RI SOS Filing Number: 202331345340 Date: 3/16/2023 4:00:00 PM State of Rhode Island **Department of State - Business Services Division** STAMP Annual Report for the year: 2023 FILED Corporation MAR 16 2023 -> 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 2. Exact name of the Corporation 000094460 Corrente Law Corporation 3. Principal Office Address City State Zip 226 South Main Street Providence RI 02903 4. NAICS Code 6. Brief description of the character of business conducted in Rhode Island 541110 To render professional services by persons authorized to practice law in the 5. State of Incorporation State of Rhode Island. Rhode Island 7. List ALL officers (names and addresses) Check the box to indicate an attachment President Name Darren F. Corrente Vice-President Name Darren F. Corrente Street Address 226 South Main Street Street Address 226 South Main Street State RI State RI ^{City} Providence City Providence ^{Zip}02903 ^{Zip}02903 Secretary Name Darren F. Corrente Treasurer Name Darren F. Corrente Street Address 226 South Main Street Street Address 226 South Main Street State RI ^{City} Providence ^{Zip}02903 Čity Providence ^{Zīp}02903 8. List ALL directors (names and addresses) Check the box to indicate an attachment Director Name Darren F. Corrente Director Name Darren F. Corrente Street Address 226 South Main Street Street Address 226 South Main Street ^{Zip}02903 City Providence RI Providence RI 02903 Director Name Director Name Street Address Street Address City State Zip Zip 9. Shares Authorized 10. Shares Issued Check the box to indicate an attachment This information is currently of record in the NUMBER OF SHARES CLASS/SERIES PAR VALUE Department of State. None Changes require an additional filing. 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 Date

MAIL TO:

Division of Business Services

Signature of Authorized Representative

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

DARREN F. CORRENTE

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