



State of Rhode Island
Department of State - Business Services Division

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.

REC'D RI SOS ESD
JAN 22 PM 12:51:03
TAMP
FOR
SECRETARY OF STATE
USE ONLY

1. Entity ID Number 001764535		2. Exact name of the Corporation Law Offices of William A. Filippo, Ltd.			
3. Principal Office Address 373 Elmwood Avenue			City Providence		State RI
Zip 02907					
4. NAICS Code 541110		6. Brief description of the character of business conducted in Rhode Island To engage in the practice of law, any ancillary purposes, and all other lawful purposes.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name William A. Filippo, Esq.			Vice-President Name		
Street Address 373 Elmwood Avenue			Street Address		
City Providence	State RI	Zip 02907	City	State	Zip
Secretary Name William A. Filippo, Esq.			Treasurer Name William A. Filippo, Esq.		
Street Address 373 Elmwood Avenue			Street Address 373 Elmwood Avenue		
City Providence	State RI	Zip 02907	City Providence	State RI	Zip 02907
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
			100		
			Common Shares		
			0.01 par value		
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 WILLIAM A. FILIPPO PRESIDENT			Date 1/16/25		
Signature of Authorized Representative <i>[Signature]</i>			JAN 22 2025 WQVR		