



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 21 2025

BY

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| | | | |
|--|---|---|--------------------|
| 1. Entity ID Number 000094460 | | 2. Exact name of the Corporation Corrente Law Corporation | |
| 3. Principal Office Address 226 South Main Street | | City Providence | State RI |
| | | Zip 02903 | |
| 4. NAICS Code 541110 | 6. Brief description of the character of business conducted in Rhode Island To render professional services by persons authorized to practice law in the State of Rhode Island. | | |
| 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 Darren F. Corrente | | Vice-President Name Darren F. Corrente | |
| Street Address 226 South Main Street | | Street Address 226 South Main Street | |
| City Providence | State RI | City Providence | State RI |
| Zip 02903 | | Zip 02903 | |
| Secretary Name Darren F. Corrente | | Treasurer Name Darren F. Corrente | |
| Street Address 226 South Main Street | | Street Address 226 South Main Street | |
| City Providence | State RI | City Providence | State RI |
| Zip 02903 | | Zip 02903 | |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | |
| Director Name Darren F. Corrente | | Director Name Darren F. Corrente | |
| Street Address 226 South Main Street | | Street Address 226 South Main Street | |
| City Providence | State RI | City Providence | State RI |
| Zip 02903 | | Zip 02903 | |
| Director Name | | Director Name | |
| Street Address | | Street Address | |
| City | State | City | State |
| Zip | | 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 | |
| | | PAR VALUE | |
| | | None | |
| | | | |
| | | | |
| 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 Darren F. Corrente | | Date 3/16/25 | |
| Signature of Authorized Representative | | | |