RI SOS Filing Number: 202446630870 Date: 2/12/2024 4:00:00 PM

| State of Rhode Island Department of State - Business Services Division Annual Report for the year: | | | | | FEB 1 2 2024 | | |
|---|----------------------|---------------------------------|--|----------------------|--------------|----------------------------|--|
| Corporation | C | 502A | _ | ` | 102 | =a1R | |
| → Filing period: Februa → Filing Fee: \$50.00 → Penalty: Additional \$ | | not filed by May 31. | | | - Mc | 501 P | |
| 1. Entity ID Number | 2. Exact nar | me of the Corporation | n | . | | - | |
| 000136909 | Raymoi | nd A. Pacia, / | Attorney at | Law, Ltd. | | | |
| 3 Principal Office Address | | | City | | State | Zıp | |
| 50 Power Road | | | Pawtucke | et | RI | 02860 | |
| 4. NAICS Code | 6. Brief desc | cription of the charac | racter of business conducted in Rhode Island | | | | |
| 541110 | Law Offic | Law Office | | | | | |
| 5. State of Incorporation | | | | | | | |
| Rhode Island | | | | | | | |
| 7 List ALL officers (names | and addresses) | | | Check | the box to | indicate an attachment [| |
| President Nanie Raymond A. Pacia | | | Vice-President Nume | | | | |
| Stree: Address 50 Power Road | | | Street Address | | | | |
| ^{C:y} Pawtucket | State RI | ^{Z_{'P}} 02860 | City | | State | Ζίρ | |
| Secretary Name | | 02000 | Treasurer Name | | | | |
| Street Address | | - | Street Address | · | | | |
| City | Sate | Zip | Сау | | State | Ζφ | |
| 8 List ALL directors (names | s and addresses) | | <u>l </u> | Check | the box to | indicate an attachment [| |
| Director Name | | | D rector Name | | | | |
| Street Audross | | | Street Address | ; | | | |
| C-1y | State | Zip | City | | State | Zip | |
| Director Name | | | Director Name | | | | |
| Street Address | | | Stree: Address | | | • | |
| City | State | Ζp | City | | State | Zp | |
| 9. Shares Authorized | | 10. Shares Iss | | | | ndicate an attachment [| |
| Department of State. 600 | | NUMBER O- | SHARLS | ANI:S C.ASS/SET-17.S | | PAR VALUE | |
| | | 600 | 600 | | | No Par Value | |
| Changes require an additions | ai riling. | | | | | | |
| 11. This report must be executivistee, this report must be | | | | | ration is in | the hands of a receiver of | |
| Under penalty of perjury, | l declare and affirm | that I have examine | ed this report, ir | | npanying s | chedules and | |
| statements, and that all st Name of Authorized Repres | | nerein are true an | a correct. | | Date | | |
| Raymond A. Pacia | | 1/25/2023 | | | | | |
| Signature of Authorized Re: | presentative | ~ | | | | | |