



State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year: 2023  
Corporation

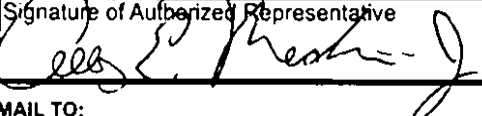
→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

RECEIVED STAMP  
R.I. DEPT. OF STATE  
BUS SVCS DIV.  
FOR  
CORPORATION  
LOCAL ONLY

2023 MAY 16 A 11:41

1. Entity ID Number 000113340		2. Exact name of the Corporation MEDICI & SCIACCA, P.C.			
3. Principal Office Address 1312 Atwood Avenue		City Johnston		State RI	Zip 02919
4. NAICS Code 541110	6. Brief description of the character of business conducted in Rhode Island Practice of law.				
5. State of Incorporation RI					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Albert E. Medici, Jr.			Vice-President Name Frank Sciacca		
Street Address 1312 Atwood Avenue			Street Address 1312 Atwood Avenue		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Secretary Name Albert E. Medici, Jr.			Treasurer Name Frank Sciacca		
Street Address 1312 Atwood Avenue			Street Address 1312 Atwood Avenue		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		1000	CWP	0.01	
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 Albert E. Medici, Jr.					Date 4/15/23
Signature of Authorized Representative 					
FILED					

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.govMAY 16 2023  
BY ML 9058

FORM 630 - Revised: 2/2023