



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2022  
Corporation

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R.I. DEPT. OF STATE  
BUS SVCS DIV  
2022 DEC 22 PM 1:19

- 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 <u>00001071</u>	2. Exact name of the Corporation <u>The Law Offices of Michael J Harrington PC</u>		
3. Principal Office Address <u>16 Main Rd - PO Box 366</u>		City <u>Adamsville</u>	State <u>RI</u>
		Zip <u>02801</u>	
4. NAICS Code <u>541111</u>	6. Brief description of the character of business conducted in Rhode Island <u>To engage in the practice of law</u>		
5. State of Incorporation <u>RI</u>			

7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <u>Michael J. Harrington</u>			Vice-President Name <u>Maureen Harrington</u>		
Street Address <u>16 Main Rd - P.O. Box 366</u>			Street Address <u>16 Main Rd - P.O. Box 366</u>		
City <u>Adamsville</u>	State <u>RI</u>	Zip <u>02801</u>	City <u>Adamsville</u>	State <u>RI</u>	Zip <u>02801</u>
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <u>Michael J. Harrington</u>			Director Name <u>Maureen Harrington</u>		
Street Address <u>16 Main Rd - P.O. Box 366</u>			Street Address <u>16 Main Rd - P.O. Box 366</u>		
City <u>Adamsville</u>	State <u>RI</u>	Zip <u>02801</u>	City <u>Adamsville</u>	State <u>RI</u>	Zip <u>02801</u>
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/SERIES	PAR VALUE
		<u>8,000</u>	<u>CWP</u>	<u>\$1.0000</u>

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 <u>Michael J. Harrington</u>		Date <u>12-19-22</u>
Signature of Authorized Representative 		<b>FILED</b>

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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