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

FILED
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MAY 16 2024
BY 9963
DS

**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.

| 1. Entity ID Number | 2. Exact name of the Limited Liability Company | | |
|---|---|---|---|
| 164005 | Galvin & Associates, LLC | | |
| 3. NAICS Code<br>54121 | 4. Brief description of the character of business conducted in Rhode Island<br>Accounting | | |
| 5. State of Formation<br>Rhode Island | | | |
| 6. Principal Office Address<br>One Park Row, 5th Floor | City<br>Providence | State<br>RI | Zip<br>02903 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | |
| Contact Name<br>Edward J. Galvin | Contact Title<br>President | | |
| Street Address<br>One Park Row, 5th Floor | City<br>Providence | State<br>RI | Zip<br>02903 |
| 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642. | | | |
| 9. ***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 Person<br>Edward J. Galvin | Date<br>05/13/2024 | | |
| Signature of Authorized Person<br>x Edward J. Galvin | | | |

**MAIL TO:**
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