

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: Limited Liability Company

2025

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.



1. Entity ID Number	2. Exact name of the Limited Liability Company			
1669363	Colagiovanni Law Associates, LLC			
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island			
541110	Law Office			
5. State of Formation	1			
Rhode Island				
6. Principal Office Address		City	State ·	Zip
3010 Post Road		Warwick	RI	02886
7. Mailing Address of Limited Li	ability Company and Name or Ti	tle of Contact Person	•	
Contact Name Robert V. Colagiovanni		Contact Title Manager		
Street Address 3010 Post Road		City Warwick	State	^{Zip} 02886
8. The Resident Agent informat	ion currently of record with the R	Department of State is accu	urate. Changes requir	e filing Form 642.
	declare and affirm that I have e ments contained herein are tru		ding any accompany	ring schedules and
Name of Authorized Person			Date /- 28-25	
Robert V. Colagiovanni			1-23	~~4>
Signature of Authorized Person	unas.	>		

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 **Website:** www.sos.ri.gov