Department	JAN 23 2024 BY						
Annual Report for the year: 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 001669542	2. Exact nam	ne of the Corporation
3. Principal Office Address	IVIARSI	IALL LAW O		LIG.			
300 CENTERVILLE ROAD, SUITE 204 WEST			City WAR	WICK	State RI	Zip 02886	
4. NAICS Code		6. Brief description of the character of business conducted in Rhode Island					
541110	lo engag	ge in the genera	al practice	e of law.			
5. State of Incorporation RI							
7. List ALL officers (names a	and addresses)			Check	the box to ind	icate an attachment	
President Name Jason P.	Vice-President Name Darah L. Schofield						
Street Address 300 Cente	Street Address 300 Centerville Road, Suite 204 West						
^{City} Warwick	State RI	^{Zip} 02886	City Warwick		State	RI ^{Zip} 02886	
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 indi	icate an attachment	
Director Name Jason P. N	/larshall		Director N				
Street Address 300 Cente	rville Road, Suit	e 204 West	Street Add	dress 300 Center	rville Road	l, Suite 204 West	
City Warwick	State RI	^{Zip} 02886	^{City} Warwick		State		
Director Name 02886	ector Name 02886		Director Name				
Street Address			Street Add	dress	<u> </u>		
City	State	Zip	City		State	Ζιρ	
9. Shares Authorized		10. Shares Issu	ned	Check	the box to ind	licate an attachment	
his information is currently of record in the epartment of State. hanges require an additional filling.		NUMBER OF	NUMBER OF SHARES		CLASS/SERIES PAR VALUE		
		100		Common Sto	ock ————	No Par Value	
11. This report must be exec	must be executed on	behalf of the corpor	ation by the	receiver or trustee.			
Under penalty of perjury, I statements, and that all sta	atements contained :	nat I have examine herein are true and	id this repoi d correct.	rt, including any a	ccompanying	schedules and	
Name of Authorized Represe Jason P. Marshall		Date 1/18/24					
Signature of Authorized Rep	resentative						
	March						
	<u></u>						

RI SOS Filing Number: 202444565840 Date: 1/23/2024 4:00:00 PM — —

MAIL TO: Division of Business Services

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

State of Rhode Island

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