



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

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

FILED
FEB 08 2023 STAMP
BY 8138

| | | | | | |
|--|---|---|---------------------|--------------------------|-----------|
| 1. Entity ID Number 5319381 | | 2. Exact name of the Corporation ROBERT TESTA LTD | | | |
| 3. Principal Office Address 411 BROADWAY | | City PROVIDENCE | State RI | Zip 02909 | |
| 4. NAICS Code 541110 | 5. Brief description of the character of business conducted in Rhode Island PRACTICE OF LAW | | | | |
| 5. State of Incorporation RI | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name ROBERT TESTA | | | Vice-President Name | | |
| Street Address 665 PLEASANT VALLEY PARKWAY | | | Street Address | | |
| City PROVIDENCE | State RI | Zip 02909 | City | State | Zip |
| Secretary Name | | | Treasurer Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| Director Name ROBERT TESTA | | | Director Name | | |
| Street Address 665 PLEASANT VALLEY PARKWAY | | | Street Address | | |
| City PROVIDENCE | State RI | Zip 02909 | City | State | Zip |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 9. Shares Authorized | | 10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/> | | | |
| This information is currently of record in the Department of State. Changes require an additional filing. | | NUMBER OF SHARES | | CLASS/SERIES | PAR VALUE |
| | | 100 | | COMMON | 0 |
| 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 ROBERT TESTA | | | | Date 1/21/2023 | |
| Signature of Authorized Representative | | | | | |