



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.

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MAR 07 2025  
SECRETARY OF STATE  
PROVIDENCE, RI



BY 37160

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                           |                                                                |                                             |                  |              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|----------------------------------------------------------------|---------------------------------------------|------------------|--------------|
| 1. Entity ID Number<br>000010191                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                           | 2. Exact name of the Corporation<br>Gemma Law Associates, Inc. |                                             |                  |              |
| 3. Principal Office Address<br>231 Reservoir Avenue                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                           | City<br>Providence                                             |                                             | State<br>RI      | Zip<br>02907 |
| 4. NAICS Code<br>541110                                                                                                                                                                                                                                                                                                                                                                                                                                          | 6. Brief description of the character of business conducted in Rhode Island<br>Law Office |                                                                |                                             |                  |              |
| 5. State of Incorporation<br>Rhode Island                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                           |                                                                |                                             |                  |              |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>                                                                                                                                                                                                                                                                                                                   |                                                                                           |                                                                |                                             |                  |              |
| President Name<br>Peter Gemma                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                           |                                                                | Vice-President Name<br>Mark Gemma           |                  |              |
| Street Address<br>15 Wildflower Road                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                           |                                                                | Street Address<br>1 Wayland Ave, Unit 311-N |                  |              |
| City<br>Barrington                                                                                                                                                                                                                                                                                                                                                                                                                                               | State<br>RI                                                                               | Zip<br>02806                                                   | City<br>Providence                          | State<br>RI      | Zip<br>02906 |
| Secretary Name                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                           |                                                                | Treasurer Name                              |                  |              |
| Street Address                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                           |                                                                | Street Address                              |                  |              |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                             | State                                                                                     | Zip                                                            | City                                        | State            | Zip          |
| 8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>                                                                                                                                                                                                                                                                                                                  |                                                                                           |                                                                |                                             |                  |              |
| Director Name                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                           |                                                                | Director Name                               |                  |              |
| Street Address                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                           |                                                                | Street Address                              |                  |              |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                             | State                                                                                     | Zip                                                            | City                                        | State            | Zip          |
| Director Name                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                           |                                                                | Director Name                               |                  |              |
| Street Address                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                           |                                                                | Street Address                              |                  |              |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                             | State                                                                                     | Zip                                                            | City                                        | State            | Zip          |
| 9. Shares Authorized <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>                                                                                                                                                                                                                                                                                                                                         |                                                                                           |                                                                |                                             |                  |              |
| This information is currently of record in the Department of State.<br><br>Changes require an additional filing.                                                                                                                                                                                                                                                                                                                                                 |                                                                                           | 10. Shares Issued                                              |                                             | NUMBER OF SHARES |              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                           | 1000                                                           |                                             | CLASS/SERIES     |              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                           |                                                                |                                             | 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.<br><b>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.</b> |                                                                                           |                                                                |                                             |                  |              |
| Name of Authorized Representative<br>Peter Gemma                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                           |                                                                |                                             | Date<br>3/5/2025 |              |
| 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