



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 06 2025

BY

1901

1. Entity ID Number 21714		2. Exact name of the Corporation Rodio & Ursillo, Ltd.			
3. Principal Office Address 33 Broad St			City Providence	State RI	Zip 02903
4. NAICS Code 54110		6. Brief description of the character of business conducted in Rhode Island Law Firm			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name David R Ursillo			Vice-President Name Joseph J Pezza		
Street Address 33 Broad St			Street Address 33 Broad St		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Secretary Name Joseph J Pezza			Treasurer Name David R Ursillo		
Street Address 33 Broad St			Street Address 33 Broad St		
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 David R Ursillo			Director Name Joseph J Pezza		
Street Address 33 Broad St			Street Address 33 Broad St		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
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 <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			552	common	no par
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 DAVID R URSILLO					Date 2-12-25
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