State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
Corporation

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

FILED
JAN 23 2024
BY 3952 DS

1. Entity ID Number	2. Exact name of the Corporation
001669542	MARSHALL LAW OFFICES Ltd.

3. Principal Office Address	City	State	Zip
300 CENTERVILLE ROAD, SUITE 204 WEST	WARWICK	RI	02886

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
541110	To engage in the general practice of law.
5. State of Incorporation	
RI	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Jason P. Marshall	Darah L. Schofield
Street Address: 300 Centerville Road, Suite 204 West	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 indicate an attachment ☐

Director Name	Director Name
Jason P. Marshall	Jason P. Marshall
Street Address: 300 Centerville Road, Suite 204 West	Street Address: 300 Centerville Road, Suite 204 West
City: Warwick, State: RI, Zip: 02886	City: Warwick, State: RI, Zip: 02886
Director Name: 02886	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 ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	100	Common Stock	No Par Value

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
Jason P. Marshall	1/18/24

Signature of Authorized Representative

Jason P. Marshall

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