



State of Rhode Island
Department of State - Business Services Division

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.

FILED

MAR 07 2024

BY

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1. Entity ID Number 831028		2. Exact name of the Corporation Audette, Cordeiro & Violette, PC			
3. Principal Office Address 35 Highland Avenue		City East Providence		State RI	Zip 02914
4. NAICS Code 541100		6. Brief description of the character of business conducted in Rhode Island Practice of Law			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Robert P. Audette			Vice-President Name Leonard M. Cordeiro		
Street Address 3 Beech Tree Court			Street Address 112 Cameron Way		
City Barrington	State RI	Zip 02806	City Rehoboth	State MA	Zip 02769
Secretary Name Leonard M. Cordeiro			Treasurer Name Robert P. Audette		
Street Address 112 Cameron Way			Street Address 3 Beech Tree Court		
City Rehoboth	State MA	Zip 02769	City Barrington	State RI	Zip 02806
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Robert P. Audette			Director Name Leonard M. Cordeiro		
Street Address 3 Beech Tree Court			Street Address 112 Cameron Way		
City Barrington	State RI	Zip 02806	City Rehoboth	State MA	Zip 02769
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		CLASS/SERIES	
		NUMBER OF SHARES	PAR VALUE		
		1000	Common	\$0.0100	
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 Robert P. Audette				Date 3/4/24	
Signature of Authorized Representative 					

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