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

State of Rhode Island

Department of State - Business Services Division

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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.

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 ☐ NUMBER OF SHARES / CLASS/SERIES / PAR VALUE
This information is currently of record in the Department of State. **Changes require an additional filing.**	**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 [signature]	FILED

MAR 08 2023

BY JMJVZ

9.00

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: 11/2021