



State of Rhode Island
Department of State - Business Services Division

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.

FILED

FEB 05 2025

BY 11677
AA

1. Entity ID Number 105047		2. Exact name of the Corporation DeSimone & Leach a Professional Corporation			
3. Principal Office Address One Turks Head Place Ste 450			City Providence	State RI	Zip 02903
4. NAICS Code 541110		6. Brief description of the character of business conducted in Rhode Island Rendering professional legal services as attorneys in the practice of law			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Bruce A. Leach			Vice-President Name None		
Street Address One Turks Head Place Ste 450			Street Address		
City Providence	State RI	Zip 02903	City	State	Zip
Secretary Name Bruce A. Leach			Treasurer Name Bruce A. Leach		
Street Address One Turks Head Place Ste 450			Street Address One Turks Head Place Ste 450		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name None			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 This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			200	Common	No par value
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 Bruce A. Leach					Date 1/31/25
Signature of Authorized Representative <i>Bruce A. Leach</i>					

MAIL TO:
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