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State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2005  
Corporation \_\_\_\_\_

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

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 <b>541110</b>		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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
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.			
<b>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.</b>			
Name of Authorized Representative Richard A. Merola			Date September 18, 2020
Signature of Authorized Representative 			

FILED

JAN 31 2025  
BY SC040 AA 11:04 AM

MAIL TO:  
Division of Business Services  
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Website: www.sos.ri.gov