



State of Rhode Island
Department of State - Business Services Division

FILED

FEB 03 2025

BY 19628

AA.

Annual Report for the year: 2025

Corporation

→ 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 000013352		2. Exact name of the Corporation Gunning & LaFazia, Inc.			
3. Principal Office Address 33 College Hill Road, Ste. 25B			City Warwick		State RI
			Zip 02886		
4. NAICS Code 541110		6. Brief description of the character of business conducted in Rhode Island Practice of Law			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Rajaram Suryanarayan			Vice-President Name Michael B. Messore, IV		
Street Address 33 College Hill Road, Suite 25B			Street Address 33 College Hill Road, Suite 25B		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
Secretary Name Michael B. Messore, IV			Treasurer Name Rajaram Suryanarayan		
Street Address 33 College Hill Road, Suite 25B			Street Address 33 College Hill Road, Suite 25B		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
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		PAR VALUE
			4	common	no par
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 Rajaram Suryanarayan				Date 01/29/2025	
Signature of Authorized Representative 					

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