State of Rhode Island
Department of State - Business Services Division

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FOR SECRETARY OF STATE USE ONLY

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	2. Exact name of the Corporation		
001764535	Law Offices of William A. Filippo, Ltd.		
3. Principal Office Address	City	State	Zip
373 Elmwood Avenue	Providence	RI	02907
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
541110	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			Vice-President Name		
William A. Filippo, Esq.					
Street Address			Street Address		
373 Elmwood Avenue					
City	State	Zip	City	State	Zip
Providence	RI	02907			
Secretary Name			Treasurer Name		
William A. Filippo, Esq.			William A. Filippo, Esq.		
Street Address			Street Address		
373 Elmwood Avenue			373 Elmwood Avenue		
City	State	Zip	City	State	Zip
Providence	RI	02907	Providence	RI	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.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	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

FILED
JAN 22 2025
BY: LQ HVR

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