



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
Corporation

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- 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 001764535		2. Exact name of the Corporation Law Offices of William A. Filippo, Ltd.			
3. Principal Office Address 70 Fresh Meadow Road			City Wakefield	State RI	Zip 02879
4. NAICS Code 541110		6. Brief description of the character of business conducted in Rhode Island To engage in the practice of law, any ancillary purposes, and all other lawful purposes.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name William A. Filippo, Esq.			Vice-President Name		
Street Address 70 Fresh Meadow Road			Street Address		
City Wakefield	State RI	Zip 02879	City	State	Zip
Secretary Name William A. Filippo, Esq.			Treasurer Name William A. Filippo, Esq.		
Street Address 70 Fresh Meadow Road			Street Address 70 Fresh Meadow Road		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
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			
This information is currently of record in the Department of State. Changes require an additional filing.		Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES 100	CLASS/SERIES Common Shares	PAR VALUE 0.01 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.					
<i>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.</i>					
Name of Authorized Representative William A. Filippo, Esq.			Date 1/18/24		
Signature of Authorized Representative <i>[Signature]</i>			Date JAN 30 2024		

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MAIL TO:
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Website: www.sos.ri.gov