

State of Rhode Island

Department of State - Business Services Division

| Annual Report for the year: | 2015 |
|-----------------------------|------|
| Cornoration | |

| Corporation → Filing period: January 1 - March 1 → Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by April 1. | | | BSD ::03:22 | | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|---------------------------------------------------------|---------------------------------------|-----------------|------------------------|----------------------------------|--|--|
| 1. Entity ID Number | | 2. Exact name of the Corporation | | | | | | |
| 126190 | Law Offices | Law Offices of Richard A. Merola, PC | | | | | | |
| Principal Office Address Principal Office Address Principal Office Address | | | City Smithfield | | State RI | Zip 02917 | | |
| 4. NAICS Code | 6. Brief desc | ription of the charac | sland | | | | | |
| 5. State of Incorporation | Render pro | Render professional law services in Rhode Island courts | | | | | | |
| Rhoce Island | | | | | | | | |
| 7. List ALL officers (names and | d addresses) | | | | the box to i | ndicate an attachment 🔲 | | |
| President Name Richard A. Merola | | | Vice-President Name Richard A. Merola | | | | | |
| Street Address 25 Pineridge Drive | | | Street Address 25 Pineridge Drive | | | | | |
| Cily Smithefield | State RI | Zip 02917 | | City Smithfield | | ^{Zip} 02917 | | |
| Secretary Name | | | Treasurer Nan | me | | _ | | |
| Street Address | | | Street Address | | | | | |
| City | State | Zip | City | | State | Zip | | |
| 8. List ALL directors (names ar | nd addresses) | <u> </u> | | Check | the box to | ndicate an attachment | | |
| Director Name | | | Director Name | Director Name | | | | |
| Street Address | | | Street Address | | | | | |
| City | State | Zip | City | | State | Zip | | |
| Director Name | <u>J</u> - | - J | | Director Name | | | | |
| Street Address | | | Streel Address | | | | | |
| City | State | Zip | City | | State | Zip | | |
| 9. Shares Authorized | ······································ | 10. Shares Iss | | Check | the box to i | ndicate an attachment PAR VALUE | | |
| This information is currently of record in the Department of State. | | | NUMBER OF SHARES | | CLASSISERIES Common | | | |
| Changes require an additional filing. | | 1000 | 1000 | | | \$1.00 | | |
| onengoo require an aboltioner ii | g. | | j | | | | | |
| 11. This report must be execut trustee, this report must be exe | | | | | oration is in | the hands of a receiver or | | |
| Under penalty of perjury, I do statements, and that all state | eclare and affirm | that I have examin | ed this report, i | | npanying s | chedules and | | |
| Name of Authorized Represen | | | | | Date | | | |
| Richard A. Merola | | | | | Septem | ber 18, 2020 | | |
| Signature of Authorized Repre | sentative Lite | 1/11 | \mathcal{L} | FILED ' | | | | |
| | | 1 | 7 | | A#* | | | |

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov HA. 11:14 AM

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