



State of Rhode Island
Department of State - Business Services Division

FILED

APR 05 2024

Annual Report for the year:

Corporation

2024

BY 28958 OS

- 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 000122062 | | 2. Exact name of the Corporation LAW OFFICES OF GREGORY J SCHADONE, LTD | | | |
| 3. Principal Office Address 7 Waterman Avenue | | | City North Providence | State RI | Zip 02911 |
| 4. NAICS Code 541110 | | 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 Gregory Schadone | | | Vice-President Name same | | |
| Street Address 7 Waterman Avenue | | | Street Address | | |
| City North Providence | State RI | Zip 02911 | City | State | Zip |
| Secretary Name same | | | Treasurer Name same | | |
| 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 |
| | | | 2000 | | common |
| | | | PAR VALUE | | 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 Gregory Schadone | | | | Date 3-21-2024 | |
| 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