

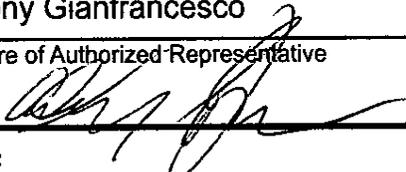
**Annual Report for the year: 2024**  
**Corporation**

FILED

MAR 07 2024

BY 0479

- 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 <b>001747774</b>		2. Exact name of the Corporation <b>Gianfrancesco &amp; Friedemann, Inc.</b>			
3. Principal Office Address <b>909 North Main Street</b>			City <b>Providence</b>	State <b>RI</b>	Zip <b>02904</b>
4. NAICS Code <b>541100</b>		6. Brief description of the character of business conducted in Rhode Island <b>Law office</b>			
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Anthony Gianfrancesco</b>			Vice-President Name <b>Merrill J. Friedemann</b>		
Street Address <b>70 Superior View Blvd</b>			Street Address <b>21 Harwood Road</b>		
City <b>North Providence</b>	State <b>RI</b>	Zip <b>02911</b>	City <b>East Greenwich</b>	State <b>RI</b>	Zip <b>02818</b>
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
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. <b>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.</b>					
Name of Authorized Representative <b>Anthony Gianfrancesco</b>				Date <b>03/04/2024</b>	
Signature of Authorized Representative 					

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