State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2022
Corporation

→ Filing period: February 1 - May 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by May 31.

MAR 09 2022 MAR 09
BY 12174 DS

1. Entity ID Number	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	Vice-President Name
Michael A. Ursillo	Andrew M. Teitz
Street Address: 2 Williams Street	Street Address: 2 Williams Street
City: Providence, State: RI, Zip: 02903	City: Providence, State: RI, Zip: 02903
Secretary Name: Scott A. Ritch	Treasurer Name: Scott A. Ritch
Street Address: 2 Williams Street	Street Address: 2 Williams Street
City: Providence, State: RI, Zip: 02903	City: Providence, State: RI, Zip: 02903

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Director Name
N/A	N/A
Street Address	Street Address
City, State, Zip	City, State, Zip
Director Name: N/A	Director Name: N/A
Street Address	Street Address
City, State, Zip	City, State, Zip

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State. Changes require an additional filing.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	150	Common	$1.00

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	Date
	03-04-2022
Signature of Authorized Representative	

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