	State of Rhode	Island	Fee: \$50.00
Office of the Secretary of State			
Division Of Business Services			
Providence RI 02904-2615			
7636 (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. <u>001754783</u>			
2. Exact Name of the Partnership Johnson Lambert LLP			
3. State of Formation			
State: <u>VA</u>			
NAICS CODE			
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.			
<u>541211</u>			
4. Brief Description of Island	the Character of the Business WI	nich is Actually Conducted in	Rhode
PUBLIC ACCOUNTING FIRM			
5. Principal Office Address			
No. and Street: 265	No. and Street: 2650 PARK TOWER DRIVE		
SU	<u>TE 801</u>		
City or Town: <u>VIE</u>	E <u>NNA</u> S	State: <u>VA</u> Zip: <u>22180</u> Court	ntry: <u>USA</u>
6. The name and business address of one or more partner(s):			
Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip C	ode, Country
NONE GIVEN - P	DIANE WALKER	2650 PARK TOWER DR VIENNA, VA 22180 US/	
	-	-	

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

**Signed this 5 Day of March, 2024 at 12:26:46 PM 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 <u>DENISE WELLS</u> Signature of Authorized Person

Form No. 643 Revised 10/23

© 2007 - 2024 State of Rhode Island All Rights Reserved