(8)

State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

Annual Report for the year: 2023

Corporation

→ Filing period: January 1 - March 1 → Filing Fee: \$50.00

FILED

JAN 25 2023 BY 21014

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.								
1, Entity ID Number		2. Exact name of the Corporation						
000894339	Law Offic	Law Offices of Dante J. Giammarco, Esq., Inc.						
3. Principal Office Address			City	•	State	Zip		
2374 Post Road, Suite 105			Warwick		RI	02886		
4. NAICS Code	6. Brief desc	Brief description of the character of business conducted in Rhode Island						
541110	Law firm, p	Law firm, practice of law.						
5. State of Incorporation	i							
Rhode Island					<del> </del>			
7. List ALL officers (names a	Check the box to indicate an attachment  Vice-President Name							
Dante J. Giammarco			None					
Street Address 2374 Post Ro	oad, Suite 105		Street Address	<b>;</b>				
<sup>City</sup> Warwick	State Ri	<sup>Zip</sup> 02886	City		State	Zip		
Secretary Name Dante J. Giammarco			Treasurer Name Dante J. Glammarco					
Street Address 2374 Post Road, Suite 105			Street Address	Street Address 2374 Post Road, Suite 105				
<sup>City</sup> Warwick	State RI	Zip <b>0288</b> 6	City Warwick	·	State RI	<sup>Z<sub>1</sub>p</sup> 02886		
8. List ALL directors (names	and addresses)				the box to in	dicate an attachment 🔲		
Director Name No directors			Director Name					
Street Address			Street Address	Street Address				
City	State	Zip	City		State	Zip		
Director Name			Director Name	Director Name				
Street Address	Street Address							
City	State	Zip	City	····	State	Zip		
9. Shares Authorized	······································	10. Shares Is				dicate an attachment  PAR VALUE		
This information is currently of record in the Department of State.		100	NUMBER OF SHARES		CLASS/SERIES  Common \$			
Changes require an addition	el filing.	<del></del>						
11. This report must be exe	cuted on behalf of the	corporation by an	authorized repres	entative. If the corpo	ration is in th	ne hands of a receiver or		
trustee, this report must be Under penalty of perjury,						hadulas and		
statements, and that all si	tatements contained			ncluding any accom	Date /			
Name of Authorized Representative  Dante J. Giammarco, Esquire, President					1/2.	3/2023		
Signature of Authorized Re	presentative	1.A			<del></del>	<del>/</del>		
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MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

FORM 630 - Revised: 10/2017