



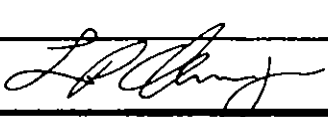
State of Rhode Island
Department of State - Business Services Division

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
MAY 07 2025
BY 1407

REC'D RIDDUS BSC
25 MAY 7 PM 12:50:31
STAMP
SECRETARY OF STATE
RIE 02017

1. Entity ID Number 001707982		2. Exact name of the Corporation Almagno Law, Inc.			
3. Principal Office Address 10 Rangeley Road			City Cranston	State RI	Zip 02920
4. NAICS Code 541110		6. Brief description of the character of business conducted in Rhode Island Law office, any ancillary purposes, and all other lawful purposes			
5. State of Incorporation RI					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Lawrence P. Almagno, Jr., Esq.			Vice-President Name		
Street Address 10 Rangeley Road			Street Address		
City Cranston	State RI	Zip 02920	City	State	Zip
Secretary Name Lawrence P. Almagno, Jr., Esq.			Treasurer Name Lawrence P. Almagno, Jr., Esq.		
Street Address 10 Rangeley Road			Street Address 10 Rangeley Road		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
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			10. Shares Issued		
This information is currently of record in the Department of State. Changes require an additional filing.			Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 100	CLASS/SERIES Common Shares	PAR VALUE 0.01 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.					
<i>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.</i>					
Name of Authorized Representative Lawrence P. Almagno, Jr., Esq.					Date 4/21/2025
Signature of Authorized Representative 					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2816
Phone: (401) 222-3040
Website: www.sos.ri.gov