RI SOS Filing Number: 202328877090 Date: 2/17/2023 4:00:00 PM

State of Phodo Island						, , , , , , , , , , , , , , , , , , , 	
State of Rhode Island Department of S	State - Busine	ss Services [Division				
Annual Report for the year: 2023 Corporation			FEB 17 2023				
→ Filing period: February 1 - May 1					25/11		
→ Filing Fee: \$50.00				<u> </u>	\supset_{\cap} , ,		
→ Penalty: Additional \$25.00	0 fee if form is not	filed by May 31.			_		
1. Entity ID Number	2. Exact name	2. Exact name of the Corporation					
122875	Herman -	& Associate:	s, Inc.				
3. Principal Office Address			City		State	Zip	
1445 Wampanoag Trail, Suite 104			East Prov	idence	RI	02915	
4. NAICS Code	6. Brief descrip	Brief description of the character of business conducted in Rhode Island					
541110	To provide	To provide legal services					
5. State of Incorporation							
Rhode Island	1						
7. List ALL officers (names and addresses)			Check the box to indicate an attachment				
President Name Louise A. Herman			Vice-President Name				
Street Address 63 Adams Point Road			Street Address				
^{City} Barrington	State RI	^{Zip} 02806	City		State	Zip	
Secretary Name			Treasurer Name	Treasurer Name			
Street Address			Street Address	Street Address			
			<u> </u>				
City	State	Zip	City	·	State	Zip	
8. List ALL directors (names and	d addresses)			Check t	he box to in	ndicate an attachment 🔲	
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City		State	Zip	
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City		State	Zip	
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filling.		10. Shares Iss		Check the box to indicate an attachment CLASSSERIES PAR VALUE			
		400	NUMBER OF SHARES		Common 0		
		400	400				
					- 41 1 - 1 - 4		
11. This report must be execute trustee, this report must be execute					ation is in t	ne nands of a receiver or	
Under penalty of perjury, I de	clare and affirm th	hat I have examine	ed this report, in		panying so	chedules and	
statements, and that all statements contained herein are true and correct Name of Authorized Representative				Date			
Louise A. Herman					2-1-2023		

MAIL TO:

Division of Business Services

Signature of Authorized Representative

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

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