



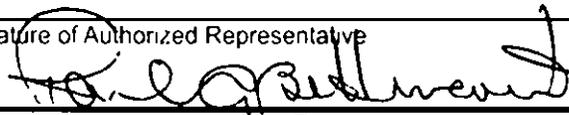
State of Rhode Island
Department of State - Business Services Division

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.

REC'D RHODES BSO
MAR 22 PM 1:24

1. Entity ID Number 891128		2. Exact name of the Corporation PAUL G BETTENCOURT and ASSOCIATES, PC			
3. Principal Office Address 197 Warren Avenue Suite 201			City East Providence	State RI	Zip 02914
4. NAICS Code 541110		6. Brief description of the character of business conducted in Rhode Island Law Firm			
5. State of Incorporation RI					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Paul G Bettencourt			Vice-President Name		
Street Address 197 Warren Ave St 201			Street Address		
City East Providence	State RI	Zip 02914	City	State	Zip
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 Paul G Bettencourt			Director Name		
Street Address 197 Warren Avenue			Street Address		
City East Providence	State RI	Zip 02914	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/ST.RCLS	
		1000		Common	
				PAR VALUE	
				.01	
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 Paul G Bettencourt				Date 1/26/2024	
Signature of Authorized Representative 				FILED	

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

MAR 22 2024
BY ML 93A