RI SOS Filing Number: 2022	11057970 Date: 2/16	5/2022 4:0 <u>0:</u> 00 PM
Department of State - Business Annual Report for the year: 2022	Services Division	STAMP
Corporation → Filing period: February 1 - May 1 → Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed	d by May 31.	FEB 1 6 2022 BY3S_11
1 Catholic ID Novel		

4 5 10 10 11									
1. Entity ID Number		2. Exact name of the Corporation							
000010191	GEMM	A LAW ASSO	OCIATES INC						
3. Principal Office Address			City	-	State	Zip			
231 RESERVOIR AVE			PROVIDENCE		RI	02907			
4. NAICS Code		Brief description of the character of business conducted in Rhode Island							
541110	LAW OF	LAW OFFICE							
5. State of Incorporation RHODE ISLAND									
7. List ALL officers (names and	1 addresses)				nati the hey to indi	anta an attantant of			
President Name PETER GEMMA			Vice-President Na	Check the box to indicate an attachment ☐ Vice-President Name MARK GEMMA					
			_1						
Street Address 15 WILDFLOWER ROAD			Street Address 1 WAYLAND AVE, UNIT 311-N						
City BARRINGTON	State RI	^{Z_{1P}} 02806	City PROVIDE	ENCE	State RI	^{Z₁p} 02906			
Secretary Name				 -	<u> </u>				
Street Address		Street Address							
City	State	Zip	City	<u> </u>	State	Zip			
8. List ALL directors (names ar	nd addresses)	 	L	Chi	eck the box to indi	cate an attachment 🔲			
Director Name			Director Name		CONTINE BOX TO ITIGI	cate an attachment			
Street Address		·							
Street Address		Street Address							
City	State	Zip	City		State	Zip			
Director Name		Director Name	Director Name						
Street Address			Street Address	Street Address					
		<u> </u>							
City	State	Zip	City		State	Zip			
9. Shares Authorized	<u> </u>	10. Shares Iss	Sued	Chi	eck the boy to indi	Cate an attachment 🗀			
This information is currently of r	record in the		NUMBER OF SHARES CLASS/SERIE		RIES	the box to indicate an attachment PAR VALUE			
Department of State. Changes require an additional filing.		1000	1000						
11. This report must be execut-	ed on behalf of the	s corporation by an		-1: - M.H.		 			
 This report must be execution trustee, this report must be executed. 	ecuted on behalf o	of the cornoration by	authorized represent the receiver or trusta	iative. It the co	orporation is in the	hands of a receiver or			
Under penalty of perjury, I de	clare and affirm	that I have examin	ed this report, inclu	uding any ac	companying sche	edules and			
statements, and that all statements contained herein are true and correct. Name of Authorized Representative					Date	Date			
PETER GEMMA					02/01/2022				
Signature of Authorized Repres	sentative				I				
- ying									

MAIL TO:

Division of Business Services

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

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