

## State of Rhode Island

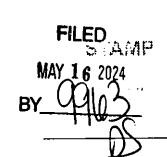
## **Department of State - Business Services Division**

Annual Report for the year: 2024 **Limited Liability Company** 

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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



Entity ID Number	2. Exact name of the Lin	2. Exact name of the Limited Liability Company			
164005	Galvin & Associates, LLC				
3. NAICS Code	Brief description of the character of business conducted in Rhode Island				
54121	Accounting				
5. State of Formation					
Rhode Island					
6. Principal Office Address		City	State	Zip	
One Park Row, 5th Floor		Providence	RI	02903	
7. Mailing Address of Limite	ed Liability Company and Name	e or Title of Contact Person			
Contact Name Edward J. Galvin		Contact Title President			
Street Address One Park Row, 5th Floor		City Providence	S:ate RI	<sup>Zip</sup> 02903	
8. The Resident Agent info	rmation currently of record with	the RI Department of State is accur	rate. Changes requir	e filing Form 642.	
	ry, I declare and affirm that I tatements contained herein	have examined this report, includ are true and correct.	ling any accompany	ying schedules and	
Name of Authorized Person			Date		
Edward J. Galvin			05/13/2024		
Signature of Authorized Pe	Sah				

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

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