RI SOS Filing Number: 202328121940 Date: 2/7/2023 4:00:00 PM

State of Rhode Island

Department of State - Business Services Division

FILED

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.

FEB 07 2023

1. Entity ID Number	2. Exact name of the Corporation						
000081255	van Tienhoven Law, Limited						
3. Principal Office Address			City	-	State	Zip	
21 King Philip Circle			Warwick		RI	02888	
4. NAICS Code	Brief description of the character of business conducted in Rhode Island						
54 1310	Law office and practice						
5. State of Incorporation	1						
Rhode Island							
7. List ALL officers (names and addresses)					Check the box to indicate an attachment		
President Name Richard A. van Tienhoven			Vice-President Name Richard A. van Tienhoven				
Street Address 21 King Philip Circle			Street Address 21 King Philip Circle City Warwick State RI Zip 02888				
^{City} Warwick	State RI	^{Zip} 02888	^{City} Warwid	^{City} Warwick		^{Zip} 02888	
Secretary Name Richard A. van Tienhoven			Treasurer Name Richard A. van Tienhoven				
Street Address 21 King Philip Circle			Street Address 21 King Philip Circle				
^{City} Warwick	State RI	^{Zip} 02888	^{City} Warwick		State RI	^{Zip} 02888	
8. List ALL directors (names and ad	ldresses)				he box to in	ndicate an attachment 🔲	
Director Name Richard A. van Tienhoven			Director Name				
Street Address 21 King Philip Circle			Street Address				
^{City} Warwick	State RI	^{Zip} 02888	City		State	Zıp	
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City		State	Zıp	
					the box to indicate an attachment		
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES			
		100		common		no par value	
11. This report must be executed or					ation is in t	he 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					Date 5 - 1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2		
Richard A. van Tienhoven					February 2, 2023		
Signature of Authorized Representative							

MAIL TO:

Division of Business Services

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

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