



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.

1. Entity ID Number 000552275		2. Exact name of the Corporation Langlois, Wilkins, Furtado & Metcalf, P.C.			
3. Principal Office Address 200 Midway Road, Suite 169			City Cranston	State RI	Zip 02920
4. NAICS Code 5451110	6. Brief description of the character of business conducted in Rhode Island To provide legal services				
5. State of Incorporation RI					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment: ☐
President Name Lauren D. Wilkins			Vice-President Name Ronald P. Langlois		
Street Address 7945 Hanson Bay Place			Street Address 112 Glendale Road		
City Kissimmee	State FL	Zip 34747	City Sharon	State MA	Zip 02067
Secretary Name William C. Cornish			Treasurer Name Earl E. Metcalf		
Street Address 6 Nate Whipple Highway, Unit 202			Street Address 98 Yale Avenue		
City Cumberland	State RI	Zip 02864	City Warwick	State RI	Zip 02888
8. List ALL directors (names and addresses)					Check the box to indicate an attachment: ☐
Director Name Lauren D. Wilkins			Director Name Ronald P. Langlois		
Street Address 7945 Hanson Bay Place			Street Address 112 Glendale Avenue		
City Kissimmee	State FL	Zip 34747	City Sharon	State MA	Zip 02067
Director Name William C. Cornish			Director Name Earl E. Metcalf		
Street Address 6 Nate Whipple Highway, Unit 202			Street Address 98 Yale Avenue		
City Cumberland	State RI	Zip 02864	City Warwick	State RI	Zip 02888
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State. Changes require an additional filing.		Check the box to indicate an attachment: ☐			
		NUMBER OF SHARES 400	CLASS/SERIES Common	PAR VALUE 0.01	
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 William C. Cornish					Date 5/10/22
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

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FORM 630 - Revised: 11/20/21