

Annual Report for the year:
Limited Liability Company

MAY 1 6 2024

→ Filing period: February 1 - May 1

1031 N

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

Signature of Authorized Pers	on Milas Fil	length Dr.		
Name of Authorized Person Michael P. Marinelli			Date May 14, 2024	
	, I declare and affirm that I h tements contained herein a	ave examined this report, inclu re true and correct.	ding any accompany	ring schedules and
		the RI Department of State is accu		
Street Address 51 Alpine Estates Drive		^{City} Cranston	StateRI	^{Zip} 02921
Contact Name Michael P. Marinelli		Contact Title Member		
7 Mailing Address of Limited	Liability Company and Name	or Title of Contact Person		I
6. Principal Office Address 2181 Post Road	_, I	City Warwick	State RI	Zip 02886
5. State of Formation Rhode Island				
3. NAICS Code 541110	Brief description of the character of business conducted in Rhode Island THE PRACTICE OF LAW			
1. Entity ID Number 001763478	2. Exact name of the Limited Liability Company Law Office of Michael P. Marinelli, LLC			

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov