						<u> </u>	
RI SOS FIIIr	ng Number: 2	202563600770	Date: 1/	31/2025 11:16	r c7.	REC.	
State of Rhode Island	d				 -	5	
Department of	State - Busin	iess Services D	ivision		F-	A (2)	
Annual Report for the year: 2017					;; 	STAMP -	
Corporation		-		(2 (S) 2 (S)		
 → Filing period: January → Filing Fee: \$50.00 → Penalty: Additional \$25. 		ot filed by April 1.				03:36 03:36 03:36	
Entity ID Number	2. Exact nar	ne of the Corporation	 				
126190	Law Offices	Law Offices of Richard A. Merola, PC					
3. Principal Office Address			City		State	Zip	
25 Pineridge Drive			Smithfield		RI	02917	
4. NAICS Code	6. Brief desc	er of business c	onducted in Rhode Is	sland	<u> </u>		
1541110	Render pro	Render professional law services in Rhode Island courts					
5. State of Incorporation							
Rhode Island							
7. List ALL officers (names and	d addresses)				the box to inc	ficate an attachment	
President Name Richard A. Me	Vice-President Name Richard A. Merola						
Street Address 25 Pineridge Dr	Street Address 25 Pineridge Drive						
^{City} Smithefield	State RI	Zip 02917	City Smithfie		State RI	^{Zip} 02917	
Secretary Name			Treasurer Name				
Street Address			Sireet Address	<u> </u>			
		T=-			T = .		
City	State	Zip	City		State	Zip	
8. List ALL directors (names a	nd addresses)	•	1		the box to inc	dicate an attachment 🔲	
Director Name			Director Name				
Street Address			Street Address	3			
City	State	Zip	City	-	State	ZIp	
					<u> </u>		
Director Name			Director Name	•			
Street Address	Street Address						
City	State	Zip	City		State	Zip	
O. Channa Authorized		40. Character		0 Lt.	15 - 5 1 - in -	dianta an amagharant 🖸	
9. Shares Authorized This information is currently of record in the		10. Shares Issu NUMBER OF		Check the box to indicate an attachment CLASSISERIES PAR VALUE			
Department of State. Changes require an additional filing.		1000		Common		\$1.00	
		<u> </u>					
11. This report must be execut trustee, this report must be ex					ration is in th	e hands of a receiver or	
Under penalty of perjury, I d	leclare and affirm	that I have examine	d this report, i	ncluding any accon	panying sci	nedules and	
statements, and that all state Name of Authorized Represen		d herein are true and	d correct.		Date	•	
Richard A. Merola					September 18, 2020		
Signature of Authorized Repre	esentative //	-\}-//-	-//		Copiembe		
orginature of Authorized Repre	Journauve //	[/] / /	V_{\perp}				

MAIL TO: Division of Business Services

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

FORM 630 - Revised: 08/2020