



**State of Rhode Island  
Office of the Secretary of State**

**Fee: \$50.00**

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Limited Liability Partnership  
Annual Report**

Filing Period: February 1 - May 1

*In accordance with R.I.G.L. 7-12.1-913(e), each partnership failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-12.1-913(c&d)) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2024:** 2024

**1. ID No.** 001745715

**2. Exact Name of the Partnership** Williams & Connolly LLP

**3. State of Formation**

State: DC

**NAICS CODE**

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

541110

**4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island**

PROVIDES LEGAL SERVICES

**5. Principal Office Address**

No. and Street: 680 MAINE AVENUE SW

City or Town: WASHINGTON State: DC Zip: 20024 Country: USA

**6. The name and business address of one or more partner(s):**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PARTNER	RICHARD HACKNEY WIEGMANN	680 MAINE AVENUE SW WASHINGTON, DC 20024 USA

**7. This report must be executed by an Authorized Representative pursuant to R.I.G.L. 7-12.1.**

**Signed this 13 Day of February, 2024 at 11:17:40 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the partnership, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-12.1***

By RICHARD HACKNEY WIEGMANN  
Signature of Authorized Person

Form No. 643  
Revised 10/23

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