



State of Rhode Island
Department of State - Business Services Division

REC'D RIDOS BSD
JAN 31 AM 11:02:28

Annual Report for the year: 2008
Corporation _____

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

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 <input type="checkbox"/>					
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
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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		
			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 					

FILED

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

JAN 31 2025
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FORM 630 - Revised: 08/2020