



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2017

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

REC'D RIDG5 BSD
JAN 31 AM 11:03:34
STAMP

1. Entity ID Number 126190		2. Exact name of the Corporation Law Offices of Richard A. Merola, PC	
3. Principal Office Address 25 Pineridge Drive		City Smithfield	State RI
Zip 02917			
4. NAICS Code 541110	6. Brief description of the character of business conducted in Rhode Island Render professional law services in Rhode Island courts		
5. State of Incorporation Rhode Island			
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name Richard A. Merola		Vice-President Name Richard A. Merola	
Street Address 25 Pineridge Drive		Street Address 25 Pineridge Drive	
City Smithfield	State RI	Zip 02917	City Smithfield
State RI	Zip 02917	City Smithfield	State RI
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	Zip	City
State	Zip	City	State
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	City	State
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
State	Zip	City	State
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	
		1000	Common
			\$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 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 Richard A. Merola		Date September 18, 2020	
Signature of Authorized Representative 			

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.govJAN 31 2025
BY SC040
AA - 11:16 AM
FORM 630 - Revised: 08/2020