RI SOS Filing Number: 202340256310 Date: 8/10/2023 4:00:00 PM



## State of Rhode Island

## **Department of State - Business Services Division**

STARP

Annual Report for the year:	7023	
Corporation		•

→ Filing period: February 1 - May 1 → Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by May 31.

Entity ID Number		of the Corporation						
001697621	Law Offices of Martin I Flax PC							
3. Principal Office Address			City		State		Zip	
4 Kings Court			Dedha	ım	MA		02026	
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island							
541110	To own, operate and manage a business engaged in the practice of law.							
5. State of Incorporation	1							
MA								
7. List ALL officers (names and add	resses)		· · · · · ·	Check	the box to indic	cate an att	achment 🔲	
President Name Martin I. Flax			Vice-President Name Martin I Flax					
Street Address 16 Van Wart Path			Street Address 16 Van Wart Path					
City Newton	State MA	<sup>Zip</sup> 02459	City Newton			MA	<sup>Zip</sup> 02459	
Secretary Name Martin I. Flax	<u></u>	1.	Treasurer	Treasurer Name Martin Flax				
Street Address 16 Van Wart Path			Street Address 16 Van Wart Path					
Chy Newton	State MA	<sup>Zip</sup> 02459	City Newton		State	ΛA	<sup>Zip</sup> 02459	
<ol><li>List ALL directors (names and ad</li></ol>	ldresses)	· <b>.</b> · · · · · · · · · · · · · · · · · · ·			the box to indic	cate an at	lachment 🔲	
Director Name Martin I. Flax			Director Name					
Street Address 16 Van Wart Path			Street Address					
City Newton	State MA	<sup>Zip</sup> 02459	City		State		Zip	
Director Name	Director N	Director Name						
Street Address			Street Address					
City	State	Zip	City		State		Zip	
9. Shares Authorized	l	10. Shares Issued Check the				cate an a	 ttachment □	
This information is currently of record in the Department of State.		NUMBER OF SHARES			LASS/SERIES PAR VALUE			
		1000		CNP		0		
Changes require an additional filing.								
11. This report must be executed or	n behalf of the co	rporation by an au	ithorized rep	presentative. If the	corporation is i	in the han	ds of a re-	
ceiver or trustee, this report must build under penalty of perjury, I declar	e executed on be e and affirm tha	half of the corpora t I have examine	ation by the <b>d this repo</b> i	<u>receiver or trustee</u> rt, Including any a	accompanying	schedul	es and	
statements, and that all statements Name of Authorized Representative		rein are true and	correct.		Inere		- · · - · · · · ·	
Martin I. Flax					Date August 8, 2023			
Signature of Authorized Representative								
MAIL TO:	TA	<u> </u>				<del></del>		

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ni.gov