RI SOS Filing Number: 202568949270 Date: 4/3/2025 4:00:00 PM

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 STAMP
APR 02 2025
FOR SECRETARY OF STATE
CPR BY 135867

1. Entity ID Number	2. Exact name of the Corporation			
98430	Sullivan & Sullivan Professional Corporation			
3. Principal Office Address		City	State	Zip
65 Boston Neck Road		North Kingstown	RI	02852
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
541110	To engage in the 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: James C. Sullivan			Vice-President Name: Elizabeth F. Sullivan		
Street Address: 65 Boston Neck Road			Street Address: 65 Boston Neck Road		
City: North Kingstown	State: RI	Zip: 02852	City: North Kingstown	State: RI	Zip: 02852
Secretary Name: James C. Sullivan			Treasurer Name: James C. Sullivan		
Street Address: 65 Boston Neck Road			Street Address: 65 Boston Neck Road		
City: North Kingstown	State: RI	Zip: 02852	City: North Kingstown	State: RI	Zip: 02852

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

Director Name: James C. Sullivan			Director Name		
Street Address: 65 Boston Neck Road			Street Address		
City: North Kingstown	State: RI	Zip: 02852	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized

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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
200	Common	$0.01

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
James C. Sullivan, President	3-31-25

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

FORM 630- Revised 12/2023