



**State of Rhode Island
Department of State - Business Services Division**

JAN 29 2024
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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.

1. Entity ID Number 000032542		2. Exact name of the Corporation PAUL P. BAILLARGEON, INC.			
3. Principal Office Address 176 Eddie Dowling Highway, Suite 201			City North Smithfield	State RI	Zip 02896
4. NAICS Code 541110		6. Brief description of the character of business conducted in Rhode Island TO PROVIDE LEGAL SERVICES			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name PAUL P. BAILLARGEON			Vice-President Name NONE		
Street Address 176 Eddie Dowling Highway Suite 201			Street Address		
City North Smithfield	State RI	Zip 02896	City	State	Zip
Secretary Name PAUL P. BAILLARGEON			Treasurer Name PAUL P. BAILLARGEON		
Street Address 176 Eddie Dowling Highway Suite 201			Street Address 176 Eddie Dowling Highway Suite 201		
City North Smithfield	State RI	Zip 02896	City North Smithfield	State RI	Zip 02896
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name PAUL P. BAILLARGEON			Director Name NONE		
Street Address 176 Eddie Dowling Highway Suite 201			Street Address		
City North Smithfield	State RI	Zip 02896	City	State	Zip
Director Name NONE			Director Name NONE		
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/SERIES	PAR VALUE	
		100	COMMON	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 PAUL P. BAILLARGEON				Date 1/24/24	
Signature of Authorized Representative 					

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