RI SOS Filing N	lumber: 202	563601830	Date: 17	31/2025 11:05:	00 AM	<sub>N</sub>		
						25 JA		
State of Rhode Island						12 cm		
Department of Sta	ivision	ision (D) ZD						
Annual Report for the year: 2006				A A MP				
Corporation —————								
<ul> <li>→ Filing period: January 1 - M</li> <li>→ Filing Fee: \$50.00</li> <li>→ Penalty: Additional \$25.00 fe</li> </ul>		led by April 1.				850 1:02:16		
1. Entity ID Number	2. Exact name of the Corporation							
126190	Law Offices of Richard A. Merola, PC							
3. Principal Office Address			City		State	Zip		
25 Pineridge Drive			Smithfield		RI	02917		
4. NAICS Code	Brief description of the character of business conducted in Rhode Island							
541110	Render professi	Render professional law services in Rhode Island courts						
5. State of Incorporation  Rhode Island								
	<u>l                                      </u>			0				
7. List ALL officers (names and addresses) President Name			Check the box to indicate an attachment  Vice-President Name					
Richard A. Merola			Richard A. Merola					
Street Address 25 Pineridge Drive			Street Address 25 Pineridge Drive					
City Smithefield	State RI	<sup>Zip</sup> 02917	City Smithfield		State RI	Zip <sub>02917</sub>		
Secretary Name	1	1	Treasurer Name					
Street Address			Street Address	·				
City	State	Zip	City		State	Zip		
8. List ALL directors (names and ac	idresses)		1	Check th	le box to is	ndicate an attachment	ਰ	
Oirector Name			Director Name					
Street Address			Street Address					
City	State	Zlp	City		State	Zip		
	Otote	Στ <b>ρ</b>			O(B)C			
Olrector Name			Director Name					
Street Address			Street Address	et Address				
City	State	Zip	City		State	Zıp		
9. Shares Authorized	<u></u>	10. Shares Issue		Check th	le box to in	ndicate an attachment	口	
	his information is currently of record in the		NUMBER OF SHARES CLASS		SERIES PAR VALUE		_	
Changes require an additional filing.		1000		Common		\$1.00		
Changes require an accinonal times.								
<ol> <li>This report must be executed or trustee, this report must be execute</li> </ol>					ation is in t	he hands of a receiver	or	
Under penalty of perjury, I declar	re and affirm that	l have examined	l this report, is		anying s	chedules and		
statements, and that all statements contained herein are true and come Name of Authorized Representative				Date				
Richard A. Merola				September 18, 2020				
Signature of Authorized Representa	ative //	. //	<b>C</b> ii	ED'	1		_	
Tou	<u> </u>	41	- F1L	<u> エレ                                   </u>				

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.rl.gov JAN 31 2025 BY 5 CO 40

FORM 630 - Revised: 08/2020