



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

Annual Report for the year: **2022**  
 Corporation

**STAMP**  
 FEB 14 2022

BY 16076 FOR OS

- 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 <b>98430</b>		2. Exact name of the Corporation <b>Sullivan &amp; Sullivan Professional Corporation</b>					
3. Principal Office Address <b>65 Boston Neck Road</b>				City <b>North Kingstown</b>		State <b>RI</b>	Zip <b>02852</b>
4. NAICS Code <b>541110</b>		6. Brief description of the character of business conducted in Rhode Island <b>To engage in the practice of law</b>					
5. State of Incorporation <b>RHODE ISLAND</b>							
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>							
President Name <b>James C. Sullivan</b>			Vice-President Name <b>Elizabeth F. Sullivan</b>				
Street Address <b>65 Boston Neck Road</b>			Street Address <b>65 Boston Neck Road</b>				
City <b>North Kingstown</b>		State <b>RI</b>	Zip <b>02852</b>	City <b>North Kingstown</b>		State <b>RI</b>	Zip <b>02852</b>
Secretary Name <b>James C. Sullivan</b>			Treasurer Name <b>James C. Sullivan</b>				
Street Address <b>65 Boston Neck Road</b>			Street Address <b>65 Boston Neck Road</b>				
City <b>North Kingstown</b>		State <b>RI</b>	Zip <b>02852</b>	City <b>North Kingstown</b>		State <b>RI</b>	Zip <b>02852</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>							
Director Name <b>James C. Sullivan</b>			Director Name				
Street Address <b>65 Boston Neck Road</b>			Street Address				
City <b>North Kingstown</b>		State <b>RI</b>	Zip <b>02852</b>	City		State	Zip
Director Name			Director Name				
Street Address			Street Address				
City		State	Zip	City		State	Zip
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>				
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		CLASS/STRIKES	PAR VALUE	
			<b>200</b>		<b>Common</b>	<b>\$0.01</b>	
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 <b>James C. Sullivan, President</b>					Date <b>Feb 9, 2022</b>		
Signature of Authorized Representative 					SIGN DOCUMENT HERE		

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