RI SOS Filing Number: 202574138170 Date: 5/30/2025 4:00:00 PM



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: Limited Liability Company

2025

→ 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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| Entity ID Number | 2. Exact name of the Limited Liability Company | | | | | |
|--|--|---------------------|-------|-------|--|--|
| 000786366 | The DelAnul LAW FIRM LLC | | | | | |
| 3. NAICS Code | Brief description of the character of business conducted in Rhode Island | | | | | |
| 541110 | | | | | | |
| 5. State of Formation | PRACTICE OF LAW | | | | | |
| RF | , | | | | | |
| 6. Principal Office Address | | City | State | Žip | | |
| 38 upland | WAY | BARRINGTON | RI | 02806 | | |
| 7. Mailing Address of Limited Lia | ability Company and Marne or Title | e of Contact Person | | | | |
| Contact Name Contact Title | | | | | | |
| WILL, Am J. DECANCY MANAGER/MEMBER Street Audress Street Aud | | | | | | |
| Street Audress | , | City | State | Zıp | | |
| 38upland WAY | | 15 ARRINGTO | N Ret | 02806 | | |
| 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642. | | | | | | |
| 9. 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 Person Cate / / | | | | | | |
| WILL-AM J. DELANLY 5/29/2025 | | | | | | |
| Signature of Authorized Person | | | | • | | |
| hallen | 1 Pelder | _ | | | | |
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FILED
MAY 3 0 2025
BY KRWS

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov