



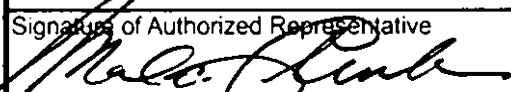
State of Rhode Island
Department of State - Business Services Division

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
MAR 04 2025
BY 12149

1. Entity ID Number 99080		2. Exact name of the Corporation Mal A. Salvadore, Ltd.	
3. Principal Office Address 400 Reservoir Avenue		City Providence	State RI
		Zip 02907	
4. NAICS Code 541110	6. Brief description of the character of business conducted in Rhode Island To engage in and render professional services as an attorney at 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 Mal A. Salvadore		Vice-President Name Mal A. Salvadore	
Street Address 400 Reservoir Avenue		Street Address 400 Reservoir Avenue	
City Providence	State RI	City Providence	State RI
Zip 02907		Zip 02907	
Secretary Name Mal A. Salvadore		Treasurer Name Mal A. Salvadore	
Street Address 400 Reservoir Avenue		Street Address 400 Reservoir Avenue	
City Providence	State RI	City Providence	State RI
Zip 02907		Zip 02907	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Mal A. Salvadore		Director Name	
Street Address 400 Reservoir Avenue		Street Address	
City Providence	State RI	City	State
Zip 02907		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized 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.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES	CLASS/SERIES
		PAR VALUE	
		100	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 Mal A. Salvadore			Date 2/26/2025
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