RI SOS Filing Number: 202565555320 Date: 2/24/2025 4:38:00 PM



# State of Rhode Island Office of the Secretary of State

Fee: \$50.00

Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040

Limited Liability Partnership Annual Report

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-12.1-913(e), each partnership failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-12.1-913(c&d)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR **2025**: <u>2025</u>

- **1. ID No.** 001736247
- 2. Exact Name of the Partnership Wilson Elser Moskowitz Edelman & Dicker LLP
- 3. State of Formation

State: NY

### **NAICS CODE**

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.

541110

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

## LAW FIRM

5. Principal Office Address

No. and Street: <u>150 E 42ND STREET</u>

City or Town: <u>NEW YORK</u> State: <u>NY</u> Zip: <u>10017</u> Country: <u>USA</u>

### 6. The name and business address of one or more partner(s):

Title	<b>Individual Name</b> First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
NONE GIVEN - P	NOELLE BERG	150 E 42ND STREET NEW YORK, NY 10017 USA

7. This report must be executed by an Authorized Representative pursuant to R.I.G.L. 7-12.1.

Signed this 24 Day of February, 2025 at 4:41:00 PM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the partnership, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-12.1

# By **DAYNA SARDONE**

Signature of Authorized Person

Form No. 643 Revised 10/23

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