

State of Rhode Island

Department of State - Business Services Division

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Annual Report for the year: 2024

Limited Liability Company

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 001692047	2. Exact name of the Limited Liability Company Greene & Marusak, LLC 4. Brief description of the character of business conducted in Rhode Island The practice of law			
3. NAICS Code 541110				
5. State of Formation RI				
6. Principal Office Address 24 Corliss Street, #41510		City Providence	State RI	Zip 02940
7. Mailing Address of Limit	ed Liability Company and Name or	Title of Contact Person		
Contact Name Jonathan W. Greene		Contact Title Manager		
Street Address 24 Corliss Street, #41510		City Providence	State RI	Zip 02940
8. The Resident Agent info	rmation currently of record with the	RI Department of State is ac	curate. Changes requ	ire filing Form 642.
	l declare and affirm that I have extatements contained herein are to		ing any accompanyi	ing schedules and
Name of Authorized Person Jonathan W. Greene			Date 01/18/2024	
Signature of Authorized Pe	() 9/1		1	

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov MYFILED 1153 JAN 3 0 2024 Y 1926

FORM 632 - Revised: 04/2023