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23 SEP 28 PM 1:15:10State of Rhode Island
Department of State - Business Services DivisionAnnual Report for the year: 2022

Corporation

→ 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 000162913 | | 2. Exact name of the Corporation Martineau, Davis & Associates P.C. | | | |
| 3. Principal Office Address 1260 Greenwich Avenue | | | City Warwick | State RI | Zip 02886 |
| 4. NAICS Code 541110 | | 6. Brief description of the character of business conducted in Rhode Island General Practice Law Firm | | | |
| 5. State of Incorporation RI | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name Emile F. Martineau | | | Vice-President Name Mark Davis | | |
| Street Address 1260 Greenwich Avenue | | | Street Address 350 Ocean Road | | |
| City Warwick | State RI | Zip 02886 | City Narragansett | State RI | Zip 02882 |
| 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 <input type="checkbox"/> | | | | | |
| 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 Check the box to indicate an attachment <input type="checkbox"/> | | |
| This information is currently of record in the Department of State. Changes require an additional filing. | | | NUMBER OF SHARES CLASS/SES PAR VALUE | | |
| | | | 200 | CWP | \$0.0100 |
| 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 MARK DAVIS | | | | | Date 9-27-23 |
| 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.gov

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FORM 630 Revised 04/2023