



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2024**
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED

FEB 05 2024

BY:

1. Entity ID Number 90521		2. Exact name of the Corporation Paster & Harpootian, Ltd.			
3. Principal Office Address 1000 Chapel View Boulevard, Suite 220			City Cranston	State RI	Zip 02920
4.		6. Brief description of the character of business conducted in Rhode Island To engage in the practice of law and all related services and activities.			
5. Corporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name John M. Harpootian			Vice-President Name		
Street Address 31 Lauren Lane			Street Address		
City West Warwick	State RI	Zip 02893	City	State	Zip
Secretary Name John M. Harpootian			Treasurer Name John M. Harpootian		
Street Address 31 Lauren Lane			Street Address 31 Lauren Lane		
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893
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 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.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			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 John M. Harpootian				Date 1/31/24	
Signature of Authorized Representative 					

MAIL TO:

Division of Business Services

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

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Website: www.sos.n.gov

FORM 630 - Revised: 10/2017