State of Rhode Island
Department of State - Business Services Division

FILED
FEB 24 2025
BY

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	2. Exact name of the Corporation		
000010596	Geremia & DeMarco, Ltd.		
3. Principal Office Address	City	State	Zip
620 Main Street, CU 3A	East Greenwich	RI	02818
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
541110	To conduct general practice of law.		
5. State of Incorporation			
Rhode Island			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Paul DeMarco	Lisa A. Geremia
Street Address: 620 Main Street, CU 3A	Street Address: 620 Main Street, CU 3A
City: East Greenwich, State: RI, Zip: 02818	City: East Greenwich, State: RI, Zip: 02818
Secretary Name	**Treasurer Name**
Paul DeMarco	Lisa A. Geremia
Street Address: 620 Main Street, CU 3A	Street Address: 620 Main Street, CU 3A
City: East Greenwich, State: RI, Zip: 02818	City: East Greenwich, State: RI, Zip: 02818

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Director Name
Paul DeMarco	Lisa A. Geremia
Street Address: 620 Main Street, CU 3A	Street Address: 620 Main Street, CU 3A
City: East Greenwich, State: RI, Zip: 02818	City: East Greenwich, State: RI, Zip: 02818
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 ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	100	common	without par valu

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	Date
Paul DeMarco	1.29.25
Signature of Authorized Representative:	

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov