RI SOS Filing Number: 202212917020 Date: 3/9/2022 4:00:00 PM State of Rhode Island **Department of State - Business Services Division** S. Samo Annual Report for the year: 2022 Corporation MAR 0 9 32 MAR 0 9 2022 → Filing period: February 1 - May 1 → Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by May 31. 2. Exact name of the Corporation 000018169 Ursillo, Teitz & Ritch, Ltd. 3. Principal Office Address City State Zip 2 Williams Street **Providence** RI 02903 4. NAICS Code 6. Brief description of the character of business conducted in Rhode Island 541110 Law firm 5. State of Incorporation Rhode Island 7. List ALL officers (names and addresses) Check the box to indicate an attachment. President Name Michael A. Ursillo Vice-President Name Andrew M. Teitz Street Address 2 Williams Street Street Address 2 Williams Street State RI State Zip 02903 City Providence Zip ()2903 Providence RI Secretary Name Scott A. Ritch Treasurer Name Scott A. Ritch Street Address 2 Williams Street Street Address 2 Williams Street City Providence State City Providence ^{Zip}02903 Zip 02903 RI 8. List ALL directors (names and addresses) Check the box to indicate an attachment Director Name N/A Director Name Street Address Street Address City State Zip City State Director Name N/A Director Name N/A Street Address Street Address City State State Zip 9. Shares Authorized 10. Shares Issued Check the box to indicate an attachment This information is currently of record in the NUMBER OF SHARES CLASS/SERIES PAR VALUE Department of State. 150 Common \$1.00 Changes require an additional filing. 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 Signature of Authorized Representative

MAIL TO:

Division of Business Services

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