



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 <b>306718</b>		2. Exact name of the Corporation <b>The Law Offices of Howe &amp; Garside, Ltd.</b>			
3. Principal Office Address <b>55 Memorial Blvd Unit 5</b>			City <b>Newport</b>	State <b>RI</b>	Zip <b>02840</b>
4. NAICS Code <b>541110</b>		6. Brief description of the character of business conducted in Rhode Island <b>To provide professional legal services.</b>			
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <b>Jeremy W. Howe, Esq.</b>			Vice-President Name		
Street Address <b>55 Memorial Blvd Unit 5</b>			Street Address		
City <b>Newport</b>	State <b>RI</b>	Zip <b>02840</b>	City	State	Zip
Secretary Name <b>Jeremy W. Howe, Esq.</b>			Treasurer Name <b>Jeremy W. Howe, Esq.</b>		
Street Address <b>55 Memorial Blvd Unit 5</b>			Street Address <b>55 Memorial Blvd Unit 5</b>		
City <b>Newport</b>	State <b>RI</b>	Zip <b>02840</b>	City <b>Newport</b>	State <b>RI</b>	Zip <b>02840</b>
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
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			
This information is currently of record in the Department of State.  Changes require an additional filing.		Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		<b>100 Common Shares with 0.01 Par Value</b>			
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.					
<b>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.</b>					
Name of Authorized Representative <b>Jeremy W. Howe, Esq.</b>				Date <b>2/14/23</b>	
Signature of Authorized Representative <i>Jeremy W. Howe</i>				FILED	

2023 MAR 08 9:00  
 RECEIVED  
 DEPT. OF STATE  
 BUSINESS SERVICES DIVISION

MAIL TO:  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

MAR 08 2023  
 BY JMJVZ  
 9.00