



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024

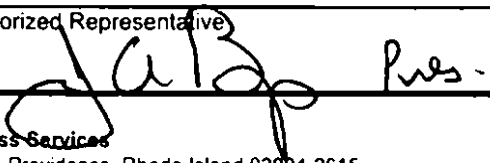
Corporation

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

FILED

FEB 05 2024 STAMP

E:

1. Entity ID Number 000129689		2. Exact name of the Corporation BIGOS & PARTINGTON, LTD.			
3. Principal Office Address 2176 Mendon Road, Suite 2000		City Cumberland		State RI	Zip 02864
4. NAICS Code 541110		6. Brief description of the character of business conducted in Rhode Island The practice of law and the provision of 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 James A. Bigos, Esq.		Vice-President Name Scott J. Partington, Esq.			
Street Address 2176 Mendon Road, Suite 2000		Street Address 2176 Mendon Road, Suite 2000			
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
Secretary Name James A. Bigos, Esq.		Treasurer Name James A. Bigos, Esq.			
Street Address 2176 Mendon Road, Suite 2000		Street Address 2176 Mendon Road, Suite 2000			
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name James A. Bigos, Esq.		Director Name Scott J. Partington, Esq.			
Street Address 2176 Mendon Road, Suite 2000		Street Address 2176 Mendon Road, Suite 2000			
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. Shares Authorized 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	
		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 James A. Bigos, Esq.				Date 2/2/2024	
Signature of Authorized Representative  Pres.					

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