



State of Rhode Island
Department of State - Business Services Division

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Annual Report for the year: 2025
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 000118553 | | 2. Exact name of the Corporation Maryann Patalano PC | | | |
| 3. Principal Office Address PO Box 113831 | | City North Providence | State RI | Zip 02911 | |
| 4. NAICS Code 541110 | | 6. Brief description of the character of business conducted in Rhode Island Legal practice | | | |
| 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 Maryann Patalano | | | Vice-President Name Maryann Patalano | | |
| Street Address PO Box 113831 | | | Street Address PO Box 113831 | | |
| City N. Providence | State RI | Zip 02904 | City N. Providence | State RI | Zip 02911 |
| Secretary Name Maryann Patalano | | | Treasurer Name Maryann Patalano | | |
| Street Address PO Box 113831 | | | Street Address PO Box 113831 | | |
| City N. Providence | State RI | Zip 02911 | City N. Providence | State RI | Zip 02911 |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| Director Name Maryann Patalano | | | Director Name | | |
| Street Address PO Box 113831 | | | Street Address | | |
| City N. Providence | State RI | Zip 02911 | City | State | Zip |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 9. Shares Authorized 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/SERIALS | PAR VALUE | |
| | | 300 | CNP | 0.00 | |
| | | 300 | CNP | 0.00 | |
| 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 Maryann Patalano | | | FILED | Date 12/30/24 | |
| Signature of Authorized Representative Maryann Patalano | | | DEC 30 2024 BY AKYBT 157 KS | | |

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov