RISUS Filing N	umber: 2025	53599560	Date: 17	31/2025 11:20:00	AM			
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				र्. # #	0.0	_	·	
State of Rhode Island  Department of State - Business Services Division					270	والعراجة وجر	e a cons	
Annual Report for the year: 2021				vision STEMILITOS BSD 31 SMILITOS BSD 757				
Corporation —————				j.	i in			
Filing period: February 1 - May 1					300	Art 127 P	i ·	
Filing Fee: \$50.00  Penalty: Additional \$25.00 fee if form is not filed by May 31.								
Entity ID Number	2. Exact name of the Corporation						~ -	
126190	Law offices of Richard A Merola, PC							
3. Principal Office Address			City		State		Zip	
25 Pineridge Drive			Smithfi	eld	Ri		02917	
4. NAICS Code				of business conducted in Rhode Island				
54110	Render professional law services in Rhode Island courts							
State of Incorporation								
Rhode Island				Ch-ali the he	·· taladi	on otto	-hennat	
7. List ALL officers (names and addresses) President Namo			Vice-Presid	Check the box to indicate an attachment Vice-President Name				
Richard A. Merola			Strant Addr	Charl ( ddaga				
Street Address 25 Pineridge Drive			Street Address					
<sup>City</sup> Smithfield	State RI	<sup>Zip</sup> 02917	City		State		Zlp	
Secretary Name			Treasurer Name					
Street Address			Street Addr	Street Address				
			Cib	City State ZID				
City	State	Zip	City		State			
B. 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	State Zip		
Director Name	<u> </u>		Director Name		1			
Street Address			Street Address					
City State ZIp			City State Zip					
	Crate		July 1		0.0.0			
		10. Shares Issue						
Department of State.  Changes require an additional filling.		1000			\$1.00			
						-		
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a re-							s of a re-	
ceiver 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					Date			
Richard A. Merola					January 16, 2025			
Signature of Authorized Representative								

MAIL TO:

**Division of Business Services** 

148 W. R ver Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos ri.gov

M 630- Revised: 12/2023