

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2007

Corporation

→ Filing period: January 1 - March 1 → Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by April 1.					30 12:22			
1. Entity ID Number		2. Exact name 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	Brief description of the character of business conducted in Rhode Island						
5. State of Incorporation Rhode Island	Render pro	Render professional law services in Rhode Island courts						
						1		
7. List ALL officers (names an President Name	Check the box to indicate an attachment ☐ Vice President Name							
Richard A. Me	Richard A. Merola							
Street Address 25 Pineridge D	Street Address 25 Pineridge Drive							
City Smithefield	State RI	^{Zip} 02917	City Smithfie	State RI		^{Zip} 02917		
Secretary Name			Treasurer Name					
Street Address			Street Address					
City	State	Zip	City	State		Zip		
8. List ALL directors (names a	and addresses)			Check	the box to i	ndicate a	an attachment	
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 Iss					n attachment 🔲	
This information is currently of record in the Department of State.		NUMBER ()	FSHARES	CLASS/SERIE Common	s	\$1.00	PAR VALUE	
Changes require an additional filing.		1000		Common	Common		1.00	
11. This report must be execu	ited on behalf of the	corporation by an	authorized repres	sentative. If the corpo	oration is in	he hand	s of a receiver or	
trustee, this report must be ex					nnanuina s	shadula	e and	
Under penalty of perjury, I on statements, and that all state Name of Authorized Representation	tements contained			———————	Date	<u> </u>	s and	
Richard A. Merola		September 18, 2020			020			
Signature of Authorized Repr	esentative/							
Ta	4X)// VV	W	gend h	PR '				
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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