RI SOS Filing Number: 202335365290 Date: 5/5/2023 4:00:00 PM

State of Rhode Island Department of State - Business Services Division					STAMP		
Annual Report for the year: 2023					**		
Corporation → Filing period: February 1 - May 1 → Filing Fee: \$50.00					RECEIVED. R.I. DEPT. OF STATE BUS SYCS DIV		
→ Penalty: Additional \$25.00 fe		- · ·			- 	- 2 11 	
1. Entity ID Number	2. Exact name of	•		<i>L</i> VL	3 MAI -D F	<u> </u>	
000022109 Applebaum Law Office, Inc.							
3. Principal Office Address c/o 6 Power Ave.			City Johnst	on	State R.I.	Zip 02919	
4. NAICS Code	6. Brief description	on of the character	of busines	s conducted in Rhode Isla	and	•	
541110 5. State of Incorporation R.I.	Provision of legal services						
7. List ALL officers (names and addresses) President Name				Check the box to indicate an attachment Uvice-President Name			
RICHARD B APPLEBAUM Street Address				Street Address			
6 YOWE					.	T -	
City TO YW STOW Secretary Name	State	02919	City Treasurer 1	Namo	State	Zip	
Street Address Street Address Street Address							
6 POWER AVE 6 POWER AVE						-	
CITY OHNE TON	State	C 2919	City	(11 W < 7 W)	State	Zip 02919	
8. List ALL directors (names and ad	dresses)	1 0 2 1 1		Check the box	t to indicate an a		
Director Name				Director Name			
Street Address			Street Address				
City	State	Zip	City		State	Zip	
				Director Name			
Street Address			Street Address				
City	State	Zip	City		State	Zip	
9. Shares Authorized This information is currently of recor	d in the	10. Shares Issue NUMBER OF SH		Check the bo	x to indicate an a	ttachment 🔲	
Department of State:		Soo		CIVP	(3,00	
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 5/5/23			
Signature of Authorized Representative Zyb						-1 -	
MAY 05 2022							
MAIL TO: Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040 BY 047988 BY 047988							

Website: www.sos.n.gov

FORM 630- Revised: 04/2023