	State of Rhode	leland	Fee: \$50.00
R	Office of the Secre		1 000 00000
Division Of Business Services			
148 W. River Street			
Providence RI 02904-2615			
1636 (401) 222-3040			
Limited Liability Partnership			
Annual Report			
Filing Period: February 1 - May 1			
In accordance with R.I.G.L. 7-12.1-913(e), each partnership failing or refusing to			
file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-12.1-913(c&d)) is subject to a penalty fee of \$25.00.			
ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2024 : <u>2024</u>			
1. ID No. 001338671			
2. Exact Name of the Partnership Hanson Curran LLP			
3. State of Formation			
State: <u>RI</u>			
NAICS CODE			
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.			
<u>541110</u>			
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island			
PRACTICE OF LAW			
5. Principal Office Address			
No. and Street: ONE TURKS HEAD PLACE			
	TE 550		
	VIDENCE	State: <u>RI</u> Zip: <u>02903</u> Coun	try: <u>USA</u>
6. The name and business address of one or more partner(s):			
	In distance Manage	A 1 1	
Title	Individual Name First, Middle, Last, Suffix	Address, City or Town, State, Zip Co	de, Country
NONE GIVEN - P	MARY W. MCBURNEY	21 HASTINGS AVENU PAWTUCKET, RI 02861 US	
·			1
<u> </u>			

7. This report must be executed by an Authorized Representative pursuant to R.I.G.L. 7-12.1-108.

Signed this 30 Day of April, 2024 at 5:51:32 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the partnership, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-12.1*

By JOSHUA E. CARLIN Signature of Authorized Person

Form No. 643 Revised 10/23

© 2007 - 2024 State of Rhode Island All Rights Reserved