State of Rhode Island
Department of State - Business Services Division

FEB 14 2024
122607

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

1 Entity ID Number	2 Exact name of the Corporation			
000098110	PETRARCA AND McGAIR, INC.			
3 Principal Office Address		City	State	Zip
797 Bald Hill Road		Warwick	RI	02886
4. NAICS Code	6 Brief description of the character of business conducted in Rhode Island			
541110	Rendering legal services, legal advice services			
5. State of Incorporation				
Rhode Island				

7 List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Street Address	City	State	Zip
Maryanne Bevans	797 Bald Hill Road	Warwick	RI	02886

Vice-President Name	Street Address	City	State	Zip
Maryanne Bevans	797 Bald Hill Road	Warwick	RI	02886

Secretary Name	Street Address	City	State	Zip
Maryanne Bevans	797 Bald Hill Road	Warwick	RI	02886

Treasurer Name	Street Address	City	State	Zip
Maryanne Bevans	797 Bald Hill Road	Warwick	RI	02886

8 List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip
Maryanne Bevans	797 Bald Hill Road	Warwick	RI	02886

Director Name	Street Address	City	State	Zip

9. Shares Authorized — 10 Shares Issued — Check the box to indicate an attachment ☐

This information is currently of record in the Department of State.

Changes require an additional filing.

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
200	Common	Par

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	Date
Maryanne Bevans, President	2/5/2024

Signature of Authorized Representative: Maryanne Bevans, 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

FORM 630- Revised 12/2023