



State of Rhode Island  
Department of State - Business Services Division

REC'D RIDOS BSD  
24 DEC 30 PM 1:57:00

STAMP

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 <b>000118553</b>		2. Exact name of the Corporation <b>Maryann Patalano PC</b>			
3. Principal Office Address <b>PO Box 113831</b>		City <b>North Providence</b>		State <b>RI</b>	Zip <b>02911</b>
4. NAICS Code <b>541110</b>		6. Brief description of the character of business conducted in Rhode Island <b>Legal practice</b>			
5. State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Maryann Patalano</b>			Vice-President Name <b>Maryann Patalano</b>		
Street Address <b>PO Box 113831</b>			Street Address <b>PO Box 113831</b>		
City <b>N. Providence</b>	State <b>RI</b>	Zip <b>02904</b>	City <b>N. Providence</b>	State <b>RI</b>	Zip <b>02911</b>
Secretary Name <b>Maryann Patalano</b>			Treasurer Name <b>Maryann Patalano</b>		
Street Address <b>PO Box 113831</b>			Street Address <b>PO Box 113831</b>		
City <b>N. Providence</b>	State <b>RI</b>	Zip <b>02911</b>	City <b>N. Providence</b>	State <b>RI</b>	Zip <b>02911</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Maryann Patalano</b>			Director Name		
Street Address <b>PO Box 113831</b>			Street Address		
City <b>N. Providence</b>	State <b>RI</b>	Zip <b>02911</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
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.					
<b>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.</b>					
Name of Authorized Representative <b>Maryann Patalano</b>				FILED	Date <b>12/30/24</b>
Signature of Authorized Representative <b>Maryann Patalano</b>				DEC 30 2024 BY <b>AKYBT</b> <b>157 KS</b>	

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