



RI SOS Filing Number: 202330302830 Date: 3/8/2023 4:00:00 PM

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023

Corporation

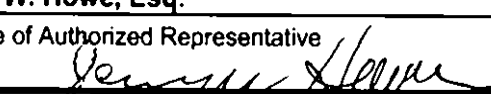
→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

STAMP

FOR
SECRETARY OF STATE
USE ONLY

1. Entity ID Number 306718		2. Exact name of the Corporation The Law Offices of Howe & Garside, Ltd.			
3. Principal Office Address 55 Memorial Blvd Unit 5		City Newport		State RI	Zip 02840
4. NAICS Code 541110		6. Brief description of the character of business conducted in Rhode Island To provide professional legal services.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Jeremy W. Howe, Esq.			Vice-President Name		
Street Address 55 Memorial Blvd Unit 5			Street Address		
City Newport	State RI	Zip 02840	City	State	Zip
Secretary Name Jeremy W. Howe, Esq.			Treasurer Name Jeremy W. Howe, Esq.		
Street Address 55 Memorial Blvd Unit 5			Street Address 55 Memorial Blvd Unit 5		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
8. List ALL directors (names and addresses) Check the box to indicate 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			10. Shares Issued Check the box to indicate an attachment ☐		
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 Shares with 0.01 Par Value		
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 Jeremy W. Howe, Esq.				Date 2/14/23	
Signature of Authorized Representative 				FILED	

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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BY 15MJVZ
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FORM 630 - Revised: 11/2021