RI SOS Filing Number: 202569642080 Date: 4/8/2025 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

FILED
APR 08 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			
000134764	Pederzani Law Offices, PC			
3. Principal Office Address		City	State	Zip
875 Centerville Road, Bldg 2		Warwick	RI	02886
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: Paul P Pederzani III, Esq.			Vice-President Name: Paul P Pederzani III, Esq.		
Street Address: 875 Centerville Road, Bldg 2			Street Address: 875 Centerville Road, Bldg 2		
City: Warwick	State: RI	Zip: 02886	City: Warwick	State: RI	Zip: 02886
Secretary Name: Paul P Pederzani III, Esq.			Treasurer Name: Paul P Pederzani III, Esq.		
Street Address: 875 Centerville Road, Bldg 2			Street Address: 875 Centerville Road, Bldg 2		
City: Warwick	State: RI	Zip: 02886	City: Warwick	State: RI	Zip: 02886

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

Director Name: Paul P Pederzani III, Esq.			Director Name		
Street Address: 875 Centerville Road, Bldg 2			Street Address		
City: Warwick	State: RI	Zip: 02886	City	State	Zip
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	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	Date
Paul P Pederzani III, Esq.	04/03/2025

Signature of Authorized Representative: Paul P Pederzani III

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