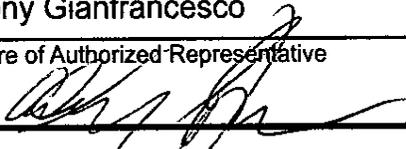


Annual Report for the year: 2024
Corporation

→ 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 0479

1. Entity ID Number 001747774		2. Exact name of the Corporation Gianfrancesco & Friedemann, Inc.			
3. Principal Office Address 909 North Main Street			City Providence	State RI	Zip 02904
4. NAICS Code 541100		6. Brief description of the character of business conducted in Rhode Island Law office			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Anthony Gianfrancesco			Vice-President Name Merrill J. Friedemann		
Street Address 70 Superior View Blvd			Street Address 21 Harwood Road		
City North Providence	State RI	Zip 02911	City East Greenwich	State RI	Zip 02818
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued 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.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		100		common	no 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 Anthony Gianfrancesco					Date 03/04/2024
Signature of Authorized Representative 					

MAIL TO:
 Division of Business Services
 148 West River Street
 Providence RI 02904