RI SOS Filing Number: 202454068320 Date: 4/30/2024 4:00:00 PM

State of Rhode Island  Department of State - Business Services Division								
Annual Report for the year:		s Services I	APR 3 0 2024 18591					
Corporation ————————————————————————————————————				10591 0				
→ Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by May 31.								
Perialty. Additional \$25.00 fee if form is not filed by May 31.      Entity ID Number      2. Exact name of the Corporation								
000797831	00797831 POLLOCK LAW OFFICE INC							
3. Principal Office Address			City	'			Zip	
3384 POST ROAD			WARW		RI		02886-7	
4. NAĪCS Code 541110	6. Brief description of the character of business conducted in Rhode Island  LAW OFFICE							
5. State of Incorporation	1 CAN OFFICE							
RI								
7. List ALL officers (names and addresses)  Check the box to indicate an attachment							chment 🔲	
President Name RICHARD S POLLOCK				Vice-President Name				
Street Address 32 MARTINGALE DR			Street Address					
City WARWICK	State RI	<sup>Zıp</sup> 02886	City		State		Zip	
ecretary 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					
Director Name			Director Name					
Street Address			Street Address					
City	State	Zıp	City		State Zip		Zip	
Director Name			Director Name					
Street Address			Street Address					
City	State	Zıp	City		State		Zip	
			10. Shares Issued Check th			icate an att	achment []	
This information is currently of record in the Department of State.  Changes require an additional filing.		100		COMMON	NO PAR			
				COMMON				
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a re-								
ceiver 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 RICHARD S POLLOCK					Date 4/19/2024			
Signature of Authorized Representative						<del></del>		
Many D								
MAIL TO:								

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

Website: www.sos.ri.gov