RI SOS Filing Number: 202334201670 Date: 4/26/2023 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.

FILED STAMP
APR 26 2023
BY 3793
FOR SECRETARY OF STATE USE ONLY
19

1. Entity ID Number	2. Exact name of the Corporation		
138034	Peter A. Schavone Esq., Inc		
3. Principal Office Address	City	State	Zip
293 Cowesett Avenue, Suite 1	West Warwick	RI	02893
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
541110	Legal Services		
5. State of Incorporation			
RI			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Peter A. Schavone			Vice-President Name		
Street Address: 312 Cowesett Avenue,			Street Address		
City: West Warwick	State: RI	Zip: 02893	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: Peter A. Schavone			Director Name		
Street Address: 312 Cowesett Avenue,			Street Address		
City: West Warwick	State: RI	Zip: 02893	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.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	300	common	none

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
Peter A. Schavone	February 8, 2022
Signature of Authorized Representative	

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