>Cranston</b>                                                                                                                                 |      | State<br><b>RI</b>     | Zip<br><b>02910</b> |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS                                                                                            |                    |                                                                                                                                                         |      |                        |                     |
| Manager Name<br><b>OLAYIWOLA O. ODUYINGBO</b>                                                                                                                                                               |                    | Manager Name                                                                                                                                            |      |                        |                     |
| Street Address<br><b>888 Reservoir Avenue, 2nd Floor</b>                                                                                                                                                    |                    | Street Address                                                                                                                                          |      |                        |                     |
| City<br><b>Cranston</b>                                                                                                                                                                                     | State<br><b>RI</b> | Zip<br><b>02910</b>                                                                                                                                     | City | State                  | Zip                 |
| Manager Name                                                                                                                                                                                                |                    | Manager Name                                                                                                                                            |      |                        |                     |
| 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.                                                                         |                    |                                                                                                                                                         |      |                        |                     |
| <i>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.</i> |                    |                                                                                                                                                         |      |                        |                     |
| Name of Authorized Person<br><b>OLAYIWOLA O. ODUYINGBO</b>                                                                                                                                                  |                    |                                                                                                                                                         |      | Date<br><b>10/4/21</b> |                     |
| Signature of Authorized Person<br>                                                                                                                                                                          |                    |                                                                                                                                                         |      |                        |                     |

## MAIL TO:

Division of Business Services

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