



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 RHODES B3D
25 JAN 29 AM 11:53:01

STAMP

FOR
FILING STATE
DEPT ONLY

1. Entity ID Number 000116316		2. Exact name of the Corporation Donegan & Associates, Ltd.			
3. Principal Office Address 125 Juniper Drive		City East Greenwich		State RI	Zip 02818
4. NAICS Code 541110		6. Brief description of the character of business conducted in Rhode Island Law office, 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 <input type="checkbox"/>					
President Name Michael P. Donegan			Vice-President Name		
Street Address 125 Juniper Drive			Street Address		
City East Greenwich	State RI	Zip 02818	City	State	Zip
Secretary Name Michael P. Donegan			Treasurer Name Michael P. Donegan		
Street Address 125 Juniper Drive			Street Address 125 Juniper Drive		
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
			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 <i>Michael P. Donegan, Pres.</i>			FILED		Date <i>1/28/25</i>
Signature of Authorized Representative <i>Michael P. Donegan</i>			JAN 29 2025		

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

BY 525
AD

FORM 630 - Revised 04/2023