



State of Rhode Island
Department of State - Business Services Division

FILED

JAN 26 2023 STAMP

BY 9238

Annual Report for the year: 2023
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 000012319 | | 2. Exact name of the Corporation Domenic Tudino, Esq. Inc. | | | |
| 3. Principal Office Address 915 Smith Street | | | City Providence | State RI | Zip 02908 |
| 4. NAICS Code 541110 | | 6. Brief description of the character of business conducted in Rhode Island Offices of Lawyers | | | |
| 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 Joseph Tudino | | | Vice-President Name Joseph Tudino | | |
| Street Address 915 Smith Street | | | Street Address 915 Smith Street | | |
| City Providence | State RI | Zip 02908 | City Providence | State RI | Zip 02908 |
| Secretary Name Joseph Tudino | | | Treasurer Name Joseph Tudino | | |
| Street Address 915 Smith Street | | | Street Address 915 Smith Street | | |
| City Providence | State RI | Zip 02908 | City Providence | State RI | Zip 09208 |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| Director Name Joseph Tudino | | | Director Name | | |
| Street Address 915 Smith Street | | | Street Address | | |
| City Providence | State RI | Zip 02908 | 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 <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 |
| | | 50 | | Common | No Par |
| 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 Joseph Tudino, President | | | | | Date 1/23/23 |
| Signature of Authorized Representative | | | | | |