RI SOS Filing Number: 202564640720 Date: 2/6/2025 4:00:00 PM

						
State of Rhode Island				FILED		
Department of St	_	Division	vision —— A 6 ange			
Annual Report for the year:	5		FEB 0 6 2025			
Corporation					MA91V	
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 Corporation						
000136909 RAYMOND H. FACIA Attorney ATLAW, LTD						
3. Principal Office Address State Zip O2860						
4. NAICS Code 6. Brief description of the character of business conducted in Rhode Island						
124						
5. State of Inscorporation LAW OFFICE						
KI						
7. List ALL officers (names and addresses) Check the box to indicate an attachment						
President Name RAYMOND A. TRACIA			Vice-President Name			
Street Address AMP A	o abo	ve.	Street Address			
City	State	Zip	City	State	Zip	
Secretary Name	Treasurer Name					
Street Address SIreet Address						
Cit.	Tour	T=:				
City	State	Zip	City	State	Zıp	
8. List ALL directors (names and addresses) Check the box to indicate an attachment						
Director Name			Director Name			
Street Address			Street Address			
Silver Address						
City	State	Zıp	City	State	Zip	
Director Name	L		2			
Director Name			Director Name			
Street Address			Street Address			
City	Ician	Ta .		To:	In:	
l cay	State	Zip	City	State	Zip	
9. Shares Authorized / O		10. Shares Issue	d 700	Check the box to in	dicate an attachment	
This information is currently of record Department of State.	d in the	NUMBER OF S		CLASS/SFRIFS	PAR VALUE	
		100	(00)		NONE	
Changes require an additional filing.			-	· · · · · · · · · · · · · · · · · · ·		
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a re-						
ceiver 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						
Amora Karmino A. TACIA 1-16-205						
Signature of Authorized Representative						
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MAIL TO:

Division of Business Services

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

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