



**State of Rhode Island
Department of State - Business Services Division**

FILED

MAY 02 2024

BY [Signature]

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.

1. Entity ID Number 000113282		2. Exact name of the Corporation Law Offices of Schreiber & Schreiber, P.C.			
3. Principal Office Address 37 Sockanosset Crossroad			City Cranston	State RI	Zip 02920
4. NAICS Code 541110		6. Brief description of the character of business conducted in Rhode Island to carry on the practice of law.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Kenneth A. Schreiber			Vice-President Name Kenneth A. Schreiber		
Street Address 37 Sockanosset Crossroad			Street Address 37 Sockanosset Crossroad		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Secretary Name			Treasurer Name Kenneth A. Schreiber		
Street Address			Street Address 37 Sockanosset Crossroad		
City	State	Zip	City Cranston	State RI	Zip 02920
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	
		50		Common	
				PAR VALUE	
				No Par Value	
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					Date
Signature of Authorized Representative <u>[Signature]</u>					

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